

## Course Content

### Subject: Obstetrics and Gynecology Lectures

(Based on Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate 102-129)

**Integration: Upto 20% of the topics are to be taken in integration with other subjects as per directives.**

**Second MBBS phase II (from October 2020)**

**Total Teaching hours :**

A. Lectures: 25 hours

Serial number	Competency Nos.	Integration	Lecture topics & Subtopics
1.	OG 2.1	AN 48.8, 49.1, 49.2, FM 3.18	Anatomy of the female reproductive tract,
2.	OG 3.1.		Physiology of menstruation
3.	OG 3.1	AN 77.3,77.4	Physiology of gametogenesis, Ovulation, conception, implantation, reproductive endocrinology
4.	OG 4.1	AN 80.3 80.5, 80.6	Early development of embryo and fetus, development of Placenta, amniotic fluid, cord
5.	OG 2.1	AN 52. 8, 79.4	Embryology and developmental defects of female genital tract
6.	OG 6.1	FM3.19, PY 9.10	Diagnosis of pregnancy
7.	OG 7.1	PY 9.8	Physiological changes in pregnancy
8.	OG 1.1, 1,2	CM10.1, 10.2	Maternal and perinatal mortality
9.	OG- 5.1, 5.2 An		Preconceptional counseling

Serial number	Competency Nos.	Integration	Lecture topics & Subtopics
	75.5		
10.	OG 8.1, 8.2(K), 8.3(K)		Antenatal Care, birth planning, and Obstetric examination
11.	OG 8.4, 16.3	AN 75.5	Antenatal screening, genetic counselling and antenatal monitoring of fetal well being
12.	OG 8.7		Vaccines and medications in pregnancy, Teratology
13.	OG 14.1	AN 53.2, 53.3	Fetal skull, pelvis
14.	OG 13.1		Labor physiology
15.	OG 13.1		Labor mechanism
16.	OG 13.1		Management of labor 1 <sup>st</sup> stage with, partogram, intrapartum fetal well being and labor analgesia
17.	OG 13.1		Management of labor 2 <sup>nd</sup> and third stage
18.	OG 19.1		Physiological changes in puerperium, Management of puerperium
19.	OG 17.1, 17.2	CM10.3	lactation physiology and management
20.	OG 9.5		Hyperemesis , vomiting in pregnancy management
21.	1.3, 9.1	AN 78.5	Hemorrhage in early pregnancy ( abortions)
22.	9.3	AN 78.3	Hemorrhage in early pregnancy ( ectopic pregnancy)
23.	9.4		Hemorrhage in early pregnancy ( Molar pregnancy)
24.			Recurrent pregnancy loss
25.	11.1	AN 80.4	Multifetal pregnancy

### Third MBBS phase III

#### Total Teaching hours :

A. Lectures: **25 hours**

Serial number	Competency Nos.	Integration	Topics & Subtopics
1.	OG 12.1		Hypertensive disorders in pregnancy
2.	OG 12.1		Hypertensive disorders in pregnancy
3.	OG 13.2		Preterm and PROM
4.	OG 13.2		Prolonged pregnancy
5.	OG 16.3		Intrauterine growth restriction
6.			Disorders of amniotic fluid
7.			Abnormalities of placenta . cord
8.			Intrauterine fetal death
9.	OG 10.1		Antepartum hemorrhage 1 Placenta previa
10.	OG 10.1		Antepartum hemorrhage 2 Abruptio+ vasa previa
11.	<b>OG 12.8</b>	PA 22.2	Rh negative pregnancy
12.	OG 12.2		Anemia ( Iron deficiency + Megaloblastic)
13.	OG 12.2		Anemia ( Others)
14.	OG 12.4		Heart disease in pregnancy
15.	<b>OG 12.3</b>		Diabetes in pregnancy
16.	OG 12.5		Infections in pregnancy UTI,( Incl Malaria etc)
17.	OG 12.6		Hepatic disorders in pregnancy
18.			Thyroid disorders in pregnancy
19.			Respiratory disorders in pregnancy including TB, COVID, Flu
20.			Viral infections in pregnancy ( Viral)
21.	OG 12.7 ,27.3		HIV in Obstetrics and Gynecology
22.			Gynecological disorders in pregnancy
23.			Surgical disorders in pregnancy

