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राष्ट्रीय आयुर्विज्ञान आयोग  
National Medical Commission  
स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड  
[Post Graduate Medical Education Board]

File No.N-P016(11)/2/2023-PGMEB-NMC.

dated the 6<sup>th</sup> September, 2023

PUBLIC NOTICE

**Sub: Seeking Comments of the stakeholders on draft Post-Graduate Medical Education Regulations-2023 – reg.**

The Post-graduate Medical Education Board is seeking public comments for draft **Post-Graduate Medical Education Regulations-2023**. A copy of the draft regulation is attached herewith.

2. It is requested to share comments on the draft regulations at the following email id [comments.pgregulations@nmc.org.in](mailto:comments.pgregulations@nmc.org.in) in MS Word (.docx) format or machine readable PDF Format within 10 days from the date of publication of this notice with a subject tagline "*Comments on draft Post-Graduate Medical Education Regulations-2023*".



( Rita Singh)  
Under Secretary (PGMEB)

[To be published in the Gazette of India, Extraordinary, Part-III, Section-4]

**NATIONAL MEDICAL COMMISSION  
POST-GRADUATE MEDICAL EDUCATION BOARD  
Pocket 14, Sector 8, Dwarka,  
NEW DELHI – 110 077**

**POST-GRADUATE MEDICAL EDUCATION REGULATIONS-2023**

**File No.N-P016(11)/2/2023-PGMEB-NMC** - In exercise of overall powers conferred by the National Medical Commission Act, 2019 *vis-à-vis* medical education in general and specifically by sub-section (1) of Section 25 and sub-section (2) of Section 57 of the said Act, National Medical Commission makes the following Regulations namely –

**Short title** – These Regulations may be called the “Post-graduate Medical Education Regulations-2023” or “PGMER-23” in its abbreviated form.

**Commencement** – These Regulations shall come into force from the date of their publication in the official gazette.

**CHAPTER I  
PRELIMINARY**

**1.1 FOCUS AND GOAL**

The focus and goal of post-graduate medical education shall be to produce competent specialist and /or Medical teacher recognized by the fraternity as the graduating scholar, building upon his undergraduate education, skills who shall –

- i. Recognize the health needs of the community and carry out professional obligations ethically keeping in view the objectives of the national health policy;
- ii. have mastered most of the competencies, pertaining to the respective Speciality, that is required to be practised at the secondary and the tertiary levels of the health care delivery system;
- iii. be aware of the contemporary advances and developments in the respective discipline concerned and shall progress accordingly;
- iv. have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology;
- v. have acquired the basic skills in the teaching of medical and paramedical professionals;
- vi. acquire basic management skills in human resources, materials and resource management related to health care delivery, general hospital management, principal

inventory skills and counselling;

- vii. Develop personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals;
- viii. become an exemplary citizen by observing the highest standards of professional ethics and working towards fulfilling social and professional obligations to respond to national aspirations.

The institutions imparting post-graduate medical education shall continually work to synchronize the institutional goals with the national goals to produce the kind of trained manpower with high knowledge, appropriate skills and impeccable ethical standards required.

**1.2 DEFINITIONS** – In these Regulations, unless the context otherwise requires the terms defined herein shall bear the meaning assigned to them below and their cognate expressions and variations shall be construed accordingly –

- a. **“Act”** shall mean National Medical Commission Act, 2019 [Act No. 30 of 2019].
- b. **“Commission”** shall mean the National Medical Commission duly established under Section 3 of the National Medical Commission Act, 2019.
- c. **“Medical Institution”** shall mean ‘*Medical Institution*’ as defined in Section 2(i) of the National Medical Commission Act, 2019; and shall include a common expression medical college as well.
- d. **“MSR”** shall mean the Minimum Standards of Requirements for Post-graduate courses in medical institution as notified by the Post-graduate Medical Education Board (PGMEB) from time to time, which shall also include, explanatory notes, circulars, advisories etc.
- e. **“NEET-PG”** shall mean ‘National Eligibility-cum-Entrance Test for admission in Broad Speciality’ courses.
- f. **“NEET-SS”** shall mean ‘National Eligibility-cum-Entrance Test for Super Speciality’ courses as referred to under Section 14 of the National Medical Commission Act, 2019.
- g. **“NEExT”** shall mean the common final year examination or National Exit Test as referred to under Section 15 of the National Medical Commission Act, 2019.
- h. **“University”** shall mean the Health University as defined under Sub-Section (f) of Section 2 or a University as defined under sub-section (x) of Section 2; both under the National Medical Commission Act, 2019, as the case may be.
- i. **“Feeder Speciality”** shall mean broad specialty qualification required to pursue super-speciality course of qualification.

**CHAPTER II**  
**COURSES OF SPECIALITIES AND COMPONENTS OF POST-GRADUATE TRAINING**

**2.1 LIST OF QUALIFICATIONS, DURATION OF THE COURSE AND COMPONENTS OF POST-GRADUATE TRAINING**

Sl. No.	Name of Qualification	Duration of Course (including period of examination)
i.	Post-graduate Broad Speciality Qualifications <b>(Annexure-1)</b>	3 Years/ 2 years*
ii.	Post-graduate Super Speciality Courses <b>(Annexure-2)</b>	3 Years
iii.	Post-graduate Diploma Courses <b>(Annexure-3) @</b>	2 Years
iv.	Post-Doctoral Certificate Courses (PDCC) <b>(Annexure-4)</b>	1 year
v.	Post-Doctoral Fellowship (PDF) Courses <b>(Annexure-5)</b>	2 years
vi.	DM/M.Ch (6 years Course) <b>(Annexure-6)</b>	6 years

\* The period of training, including the period of examination, shall be two years for the students, who possess a recognised two-year post-graduate diploma course in the same subject.

@ Medical colleges/institutes may apply to Medical Assessment and Rating Board (MARB) for converting diploma seats to degree seats. No more new applications will be entertained for permission to start or increase in number of diploma seats.