Serial number	Competency Nos.	Integration	Topics & Subtopics
24.		CM 10.4	National Health programs-I safemotherhood, reproductive and c
25.			National Health programs-II Respectful maternity care, Laqshya

### Third MBBS phase IV

**Total Teaching hours :**

A. Lectures: **70 hours**

Serial number	Competency Nos.	Integration	Topics & Subtopics
1.	OG 14.4	FM 3.21	Malpositions: Occipito posterior presentation + DTA
2.	OG 14.4		Face, Brow Mechanism of labor in each
3.	OG 14.4		Malpresentations Breech
4.	OG 14.4		Unstable lie ( Transverse/ oblique)
5.		AN 79.5,	Congenital anomalies of fetus
6.			Shoulder dystocia
7.	OG 14.4		Abnormal labor,classification, diagnosis and management.
8.	OG 14.1		Types of pelvis, Contracted pelvis, cephalopelvic disproportion
9.	OG 14.2		Obstructed labor, Rupture uterus causes, diagnosis and management
10.	OG 15.1		Instrumental vaginal deliveries+ Ref to destructive operations
11.	OG 15.1		Cesarean section
12.			Pregnancy with previous cesarean section .
13.	OG 16.1		Third stage complications PPH
14.	OG 16,2		Third stage complications- inversion of uterus, Injuries to birth ca

15.	OG 19.1,17.3		Disorders of puerperium
16.	OG 13.1		Induction of labor,
17.	OG 13.1		Obstetric analgesia
18.	23.1		Physiology of Puberty and Abnormal puberty
19.	23.2, 23.3		Delayed puberty, precocious puberty
20.			Disorders of sexual development
21.	OG 23.1		Menstruation and common complaints ( Dymenorrhea+ PMDD)
22.	OG 24.1, PA 30.9	PA 30.9	Abnormal uterine Bleeding Endometrial polyps , hyperplasia
23.	25.1		Amenorrhea: Primary/ secondary
24.	OG 32.1	PY 9.11	Menopause & management , premature ovarian failure
25.	OG 22.1, 22.2	PA 30.6	Leucorrhea , cervical erosion, Cervicitis, vaginitis syndromic m
26.	OG 27.1,27.4		PID, Chronic pelvic pain ,
27.	27.2		Genital tuberculosis
28.	OG 30.1, 30.2		PCOS
29.	OG 28.1, 28.2	PY 9.12	Infertility-Cervical & Uterine & Tubal Factors
30.	OG 28.3	PH 1.40	Infertility- Ovulation Factors, Endocrine Factors, Galactorrhoea, F
31.	OG 28.4		ART in infertility
32.	OG 28.1		Infertility- Male & Unexplained
33.	OG 29.1		Benign tumors: Leiomyoma and polyps
34.	Pa 30.7. 30.8, OG 26.1	PA 30.7, 30.8	Endometriosis and adenomyosis
35.	OG 31.1		Displacements of uterus
36.			Urinary incontinence
37.	OG 26.2		Genitourinary fistulae

38.	26.2		Old healed perineal tear and rectovaginal fistula
39.	OG 33.2		Premalignant lesions of the female genital tract , Cervical intraepithelial neoplasia
40.	OG 33.3, 33.4		Screening and early detection of women's cancers including breast cancer
41.	OG 33.1	PA 30.1	Invasive cervical cancer
42.	OG 32.2		Approach to a patient of Post menopausal bleeding,
43.	OG 34.1	PA 30.2, PA 30.3	Uterine cancers
44.			Benign and malignant Lesions of vulva and vagina
45.	OG 34.3	PA 30.5	Gestational trophoblastic neoplasia
46.	OG 34.2		Benign ovarian tumors+ including non neoplastic enlargements of ovaries
47.	OG 34.2	PA 30.4	Malignant ovarian tumors
48.		BI 10.2	Principles of Chemotherapy and Radiotherapy in Gynecology
49.	21.1		Contraception: male and female barrier methods
50.	21.1	PH 1.39	Hormonal contraception
51.	21.2		IUDs, PPIUCD program
52.	21.1		Female sterilization, postpartum sterilization
53.	21.1		Reversal of sterilization male and female
54.	21.1		Contraception in special populations
55.	OG 20.1		MTP:Act, first trimester procedures
56.	OG 20.2		MTP second trimester procedures
57.	18.1, 18.3		Neonatal Asphyxia , , convulsions in the newborn
58.			Neonatal resuscitation
59.			Neonatal Jaundice + Birth injuries
60.	OG 8.8		Imaging in Obstetrics
61.			Imaging in gynecology
62.		PH 1.41	Pharmacotherapeutics in obstetrics
63.			Principles of gyn-surgical care- (pre op)

64.			Principles of gyn surgical care-(post op)
65.	OG 10.2		Critical care in Obstetrics , appropriate use of blood and blood pro complication and management
66.	20.3	FM 3.13-17	PC PNDT act
67.		FM 3.13-17	Examination of the sexual assault survivor
68.			Domestic Violence act and role of gynecologist Gender
69.			Medicolegal issues related to Obstetrics and gynecology
70.			Adoption acts

### Course Content

#### Subject: Obstetrics and gynecology Gyn skills

Clinical Postings: phase II 4 weeks – (Mon-Fri)

phase III-1 4 weeks – (Mon-sat)

phase III-2 12 weeks – (Mon-sat)

Competency Nos.	skill	topic	Suggested Teaching learning method	Hours
Phase II				
OG35.1	Obtain a logical sequence of history, and perform a humane and thorough clinical examination, excluding internal examinations (per rectal and per-vaginal) K/S SH	History taking in obstetrics	Bed side clinics	15 hours( week)
OG35.5	Determine gestational age, EDD and obstetric formula K/S SH	Informed consent for examination	Mannequin/demonstration on patient	
OG35.7	Obtain informed consent for any examination / procedure S SH			
OG35.2.	Arrive at a logical provisional diagnosis after examination K/S SH			
OG36.2	Organise antenatal clinics K/S KH	Antenatal clinic, ( set up of OPD)  Routine antenatal invesigations,  Antenatal care		OPD tour, Demonstration of the set up and how OPD functioning is carried out



OG8.6	Assess and counsel a patient in a simulated environment regarding appropriate nutrition in pregnancy K/S SH	Nutritional counselling in pregnancy	Case based learning.	3 hrs
OG 35.12	History taking in gynecology, demonstrate P/S, P/V examination		Bed side clinic /OPD demonstration, skill lab for PS PV practice	3 hrs
OG8.5	Describe and demonstrate pelvic assessment in a model K/S SH	Maternal pelvis Pelvic assessment Fetal skull	Model,	3 hrs
OG8.4	Describe and demonstrate clinical monitoring of maternal and fetal well-being K/S SH	Antepartum monitoring of fetal well being- screening, USG doppler, NST, BPP,	Demonstration	3 hrs
OG13.4	Demonstrate the stages of normal labor in a simulated environment / mannequin	Mechanism of labor  Management of Labor stage 1 Intrapartum monitoring of fetal well being- Partogram, CTG	Skill lab Models and mannequins  Labor room demonstrations	15 hrs
OG35.13	Demonstrate the correct technique to perform artificial rupture of membranes in a simulated / supervised environment S SH	ARM		
OG35.14	Demonstrate the correct technique to perform and suture episiotomies in a simulated/ supervised environment S SH	Management of labor stage 2- Episiotomy		

OG35.16	Diagnose and provide emergency management postpartum hemorrhage in a simulated / guided environment K/S SH	Management of labor stage 3 Emergency management of PPH  oxytocics		
	<b>Conduction of 2 exams and feedback</b>			15 hours
			<b>Phase 2 clinical posting Total</b>	<b>60 hours weeks m</b>
<b>Phase III-1</b>				
OG37.6	Observe and assist in the performance of outlet forceps application of vacuum and breech delivery K/S/A/C SH	Forceps and vacuum, breech delivery	Mannequins and models skill lab	3 hrs 3 hrs
OG36.2	Organise postnatal and well-baby clinics K/S KH	Post natal clinic and well baby clinic.  PNC case Normal and abnormal Puerperium,	OPD visit  Bed side clinics, case based learning	3 hrs 3 hrs 3 hrs
OG17.2	Counsel in a simulated environment, care of the breast, importance and the technique of breast feeding S/A/C SH	Breast care, technique of breast feeding	Bed side clinic	3 hrs
OG35.17	Demonstrate the correct technique of urinary catheterisation in a simulated/ supervised environment S SH	Female urinary catheterization	Mannequin/ demonstration, Video demonstration	1 hr
OG37.4	Observe and assist in the performance of Dilatation & Curettage (D&C) K/S/A/C SH	Dilatation and curettage	OT procedure, video	2 hrs