**2.2 COMPONENTS OF THE POST-GRADUATE CURRICULUM**

The major components of the post-graduate curriculum shall be:

- i. Theoretical knowledge
- ii. Practical and clinical skills
- iii. Writing thesis
- iv. Soft skill attributes including communication skills.
- v. Training in research methodology, medical ethics and medico legal aspects.

**CHAPTER III**  
**ESTABLISHMENT OF POST-GRADUATE MEDICAL INSTITUTIONS AND STARTING OF NEW POST-GRADUATE MEDICAL COURSES**

**3.1 PERMISSION**

- i. Permission to start the post-graduate course along with an undergraduate medical course

in a medical college/institute or permission to start a post-graduate course in already established undergraduate medical college/institution and determination of number of seats to be permitted shall be as per the Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses & Assessment and Rating Regulations in vogue, Post-Graduate Medical Education Regulations (PGMER) in vogue, Teachers Eligibility Qualifications in Medical Institutions Regulations in vogue, MSR in vogue, Curriculum requirements of respective speciality as notified/informed from time to time on website or by other methods by Post-Graduate Medical Education Board (PGMEB), other relevant regulations, explanatory notes, circulars and advisories etc., issued from time to time.

Post-graduate courses will be permitted only if the medical college/institution fulfills all the requirements for running the undergraduate medical college

- ii. Existing or proposed non-teaching hospitals owned and managed by government can start post-graduate courses without having undergraduate college, if they fulfil the norms and procedures prescribed in the Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses & Assessment and Rating Regulations in vogue, Post-Graduate Medical Education Regulations (PGMER) in vogue, Teachers Eligibility Qualifications in Medical Institutions Regulations in vogue, MSR in vogue, Curriculum requirements of respective speciality as notified/informed from time to time on website or by other methods by Post-Graduate Medical Education Board (PGMEB), other relevant regulations, explanatory notes, circulars and advisories etc., issued from time to time.

MARB shall do the assessment as per the guidelines and Assessment Form prescribed by the PGMEB. MARB shall evaluate the Assessment Report and put up before the Committee comprising of following members:

President of MARB	-	Chairman
Member of MARB/Expert (to be nominated by President of MARB )	-	Member
President/ Member of UGMEB (to be nominated by President of UGMEB)	-	Member
President/ Member of PGMEB (to be nominated by President of PGMEB)	-	Member
Director/Deputy Secretary of MARB will be Member Secretary		

The Committee will deliberate on the application, with relevant reports regarding whether the medical institution fulfils the prescribed conditions mentioned in above mentioned documents and take one of the following decision(s) –

- a. Whether to permit to start the post-graduate course/speciality or not;
- b. the number of seats to be permitted in the Department from the next Academic Year

Once permitted, seats will be called recognised seats for the purpose of registration of degree awarded by University.

### 3.2 ACCREDITATION

Every permitted post-graduate medical course will have to be accredited by PGMEB as below:

The medical college/institute which has started a new postgraduate course of a qualification shall apply for accreditation of the post-graduate medical course to the President, Postgraduate Medical Education Board (PGMEB) at least three months prior to the expected date of examination to be conducted by the affiliating university in which the first admitted batch is due to appear. Letter from the medical college/institution informing about the exact date of the Practical Examination should reach PGMEB at least fifteen days prior to the date of the Practical Examination. PGMEB will do the assessment of medical college/medical institution running the post-graduate courses. The Assessment Report shall be put before a Committee, comprising the following members:

President of PGMEB	-	Chairman
Member of PGMEB/Expert (to be nominated by President of PGMEB)	-	Member
President/ Member of UGMEB (to be nominated by President of UGMEB)	-	Member
President/Member of MARB (to be nominated by President of MARB)	-	Member
Director/Deputy Secretary of PGMEB will be Member Secretary		

If any deficiency is found, then the Committee will ask the medical college/institution for Compliance. The Committee will examine the Assessment/Assessment and Compliance Report regarding whether the medical institution fulfils the prescribed conditions and Report on Assessment of the Examination. Decision(s) will be taken by the Committee on the following:

- c. Whether to accredit the post-graduate course/speciality in the medical college/institution or not;
- d. number of seats to be permitted in the Department from the next Academic Year

If the medical college/institute is denied accreditation, then there will be no admission from the next academic year; and the medical college/institute will apply afresh for permission to restart the course.

Failure to seek timely accreditation of the existing post-graduate course shall invite exemplary penalty as per the Sanctions and Penalty Clause mentioned in Chapter-IX of this regulation.

### **3.3 INCREASE OF SEATS**

Procedures, methods and criteria for increase of seats will be same as prescribed in **sub Section 3.1 (Permission)**

Increase of seats so granted in already accredited post-graduate course shall be deemed to be recognised post-graduate seats for the purpose of registration of the students. If the Speciality is already accredited, then the medical college/institute shall not apply for accreditation again.

### **3.4 MONITORING OF STANDARDS OF MEDICAL EDUCATION**

The standards of the Medical Education shall be monitored as per the Maintenance of Standards of Medical Education Regulations, 2023 in vogue. Medical college/institute shall pay Annual Fee, as notified by the National Medical Commission from time to time, for the purpose of annual evaluation. Every medical college/institute will pay Affiliation Fee for every course as per the amount fixed in the guidelines from time to time.

### **3.5 MINIMUM STANDARDS OF REQUIREMENTS (MSR)**

Medical colleges/institutes shall follow the guidelines prescribed by the Post-graduate Medical Education Board in the Minimum Standards of Requirements (MSR) document for post-graduate medical education. PGMEB shall notify the Minimum Standards of Requirements (MSR) from time to time for physical infrastructure of the hospital and medical college/institute, teaching staff and other staff, clinical material (prescribed number of patients as per curriculum requirement, laboratory and radiological investigations) for all-round training of the post-graduate students. The PGMEB shall also notify the modifications or amendments in the MSR from time to time which shall have to be mandatorily followed by the medical colleges/institutes.

## **CHAPTER IV**

### **ADMISSION, COUNSELLING, ETC.**

- 4.1 ELIGIBILITY CRITERIA** - Eligibility to pursue a 'Broad specialty post-graduate programme in Medicine' will be on the basis of computation of the Marks obtained in the common final year undergraduate examination to be known as the 'National Exit Test', conducted by the National Medical Commission or caused to have been conducted by National Medical Commission. Till the first batch based on National Exit Test (NExT) becomes eligible for admission in Broad Speciality, the existing system of admission through National Eligibility-cum-Entrance Test-Post-graduate (NEET-PG) as per Post-Graduate Medical Education Regulation, 2000 (PGMER-2000) shall continue.

Provided further that eligibility to pursue super specialty programme/course in Medicine shall be by securing the minimum eligible score at the National Eligibility-cum-Entrance Test-Super Speciality (NEET-SS) Exam conducted either by the National Medical Commission or caused to have been conducted by National Medical Commission. List of feeder broad specialty qualification required by a person to pursue Super-Speciality course of recognized qualification is as per Annexure

- 4.2 CONDUCT OF NEET-SS** – Either the National Medical Commission may conduct the NEET-SS for all super specialty courses or may designate any such agency or authority by whatever name called, to cause the NEET-SS to be conducted.

Provided National Medical Commission may designate multiple agencies or authorities or a combination of agencies or authorities, to conduct NEET-SS if such designation suits the purpose.

Without prejudice to anything stated above the Post Graduate Medical Education Board shall determine the manner, and modalities etc., of conducting the NEET-SS for Super Speciality courses by way of Notification.

- 4.3 COMMON COUNSELLING** – Without prejudice to anything stated in the present Regulations or other NMC Regulations, there shall be common counselling for admission to Post-graduate courses in medicine for all medical institutions in India solely based on the merit list of respective exams.

Provided the common counselling may have multiple rounds as may be necessary.

PGMEB of NMC shall publish guidelines for the conduct of common counselling and the designated authority under **Section 4.4** shall conduct common counselling in conformity with such published guidelines.

**Admission Schedule for Post-graduate Broad Specialty Courses (MD/MS)**

Sl. No.	Schedule for Admission	Central Counselling	State Counselling to be conducted by respective Counselling authorities*
		All India Quota/ Deemed/ Central Universities/ Institutes/ AFMS	
1.	Conduct of exam	As per NExT Regulation or in case admission is to be based on NEET-PG, then Exam will be conducted in the month of March	
2.	Declaration of result	As per NExT Regulation or in case admission is to be based on NEET-PG, then Exam will be declared by first week of April	
3.	First round of counselling	10 <sup>th</sup> to 20 <sup>th</sup> May	20 <sup>th</sup> to 31 <sup>st</sup> May
4.	Last date of joining	31 <sup>st</sup> May	5 <sup>th</sup> June
5.	Second round of counselling	1 <sup>st</sup> June to 10 <sup>th</sup> June	11 <sup>th</sup> to 20 <sup>th</sup> June
6.	Last date of joining	20 <sup>th</sup> June	30 <sup>th</sup> June
7.	Mop up/Third Round	1 <sup>st</sup> July, - 10 <sup>th</sup> July	10 <sup>th</sup> July to 20 <sup>th</sup> July
8.	Last date of joining	20 <sup>th</sup> July,	31 <sup>st</sup> July
9.	Online stray vacancy round for All India Quota/Central and Deemed Universities	21 <sup>st</sup> July - 31 <sup>st</sup> July	1 <sup>st</sup> – 5 <sup>th</sup> August
10.	Last Date of Joining	10 <sup>th</sup> August	
11.	Commencement of academic session	1 <sup>st</sup> July	

- Note:**
1. For the purpose of ensuring the above time-schedule, Saturday, Sunday or Holidays (except National Holiday) shall be treated as working days.
  2. Keeping in view the circumstances and exigencies, Post-Graduate Medical Education Board may alter the number of rounds and schedule of counselling



The following Matrix shall be applicable with regard to permissibility to students to exercise fresh choice during counselling:-

Round	Free Exit	Exit with forfeiture of Fees	Ineligibility for further counselling	Amount of Registration Fee
AIQ I/ Deemed	✓			Government – Rs.25,000 (half for SC/ST/OBC)
AIQ II/ Deemed	✓			
AIQ-III/Mop Up		If not joined	If joined	Deemed – Rs.2,00,000
State Quota I	✓			Government – Rs.25,000 (half for SC/ST/OBC)
State Quota II	✓			
State Quota-III/Mop Up	✓	If not joined	If joined	Private – Rs.2,00,000

**Time Schedule for completion of Admission process for PG (Super Specialty) Medical Courses:**

Sl.No.	Schedule for Admission	Super Specialty
1.	Conduct of Entrance Examination	by 10 <sup>th</sup> July
2.	Declaration of the result of the qualifying/Entrance Examination.	by 15 <sup>th</sup> July
3.	First round of counselling/admission	by 31 <sup>st</sup> July
4.	Last date for joining the allotted college and the course	between 1 <sup>st</sup> and 7 <sup>th</sup> August
5.	Second round of counselling / admission	by 20 <sup>th</sup> August
6.	Last date of joining for the second round of counselling / admission	by 27 <sup>th</sup> August
7.	Commencement of academic session/term	1 <sup>st</sup> August
8.	Last date up to which students can be admitted/joined against vacancies arising due to any reason	31 <sup>st</sup> August

**Note:** Keeping in view the circumstances and exigencies, Post-Graduate Medical Education Board may alter the number of rounds and schedule of counselling.