			demonstration	
OG37.5	Observe and assist in the performance of Endometrial aspiration - endocervical curettage (EA-ECC) K/S/A/C SH	Endometrial and endocervical curettage	OT procedure, video demonstration	3 hrs
OG36.1	Plan and institute a line of treatment, which is need based, cost effective and appropriate for common conditions taking into consideration (a) Patient (b) Disease (c) Socio-economic status (d) Institution/ Governmental guidelines. K/S SH	Cost effective approach	Case based learning	3 hrs
OG35.4	Demonstrate interpersonal and communication skills befitting a physician in order to discuss illness and its outcome with patient and family A/C SH	Doctor patient communication	Role play, OPD visit	3 hrs
OG35.6	Demonstrate ethical behavior in all aspects of medical practice. A/C SH	Ethics in medical practise	Case based learning	3 hrs
OG35.10	Write a proper referral note to secondary or tertiary centres or to other physicians with all necessary details. S SH	Referral note	Case based learning	3 hrs
OG38.4	Assess the need for and issue proper medical certificates to patients for various purposes K/S/A/C KH	Issue Medical certificates	Case based learning	3 hrs
		<b>Cover 6 cases mentioned in III-2</b>		18 hrs
	<b>Conduction of 2 exams and feedback</b>			15 hours
			<b>Phase III-1 clinical posting Total</b>	<b>72 hours (weeks -m sat)</b>
<b>Phase III-2</b>				
	<b>Revision of all topics in phase II</b>			<b>45 hrs</b>

	Revision of topic 14, 15 from phase III-1			15 hrs
	Obtain history and on basis of examination findings(internal examination excluded) arrive at a logical provisional diagnosis for type of abortion	Abortions	Case based learning	3 hrs
OG35.8	Write a complete case record with all necessary details S SH	Case record-.....10 cases over 3 phases, anemia. Drugs used in anemia  Preeclampsia, Antihypertensives in prgnancy  Eclampsia ,anticonvulsants in pregnancy  IUGR,fetal well being tests  Multifetal gestation,  Breech,  prev caesarean,  preterm, tocolytics  Prolonged labor induction of labor and drugs used in induction	Bed side clinics/ case based learning	3 hrs  3 hrs  3 hrs  3 hrs  3 hrs  3 hrs  3 hrs  6 hrs
OG35.16	Diagnose and provide emergency management of antepartum in a simulated / guided environment K/S	placenta previa case	Bed side clinics/ case	6 hrs

	SH	abruptio placentae case  Emergency management of APH with placenta previa case	based learning	
OG35.11	Demonstrate the correct use of appropriate universal precautions for self-protection against HIV and hepatitis and counsel patients S SH	HIV in pregnancy  Universal precaution, PPTCT, counselling in HIV	Case based learning  Demonstration PPTCT centre visit	3 hrs  3hrs
OG35.3	Recognize situations, which call for urgent or early treatment at secondary and tertiary centres and make a prompt referral of such patients after giving first aid or emergency treatment. K/S SH	Identifying a high risk pregnancy	Case based learning	3 hrs
OG13.5	Observe and assist the conduct of a normal vaginal delivery S P	Normal vaginal delivery-2 cases in log book	Labor room	6 hrs
OG37.1	Observe and assist in the performance of a Caesarean section K/S/A/C SH	Caesarean section	OT procedure/ video demonstration	3 hrs
OG35.9	Write a proper discharge summary with all relevant information S SH	Discharge summary..VD, CS, gyne case	Case based learning	3 hrs
OG35.12	Obtain a PAP smear in a stimulated environment S SH	PAP smear	Cancer detection OPD/ video demonstration	3 hrs
OG36.3	Demonstrate the correct technique of punch biopsy of uterus in a simulated/ supervised environment S SH	Cervical biopsy		
OG33.3	Describe and demonstrate the screening for cervical cancer in a simulated environment K/S SH	Cervical cancer screening, VIA, VILI, Colposcopy		
OG35.15	Demonstrate the correct technique to insert and remove	Contraception	Mannequin/	6 hrs