**4.4 Government to appoint a designated authority for Common Counselling** – For admission to broad specialty post-graduate courses in medicine in medical institutions, the Central Government or its designated authority shall be the counselling agency for the All-India quota seats and State Government/U.T. Administration shall be the counselling agency for the State/Union Territory quota seats. For all the seats in the Super Specialty Courses, the Central Government or its designated authority shall be the counselling agency.

**4.5 Prohibition for any student seeking admission in any other way than counselling** – No medical institute shall admit any candidate to the Post-Graduate Medical Education

course in contravention of these regulations.

Provided the medical institution granting admission to any student in contravention of these Regulations, shall be fined Rupees one crore or fee for the entire course duration, whichever is higher, per seat for the first time and for the second time of non-compliance, Rupees two crore or double the amount of fees for the entire course duration, whichever is higher per seat; and for any subsequent non-compliance or continued contravention, the medical institution shall be fined Rupees two crore or double the amount of fees for the entire course duration whichever is higher per seat and barred from granting admissions to any student for minimum two academic years from the next academic year.

Provided further that such Student admitted in contravention of this mandate shall be discharged from the Medical College and double the number of seats shall be reduced for one or more years.

- 4.6 Submission of the final list** – The respective designated authorities (who have conducted the Common Counselling) shall submit the final list of students in the prescribed proforma to the Post-graduate Medical Education Board within one week of the completion of the common counselling, which in turn shall publish that list in the NMC website. Provided each institution shall also submit the final list of students admitted, in the prescribed proforma to the PGMEB within one week of the last date of the joining course, declared by the PGMEB.

Provided only those medical institutions that were permitted to start the post-graduate medical course prior to the date of notification of Common Counselling are allowed to admit students; and those medical institutions, who get requisite permission after the date of notification of Common Counselling shall participate in the next academic year's common counselling to admit students.

**Explanation:** Requisite permission shall also apply *mutatis mutandis* for increase of seat strength in medical institutions already established.

- 4.7 Student Migration** – No student designated to a medical institution, notwithstanding anything stated in these Regulations, shall be permitted migration to any other medical institution.

- 4.8 Reservation of Seats** - The reservation of seats in medical colleges/institutions for respective categories shall be as per applicable laws prevailing in States/Union Territories. An all India merit list as well as State-wise merit list of the eligible candidates shall be prepared on the basis of the marks obtained in NExT or NEET-PG and candidates shall be admitted to post-graduate courses from the said merit lists only.

Provided further that 5% seats of annual sanctioned intake capacity in Government or government aided higher educational institutions shall be filled up by candidates with benchmark disabilities in accordance with the provisions of the Rights of Persons with Disabilities Act, 2016 based on the merit list of NExT or NEET-PG for admission to post-graduate medical courses. For this purpose, the "Specified Disability" contained in the Schedule to the Rights of Persons with Disabilities Act, 2016 is annexed at **Annexure-7** and the eligibility of candidates to pursue a course in medicine with specified disability shall be in accordance with **Annexure-8**. If the seats reserved for

the persons with disabilities in a particular category remain unfilled on account of unavailability of candidates, the seats should be included in the annual sanctioned seats for the respective category.

- 4.9 Feeder Broad Speciality Qualifications for Super Speciality courses -** Prior requirement of Broad Speciality degree qualification to pursue Super Speciality course for qualification will be called Feeder Course. List of Feeder Courses to pursue Super Speciality course of qualification is as per **Annexure-9**.

## **CHAPTER V** **TRAINING**

### **5.1 PERIOD OF TRAINING**

The period of training for the award of various post-graduate degrees and diplomas shall be as per **Chapter-II Section 2.1**.

### **5.2 TRAINING PROGRAMME**

- (i) The training given to the post-graduate students during their stay in the accredited institutions for the award of various post-graduate degrees, shall determine the expertise of the specialist and /or medical teachers produced.

Provided that in respect of MD/MS students admitted with effect from academic session 2021, the training imparted as part of District Residency Programme in District Health System, as provided for in this **Section 5.2(XI)** of these Regulations shall be considered as training imparted in a medical institution.

- (ii) All post-graduate students will work as full-time resident doctors. They will work for reasonable working hours and will be provided reasonable time for rest in a day.
- (iii) Every institution undertaking post-graduate training programme shall set up an Academic Cell, under the chairmanship of a senior faculty member, which shall ensure and monitor the implementation of training programmes in each specialities.
- (iv) The training programmes shall be updated as and when required while keeping in mind the curriculum requirement and other relevant requirements prescribed by NMC from time to time. The structured training programme shall be written and strictly followed, to enable the examiners to determine the training undergone by the candidates.
- (v) Post-graduate students of broad and super speciality degree courses shall maintain a dynamic e-log book which needs to be updated on weekly basis about the work being carried out by them and the training programme undergone during the period of training. MS/M.Ch students shall mandatorily enter details of surgical procedures assisted or done independently.
- (vi) The record (Log) books shall be checked, assessed and authenticated monthly by the postgraduate guide imparting the training.
- (vii) The post-graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- (viii) During the training for award of Degree/Diploma/Super-specialty in clinical

disciplines, there shall be proper training in basic medical sciences related to the disciplines concerned. During the training programmes emphasis has to be laid on preventive and social aspects.

- (ix) All post-graduate medical college/institution will have facilities for teaching the basic science subjects as per guidelines.
- (x) Post-graduate training shall consist of training of the students through lectures, seminars, journal clubs, group discussions, participation in laboratory and experimental work, involvement in research, clinical meetings, grand rounds, clinico-pathological conferences, practical training in diagnosis and medical and surgical treatment, training in the basic medical sciences as well as in allied clinical specialties, etc. as per the requirement of speciality training.

Specialities where patient treatment is involved the teaching and training of the students shall include graded responsibility in the management and treatment of patients entrusted to their care.

A post-graduate student of a degree course in broad specialties/super specialties would be required to present one poster presentation or to read one paper at a national/Zonal/state conference of the respective specialty or to have one research paper published/accepted for publication as the first author in the journal of the respective specialty to make him eligible to appear in the post-graduate degree examination.

**(xi) Common Course work**

The following course work shall be common and mandatory for all broad and super specialty post-graduate students irrespective of the specialty.

**(a) Course in Research Methodology**

- i. All post-graduate students shall complete an online course in Research Methodology.
- ii. The students shall have to register on the portal of the designated training institutions.
- iii. The students shall complete the course in the first year.
- iv. The online certificate generated on successful completion of the course and examination thereafter, will be acceptable evidence of having completed this course.
- v. The above certification shall be a mandatory requirement to be eligible to appear for the final examination of the respective post-graduate course.
- vi. This requirement shall be applicable for all post-graduate students.

**(b) Course in Ethics**

- i. All post-graduate students shall complete course in Ethics including Good Clinical Practices and Good Laboratory Practices, whichever is relevant to them, to be conducted by institutes/universities.
- ii. The students shall complete the course in the first year.
- iii. No post-graduate student shall be permitted to appear in the examination without completing the above course.

**(c) Course in Cardiac Life Support Skills**

- i. All post-graduate students shall complete a course in Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) skills to be conducted by the institute.
- ii. The students shall complete the course in the first year.
- iii. No post-graduate student shall be permitted to appear in the examination without the above certification.

**(d) Others**

Institutions may arrange training in any other courses like awareness in medical audit; exposure to human behavior studies; and finance and accounts, etc which are beneficial to the post-graduate students.

**(xii) DISTRICT RESIDENCY PROGRAMME (DRP)**

**I. Preamble:**

Doctors have to be trained in diverse settings including those which are close to the community. Hence, they should be trained in the District Health System /the District Hospitals.

**II. Objectives:**

The main objectives of the District Residency Programme (DRP) would be:

- a. to expose the post-graduate student to District Health System/ District Hospital and involve them in health care services being provided by District Health System /District Hospital for learning while serving;
- b. to acquaint them with the planning, implementation, monitoring and assessment of outcomes of the National Health programmes at the district level; and
- c. to orient them to promotive, preventive, curative and rehabilitative services being provided by various categories of healthcare professionals under the umbrella of National Health Mission.

In doing so, the post-graduate medical students would also be contributing towards strengthening of services of the District Health System as specialty resident doctors working as members of the district teams.

**III. Definition of District Hospital:**

For the purpose of this programme, a District Hospital shall be a functional public sector/government-funded hospital of not less than 50 beds with facilities/staff for the designated specialties at that level/facility.

**IV. Definition of District Health System:**

For the purpose of this programme, the District Health System shall include all public sector/government-funded hospitals and facilities (including community health centers, primary health centers, sub-health centers, urban health centers, etc.), as well as community outreach system in a district. This would also include district system engaged in running respective public health services including the implementation of national and state public health programmes.

## **V. District Residency Programme:**

All post-graduate students pursuing MD/MS in broad specialties in all medical colleges/institutions under the purview of National Medical Commission shall undergo a compulsory residential rotation of three months in District Hospitals/ District Health System as a part of the course curriculum. Such rotation shall take place in the 3<sup>rd</sup> or 4<sup>th</sup> or 5<sup>th</sup> semester of the post-graduate programme. In case of those students who have taken admission after completion of Diploma in the relevant specialty, District Residency Programme shall take place in third semester only. Similarly, the post-graduate diploma students shall undergo the District Residency Programme in the third semester.

This rotation shall be termed as 'District Residency Programme' (DRP) and the post-graduate medical student undergoing training shall be termed as a 'District Resident'.

## **VI. Training and Responsibilities of District Residents:**

The District Resident will work under the overall directions and supervision of the District Residency Programme Coordinator (DRPC).

During this rotation, the Resident doctor will be posted with the concerned/aligned specialty team/unit/ sections/services at the District Health System/ District Hospital; The clinical responsibilities assigned to the Residents would include serving in outpatient, inpatient, casualty and other areas pertaining to their specialty and encompass night duties.

Post-graduate students of specialties where direct patient care is not involved will be trained by District Health System/ District Hospital teams within the available avenues in coordination with the District Health Officer/Chief Medical Officer. They would be trained in and contribute to the diagnostic/laboratories services, pharmacy services, forensic services, general clinical duties, managerial roles and public health programmes etc., as applicable. They may also be posted in research units / facilities, laboratories and field sites of the Indian Council of Medical Research and other national research organizations.

## **VII. Stipend and Leave for District Residents:**

The District Residents shall continue to draw full stipend from their respective medical colleges for the duration of the rotation subject to the attendance record submitted by the appropriate district authorities to the parent medical college/institution, based on methods and system as prescribed. Subject to exigencies of work, the District Resident will be allowed one weekly holiday by rotation. They shall also be entitled to leave benefits as per the rules/ guidelines of the parent college / university.

## **VIII. Training during DRP and Certification thereof:**

- a. Quality of training shall be monitored by log books, supportive supervision and continuous assessment of performance. The attendance and performance of District Residents shall be tracked by the District Residency Programme Coordinator (DRPC) of the District concerned, as well as the parent Medical College through an appropriate electronic/digital or mobile enabled system. Such monitoring systems shall also be accessible to the State/Union Territory Steering Committee and the National Coordination Cell.
- b. The District Residents would remain in contact with their designated post-graduate teachers and departments at their parent Medical College / Institution by phone and e-

communication for guidance, learning, and for being able to participate remotely in scheduled case discussions, seminars, journal clubs, thesis discussion, etc. and other academic activities.

- c. Satisfactory completion of the District Residency shall be an essential condition before the candidate is allowed to appear in the final examination of the respective post-graduate course.
- d. The District Residency Programme Coordinator (DRPC) shall issue certificate of satisfactory completion of DRP and report on the performance of the District Resident on a prescribed format to be decided by the PGMEB to the concerned medical college and the Govt. of the State/UT.