	an IUD in a simulated/ supervised environment S SH	methods, Intrauterine contraceptive device insertion and removal	video demonstration/ demonstration on small group	
OG13.4	counsel on methods of safe abortion.	Counselling for safe abortion		3 hrs
OG20.2	In a simulated environment administer informed consent to a person wishing to undergo Medical Termination of Pregnancy S/A/C SH	Informed consent for MTP, MTP act, forms to be filled	Demonstration	3 hrs
OG37.7	Observe and assist in the performance of MTP in the first trimester and evacuation in incomplete abortion K/S/A/C SH	Suction and evacuation( spontaneous abortion , first trimester MTP)	OT procedure	
OG38.3	Lap sterilization K/S/A/C KH	Lap sterilization- 1 case of sterilization	OT procedure/ video demonstration	3 hrs
OG19.2	Counsel in a simulated environment, contraception and puerperal sterilisation S/A/C SH	Counselling for contraception sterilization. Puerperal sterilization(case based learning)	Case based learning Family welfare clinic	3 hrs
OG36.2	Organise family welfare clinics K/S KH	Family welfare clinic		
OG 35.12	History taking in gynecology, Reaching a provisional diagnosis	Gynecology case Vaginitis Fibroid uterus Genital prolapse Infertility	Case based learning	3 hrs 3 hrs 3 hrs 3 hrs

		Adenexal mass		3 hrs
		Abnormal uterine bleeding(O)		3 hrs
		Post menopausal bleeding		3 hrs
		Cancer cervix		3 hrs
OG37.2	Observe and assist in the performance of Laparotomy K/S/A/C SH	Exploratory laparotomy	OT procedure/ video demonstrati on	3 hrs
OG37.3	Observe and assist in the performance of Hysterectomy – abdominal/vaginal K/S/A/C SH	Vaginal hysterectomy, abdominal hysterectomy	OT procedure/ video demonstrati on	6 hrs
OG38.1	Laparoscopy K/S/A/C KH	laparoscopy	OT procedure/ video demonstrati on	3 hrs
OG38.2	Hysteroscopy K/S/A/C KH	hysteroscopy	OT procedure/ video demonstrati on	3 hrs
		Revision drugs in obstetrics and gynecology		3 hrs

		Revision instruments		3 hrs
		Revision contraception		3 hrs
		specimen		3hrs
OG18.2	Demonstrate the steps of neonatal resuscitation in a simulated environment S SH	Neonatal resuscitation		
		<b>Conduction of exams and feedback And miscellaneous</b>		<b>24 hrs</b>
		<b>Phase III-2 clinical posting Total</b>		<b>216 hrs(1 weeks mo sat)</b>



### Course Content

#### **Subject: Obstetrics and Gynecology**

(Based on Indian Gazette on CBME and Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 3; page nos. 102-129)

#### **Self directed learning(SDL)**

**Medical council directs to dedicate 5 hrs in third phase part 1 and 15 hrs in third phase part2 for self directed learning in OBGY.**

University leaves it to the discretion of institute to plan the SDL using various methods in which students should be briefed about topic, guided towards learning resources, curiosity, innovation, motivation, competitiveness should be inculcated.

Life long learning capacity should be built.

The record of these SDL sessions should be included in Logbook as reflections of the session .

#### **Small group teaching/tutorials**

**Medical council directs to dedicate 35 hrs in third phase part 1 and 125 hrs in third phase part2 for small group teaching/tutorials/ integrated teaching/ seminars in OBGY.**

#### **Suggested topics:**

Dummy Pelvis 4  
Obst specimens 4  
Gynec specimens 4  
X-rays & HSG 2  
NST/ CTG 2  
Obst Instruments 3  
Gynec Instruments 4  
Forceps 1  
Vacuum 1  
Partograph 2  
NST, CTG 2  
Drugs in obstetrics 3  
Gynec drug 2  
Contraception 4  
Sterilization 2  
Minor procedures 2

Apart from this SGT, can comprise of MCQ solving, group seminars, poster making, skit making,

**Guidelines for Electives:****Medical council directs to dedicate 2 months of elective posting between third phase part 1 and part 2**