**IX. Responsibility of Medical College/Medical Institution:**

It shall be incumbent upon all medical colleges/ institutions to place the post-graduate students at the disposal of the Government of concerned State/Union Territory for the District Residency Programme. The faculty of the concerned departments would provide guidance to the District Residents by phone/e-communication in accordance with **Section 5.2.VI.**

**X. Responsibility of State Government /Union Territory:**

The State Government /Union Territory shall implement the District Residency Programme within their jurisdiction as under:-

- a. The Programme shall be coordinated jointly by the Directorate of Medical Education and the Directorate of Health Services. An Officer of the State Government /Union Territory shall be designated as the State/UT District Residency Programme (DRP) Nodal Officer. The concerned Government shall be responsible for the facilitation, oversight and supervision of the District Residency Programme.
- b. The designated State/UT DRP Nodal officer shall identify and designate District Health System/ District Hospital that are suitable for such rotation in terms of availability of specific specialties, specialists, facilities and services available in consultation with the Directorate of Health Services of the State and the medical colleges, and develop a placement schedule of the Post-graduate Residents of the medical colleges due for rotation at least 6 months in advance. This official will also be responsible for grievance redressal at State level.
- c. The State DRP Nodal officer shall undertake rule-based allotment of the training facilities to the Post-graduate Residents
- d. The State Government shall provide appropriate amenities to the District Residents, including, amongst others, suitable accommodation, mess, transportation to work place (if living quarters is far away), security, especially for lady Residents. Accommodation could be by means of government premises or that rented by concerned State Government and should conform to prescribed norms.
- e. The District Residents shall remain under the jurisdiction of respective State/ UT DRP Nodal officer where they are undergoing District Residency.
- f. In case all the Post-graduate Residents of a State/UT cannot be absorbed within their respective jurisdiction, possibility of posting them to other States/Union Territories may be explored by mutual understanding in consultation with the respective Governments facilitated by the National Coordination Cell.
- g. It shall be permissible for the post-graduate students from the North East Zone

(NEZ) in various medical colleges/institutions in the country, to undergo District Residency Programme in their respective States.

- h. The State Government/UT may consider providing additional honorarium to the District Residents as a token of recognition of their contribution to the healthcare services of the States. In addition, the concerned Governments may make provisions to incentivize postings to remote and difficult areas, and encourage volunteering by post-graduate students to serve at these places.
- i. The concerned State Government shall also designate a senior official of the District Health System as the District Residency Programme Coordinator (DRPC) in each District for coordinating between the State DRP Nodal officer and the medical colleges. The District Residency Programme Coordinator shall also be responsible for orienting the Post-graduate Residents to the District health system, supervising the postings within the district, ensuring their accommodation, safety and transport needs, and for grievance redressal, etc. District Residency Programme Coordinator shall be the competent authority for sanctioning leave to District Residents.

#### **XI. Responsibility of National Medical Commission:**

All Medical institutions will submit the DRP posting details of the students to PGMEB of National Medical Commission within one week of completion of DRP. The PGMEB of National Medical Commission will monitor the training programme and may direct necessary changes to the State Government and Medical institutions, if so desired.

#### **XII. Constitution of National/State Oversight Mechanisms:**

- a. The National Medical Commission shall constitute a National Steering Committee in consultation with the Ministry of Health and Family Welfare, Government of India to oversee the implementation of the District Residency Programme.
- b. The National Steering Committee shall be chaired by President, Post-Graduate Medical Education Board (PGMEB) or his nominee. The Committee shall comprise nominated members from the Ministry of Health and Family Welfare (not below the rank of Director/Deputy Secretary), Nominee of Directorate General of Health Services (DGHS) and representatives of at least six State Governments/Union Territories. The Committee may submit quarterly reports to the Central Government.
- c. The National Steering Committee shall establish a National Coordination Cell (NCC) under the PGMEB of National Medical Commission which shall be responsible for the smooth and efficient implementation of the District Residency Programme and grievance redressal at national level.
- d. The Governments of State/Union Territory shall constitute a State/Union Territory level Steering Committee chaired by Principal Secretary/ Secretary (Health) and comprising Principal Secretary/Secretary (Medical Education), Director of Health Services, Director of Medical Education, Registrar of the Health University and Deans of the medical colleges to facilitate the implementation of the District Residency Programme.

#### **XIII. Launch of the District Residency Programme:**

The District Residency Programme shall be implemented with the PG (broad specialty) batch that has joined for the post-graduate course in the Academic Session 2021.



#### **5.4 CURRICULUM**

The Post-graduate Medical Education Board shall publish the model curriculum and the outcome objectives of the same from time to time on the NMC website, which shall form the base for the development of a detailed medical curriculum by the concerned Universities, along with the appropriate methodology to impart meaningful education.

#### **5.5 STIPEND TO POSTGRADUATE STUDENTS**

The post-graduate students undergoing post-graduate degree/Diploma/Super-Specialty course in all the institutions shall be paid stipend at par with the stipend being paid to the post-graduate students of State Government medical institutions/Central Government medical institutions, in the State/Union Territory where the institution is located.

#### **5.6 LEAVE RULES FOR POSTGRADUATE STUDENTS**

The following leave rules will be followed:

- a. Every post-graduate student will be given minimum 20 days of paid leave per year.
- b. Subject to exigencies of work, post-graduate students will be allowed one weekly holiday
- c. Female post-graduate students shall be allowed maternity leave as per existing Government rules and regulations
- d. Male post-graduate students shall be allowed paternity leave as per existing Government rules and regulations
- e. In addition to minimum 20 days' paid leave, the candidates will be allowed academic paid leave of 5 days per year for entire duration of training period.

The training period shall be as per **Section 2.1 (Chapter-II)**. If a candidate avails leave in excess than the permitted number of days, his/her term of course shall be extended by the same number of days to complete the training period. However, one shall be able to appear in the examination if one has 80% (eighty percent) of the attendance.

#### **5.7 ACCOMODATION TO POSTGRADUATE STUDENTS**

It will be mandatory for the college to provide appropriate residential accommodation to the post-graduate students. However, it will not be mandatory for the post-graduate students to stay in the hostel.

### **CHAPTER VI**

#### **ROLE OF UNIVERSITITES**

- 6.1** It shall be the duty of all concerned Universities with the medical institutions under them, to partner with the National Medical Commission –

- a. To implement an appropriate curriculum to provide high-quality and affordable post-graduate medical education to the student to make him a competent specialist and/or medical teacher.
  - b. To provide training in clinical and practical skills along with theoretical knowledge, laying emphasis upon attitude, ethics and communication skills to ensure imparting competency-based medical education.
  - c. Encourage scholars in both self-directed and Assisted learning.
  - d. Provide periodic and transparent assessment of medical education being imparted by Medical Institutions to meet with highest global standards.
  - e. provide a combination of both formative and summative assessment for overall successful completion of the Post-graduate programme.
  - f. Provide periodic and transparent assessment of medical education being imparted by medical institutions across the nation to meet with highest global standards.
  - g. Inspire confidence in the students to handle emergencies and calamities at all levels.
- 6.2** Without prejudice to the above, the concerned University and medical institutions under them shall ensure that proper records of the work be maintained so that they form the basis of objective, efficient and transparent internal assessment of scholars.
- Provided further that, these maintained and well-classified documents shall be made available for consultation at all times, particularly for the purposes of assessment of the medical college either by the concerned University or NMC.
- 6.3** It shall be the constant endeavor of the concerned University to constantly develop strategies for optimal utilization of evolving technology by the faculty, medical education department and scholars during the period of training at the post-graduation level.
- 6.4** It shall be the constant endeavor of the concerned University to maximize the use of digital technology for conducting examination and issuance of Degree/Diploma and other certificates in digital mode which should be available on Digi locker platform. All the Universities should make all out efforts to start issuance of Certificates in digital mode on Digi locker platform as early possible.

## CHAPTER VII

### **DEPARTMENT, UNITS, FACULTY AND SENIOR RESIDENTS**

- 7.1 Department:**  
The name of the Department will be as per the name of the Speciality subject (qualification) (**Annexure-1, Annexure-2**). Each Department will be headed by a Professor.

**Unit:**

All Departments with inpatient beds will have unit structure (Units), if applicable.

**Faculty:**

Professor, Associate Professor and Assistant Professor will be considered as faculty and they will be full time. Appointment and promotion of faculty in various teaching Specialities imparting post-graduate medical education in medical institutions, falling within the purview of the national medical Commission, has to be in accordance with the norms of Teachers Eligibility Qualifications in Medical Institutions Regulations, in vogue. The number of faculty requirement and the number of post-graduate students registrable under teach faculty will be as per PGMER and PG-MSR norms in vogue.

In Government institutions, where there is a post of Additional Professor, and a faculty, who fulfills all the requirements to become Professor will be considered as Professor for all purposes. However, the Government will convert the designation at the earliest. Similarly, in Government institutions, where there is a post of Reader, and a faculty, who fulfills all the requirements to become Associate Professor will be considered as Associate Professor for all purposes. However, the Government will convert the designation at the earliest.

**Senior Resident:**

Senior Resident should have post graduate/super speciality qualification in the respective speciality.

Post-graduate courses under any other body like the National Board of Examinations in Medical Sciences (NBEMS), etc. are not permissible against the very same units, teaching personnel and infrastructure for courses under these regulations.

- 7.2 The faculty of a medical college/institute shall assist the National Medical Commission/ Boards whenever required for the purpose of assessment and as experts, etc.
- 7.3 The position of Dean/Director/Principal of Medical College/Institution should be held by a person possessing recognized post-graduate medical degree from a recognized/accredited institution with a minimum of ten years teaching experience as Professor/Associate Professor in a Medical College/ Institution, out of which at least five years should be as Professor in the Department. Appointment to these posts shall be made on seniority-cum-merit basis. The Dean/Director/Principal of Medical Institution shall not hold the post of Head of the Department.
- 7.4 The Medical Superintendent of the affiliated teaching hospital shall possess a recognized post-graduate medical degree from a recognized/accredited institution with a minimum of ten years teaching experience as Professor /Associate Professor in the relevant departments of the Hospital, out of which at least five years should be as Professor. Appointment to these posts shall be made on seniority-cum-merit basis. Medical Superintendent shall not occupy the position of the Head of the Department. However, he can head the unit.

**CHAPTER VIII**  
**EXAMINATIONS**

**8.1 EXAMINATIONS**

The medical college/institute will conduct the Formative Assessment (examination) and the University will conduct the Summative Assessment (examination).

The summative examination shall consist of Theory and Practical. Obtaining a minimum of 40% marks in each theory paper and not less than 50% aggregate in all the four papers for degree examination in broad specialty and super specialty subjects and obtaining 50% marks in practical examination shall be mandatory for passing the examination as a whole. Hence a candidate shall secure not less than 50% marks in theory and practical including clinical, Objective Structured Clinical Examination (OSCE) and viva voce examination. Five per cent of practical marks will be of dissertation. External examiner outside the state will evaluate dissertation thesis and take viva on it and marks will be given on quality of dissertation and performance in viva voce.

No grace mark is permitted in post-graduate examination either for theory or for practical.

**8.2 Examiners**

- a. The examiner for the post-graduate examination in Broad and Super Specialties shall have three years' experience as recognized Post-graduate Guide in the concerned subject.
- b. The minimum number of examiners for post-graduate examination shall be four. Out of which, at least two shall be external examiners and least one of them shall be from different university outside the state.
- c. An examiner shall not be appointed for more than two consecutive regular examinations for the same institution.