1. Each college can put up department wise lists of electives depending on facilities and resources available.
2. Electives modules should be designed well in advance with mention on specific learning objectives, daily work record, report and assessment of the same.
3. Allotment of electives will be merit based on combined marks of previous 3 yrs.
4. Medical college can have MOU with other hospitals or centers for elective courses to student.
5. Student can opt for doing elective in any other hospital, city or abroad, provided facility of subject of interest is not available in his/her college, with prior permission of institute.
6. If opting for elective abroad then one month can be contact program and another month will be online program as for one month of elective student is supposed to attend clinical posting also.
7. Only 10% students will be allowed per subject for outside elective.
8. Student will have to apply to centre where he desires to do elective well in advance, application must go through concerned department through institute. The centre where student is doing elective must be government or semi government or teaching institute or center affiliated by university or National association of that subject of country.
9. Responsibility of applying, getting admission, expenses incurred for tuition fees and travel and stay will have to take care of by student.
10. At the end of electives Student should produce certificate of completing elective term from head of the institution or centre.

**AETCOM****Medical council directs to dedicate 28 hrs + 16 hrs SDL in third phase part 2 for AETCOM. Out of these each subject gets 7 hours + 4 hrs SDL**

As decided by university OBGY department will cover module 4.2 and 4.7 out of 9 modules mentioned in AETCOM booklet for phase III part 2.

## Internal Assessment

### Obst. & Gynaec.

Applicable w.e.f August 2019 onwards examination for batches admitted from June 2019 onwards

Phase	IA – 1 -Exam			IA – 2 -Exam		
	Theory (January)	Practical EOP	Total Marks	Theory (May)	Practical	Total Marks
Second MBBS	50	50	100	50	50	100

Phase	IA – 3 Exam			IA – 4 - Exam		
	Theory (January)	Practical EOP	Total Marks	Theory (April)	Practical	Total Marks
Third MBBS Part I	50	50	100	50	50	100

Phase	IA – 5 - Exam			Prelim Examination		
	Theory (May)	Practical EOP (after 8 weeks posting)	Total Marks	Theory (November)	Practical	Total Marks
Third MBBS Part I	100	100	200	100 x 2 papers = 200	200	400

## Internal Assessment Practical Examinations II MBBS

### Internal Assessment - 1

#### OBGY

Subject: OBGY Practical (IA – 1)					
Spotting	OSCE 1	OSCE 2	Viva	Journal & log book	Practical Total
10	10	10	10	10	50

# OSCE Stations to include Signs of General examinations, Local examinations, Psychomotor skills and Communication skills.

Subject: OBGY Practical (IA – 2)					
Long Case					
History	Examination	Investigation	Treatment	AETCOM	Practical Total
10	10	10	10	10	50

Subject: OBGY Practical (IA – 3)					
Spotting	OSCE 1	OSCE 2	Viva	Journal & log book	Practical Total
10	10	10	10	10	50

# OSCE Stations to include Signs of General examinations, Local examinations, Psychomotor skills and Communication skills.

<b>Subject: OBGY Practical (IA – 4)</b>					
<b>Long Case</b>					
History	Examination	Investigation	Treatment	AETCOM	Practical Total
10	10	10	10	10	50

<b>Subject: OBGY Practical (IA –5)</b>				
Long Case (Obstetrics)	Gynaecology Case	Family Planning	Journal & log book	Practical Total
50	20	20	10	100

<b>Subject: OBGY Practical (Prelim)</b>								
ANC Case	Gynaecology Case	PNC / Post – Op Case	Family Planning Viva	Obstetrics Table Viva	Gynaec Table Viva	Spotting (2 x 10 spots)	Journal & log book	Practical Total
50	25	20	25	20	20	20	20	200

<b>Subject: OBGY Practical (MUHS Final)</b>							
ANC Case	Gynaecology Case (Diagnosis and discussion)	PNC / Post – Op Case (Diagnosis and discussion)	Family Planning Viva	Obstetrics Table Viva	Gynaec Table Viva	Spotting (4 x 10 spots)	Practical Total
50 *	25	20	25	20	20	40	200

\* 10 marks each for history, examination, AETCOM, investigation & treatment.

Assessment in CBME is ONGOING PRCESS,

No Preparatory leave is permitted.

1. There shall be 6 internal assessment examinations in OBGY.
2. The suggested pattern of question paper for internal assessment, except prelim examination is attached at the end. Pattern of the prelims examinations should be similar to the University examinations.
3. Internal assessment marks for theory and practical will be converted to out of 50 (theory) +50 (practical). Internal assessment marks, after conversion, should be submitted to university within the stipulated time as per directives from the University. **Conversion Formula for calculation of marks in internal assessment examinations.**

	Theory	Practical
<b>Phase II</b>	<b>100</b>	<b>100</b>
<b>Phase III/I</b>	<b>100</b>	<b>100</b>
<b>Phase III/II</b>	<b>300</b>	<b>300</b>
<b>Total</b>	<b>500</b>	<b>500</b>
<b>Conversion out of</b>	<b>50</b>	<b>50</b>
<b>Conversion formula</b>	<b>Total marks in 6 IA theory examinations /10</b>	<b>Total marks in 6 IA Practical examinations /10</b>
<b>Eligibility criteria after conversion</b>	<b>20</b>	<b>20</b>
	<b>Combined theory + Practical = 50</b>	

4. While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table.

Total Internal Assessment Marks	Final rounded marks
33.01 to 33.49	33
33.50 to 33.99	34

5. Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in order to be eligible for appearing at the final University examination of that subject.
6. Internal assessment marks will not to be added to marks of the University examinations and will be shown separately in mark list.

## 7. Remedial measures

### A. Remedial measures for non-eligible students

- i) At the end of each internal assessment examination, students securing less than 50% marks shall be identified. Such students should be counseled at the earliest and periodically.
- ii) Extra classes for such students may be arranged. If majority of the students found to be weak in a particular area then extra classes must be scheduled for all such students. Even after these measures, if a student is failed to secure 50% marks combined in theory and practical (40% separately in theory and practical) after prelim examination, the student shall not be eligible for final examination.
- iii) Non eligible candidates are offered to reappear for repeat internal assessment examination/s, which must be conducted 2 months before next University examination. The pattern for this repeat internal assessment examination shall be similar to the final University examination. Only the marks in this examination shall be considered for deciding the eligibility criteria. Following conversion formula shall be used for converting the marks.

	<b>Theory</b>	<b>Practical</b>
<b>Remedial examination (as per final examination pattern)</b>	<b>200</b>	<b>200</b>
<b>Conversion out of</b>	<b>50</b>	<b>50</b>
<b>Conversion formula</b>	<b>Marks in remedial theory examinations /4</b>	<b>Marks in remedial Practical examinations /4</b>
<b>Eligibility criteria after conversion</b>	<b>20</b>	<b>20</b>
	<b>Combined theory + Practical = 50</b>	

**B. Remedial measures for absent students:**

- i. If any of the students is absent for any of the 6 IA examinations due to any reasons, following measures shall be taken.
- ii. The student is asked to apply to the academic committee of the college for reexamination, through HOD, to ascertain the genuineness of the reason for absentee.
- iii. If permitted by academic committee, an additional examination for such students is to be conducted after prelims examination. Marks for such additional examination shall be equal to the missed examination.
- iv. Even if a student has missed more than one IA examination, he/she can appear for only one additional IA examination. In such scenario, eligibility should be determined by marks obtained in internal assessment examinations for which the candidate has appeared, without changing the denominator.

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**Format for Internal Assessment  
Theory Examination  
IA – 1, IA – 2, IA – 3 & IA - 4**

Question No.	Type of Question	No. of Questions (no. To be solved)	Max. Marks
1.	MCQ	10	10 (1 marks each)
2.	SAQ	6 (Any 5 out of 6)	25 (5 marks for each question x 5 questions)
3.	LAQ	1 (Compulsory)	15
		Total	50

**Format for Internal Assessment  
Theory Examination IA - 5**

Question No.	Section	Type of Question	No. of Questions	Max. Marks
1.	A	MCQ	20	20 (1 marks each)
2.	B	LAQ	4 (Any 3 out of 4)	45 (15 marks for each question x 3 LAQ )
3.	C	SAQ	7 (Any 6 out of 7)	30 (5 marks for each question x 6 SAQ)
4.	C	SAQ	1 question from AETCOM	5
			Total	100

## Format for MUHS Final Theory Examination Paper I & II

Question No.	Section	Type of Question	No. of Questions	Max. Marks
1.	A	MCQ	20	20 (1 marks each)
2.	B	LAQ	4 (Any 3 out of 4)	45 (15 marks for each question x 3 LAQ )
3.	C	SAQ	7 (Any 6 out of 7)	30 (5 marks for each question x 6 SAQ)
4.	C	SAQ	1 question from AETCOM	5
			Total	100

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