**8.3 Valuation**

- a. All the teachers of the other colleges of the concerned University or other Universities, who are eligible to be post-graduate examiners, can perform the valuation of the answer scripts.
- b. All the answer scripts shall be subjected for two valuations by the concerned University. The average of the total marks awarded by the two valuers for the paper, which is rounded off to the nearest value, shall be considered for computation of the results. All the answer scripts, where the difference between two valuations is 15% and more of the total marks prescribed for the paper, shall be subjected to third valuation. The average of the best two total marks, awarded by the three evaluators for the paper, rounded off to the nearest value, shall be considered for final computation of the results.
- c. After the computation and declaration of the results, under no circumstances, revaluation is permitted by any authority.
- d. All the Health Universities/Institutions imparting post-graduate courses shall implement digital valuation.

#### **8.4 Number of Examinations**

The university shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 and not more than 6 months between the two examinations.

#### **8.5 Methodology**

##### **A. Broad Specialties: Doctor of Medicine (MD)/Master of Surgery (MS)**

MD/MS examinations, in any subject shall consist of theory papers, and clinical/practical and oral examinations.

##### **a. Theory**

The theory examination may be of descriptive theory paper type or Multiple Choice Question (MCQ) type of equal duration of exam time. The descriptive type of theory exam shall be of four theory papers. The first and the fourth paper shall be on basic medical sciences and recent advances, respectively.

The theory examination shall be held well in advance before the clinical and practical examination.

##### **b. Clinical/Practical and Oral**

- i. Clinical examination for the subjects in clinical sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/teacher, for which candidates shall be examined for one long case and two short cases.
- ii. Practical examination for other subjects shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental/ laboratory studies and his ability to perform such studies as are relevant to his subject.
- iii. The oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty.

##### **B. Super Specialties: Doctorate of Medicine (DM)/Magister Chirurgiae (M.Ch.)**

The Examination consists of theory and clinical/practical and oral.

##### **a. Theory**

There shall be four theory papers. The first and the fourth paper shall be on basic medical sciences and recent advances respectively. The theory examination shall be held well in advance before the clinical and practical examination.

##### **b. Clinical/Practical and Oral:**

- i. Clinical examination for the subjects in clinical sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/teacher, for which candidates shall be examined for one long case and two short cases.
- ii. Practical examination may consist of carrying out special investigative techniques for Diagnosis and Therapy. M.Ch. candidates shall also be examined in surgical procedures. Oral examination shall be comprehensive enough to test the candidate's overall knowledge of the subject.

### **C. Post-graduate Diploma**

Diploma examination in any subject shall consist of theory and practical/clinical and oral.

#### **a. Theory**

There shall be three Theory papers. The first paper shall be on basic medical sciences. The theory examination will be held well in advance before the clinical examination.

#### **b. Clinical and Oral**

Clinical examination for the subject in clinical Science shall be conducted to test/aimed at assessing the knowledge and competence of the candidate for undertaking independent work as a specialist for which a candidate shall examine a minimum of one long case and two short cases.

The oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty.

## **CHAPTER IX**

### **SANCTION AND PENALTY**

#### **9.1 PENALTY FOR VIOLATION OF REGULATIONS**

For non-compliance or intentional attempt of non-compliance act or omission, the PGMEB will penalize the medical college/institution.

#### **9.2** Without prejudice to anything stated at **Section 9.1** above, the imposition of the penalty may include one/more/ all of the following –

- a. Issuance of warning with direction to rectify/comply as the case may be by the medical institution;
- b. Monetary penalty not exceeding INR one crore per every violation/act of omission committed by the medical institution;
- c. monetary penalty not exceeding Rupees five lakhs for the faculty/ Head of the Department (HoD)/ Dean/Director/Doctor submitting false declaration/documents/records (including patients' records). Further, they can also be charged or penalized for misconduct under the Professional Conduct Regulations in vogue.
- d. Withholding the accreditation process;
- e. recommending to MARB for withholding processing of application(s) for any new course including increase of seats in the existing course for that academic year or for such number of years.
- f. Reducing the number of students in the next or subsequent academic years to be admitted by the medical institution;
- g. Stoppage of admission to one or more of the courses in the next or subsequent academic years.

- h. Recommending to NMC for withdrawal of permission;
- i. Withholding and withdrawal of accreditation for a period up to five academic years.
- j. Any attempt to pressurize PGMEB or NMC through individuals or agency will lead to immediate halt of the processing the application/request by the medical institution.

Provided further that the medical institution, may be granted a reasonable opportunity to rectify the deficiencies and any further action shall be taken if it fails to meet the requisite norms. Provided further that, the PGMEB or the NMC may also initiate criminal proceedings for furnishing false information, or fabrication of false documents as per the criminal law in force at that time.

## **CHAPTER X**

### **MISCELLANEOUS**

#### **10.1 Faculty Development Programme**

The Post-graduate Medical Education Board shall prescribe the Faculty Development Programme to enhance the skills of the faculty for post-graduate training, which will have to be mandatorily followed.

#### **10.2 Animal Experimentation**

Animal experimentation should continue to be included as an integral part of the competency based curriculum of post-graduate courses in Physiology and Pharmacology in medical institutions.

However, the use of non-animal, human relevant methods may be encouraged for teaching and training of post-graduate students in these subjects, wherever possible. If animals are used as a part of research studies or thesis work, biomedical ethics and relevant rules and guidelines framed under the Prevention of Cruelty to Animals Act, 1960, must be strictly adhered to.

#### **10.3 Collaborative Research**

Impetus may be provided to Research in medical field to produce Physician Scientists of highest caliber by collaborative arrangement with other scientific organizations of excellence as well as Institutes of Eminence/ Excellence conferred by the Government of India. Inter-disciplinary research with AYUSH may be encouraged.

## **CHAPTER XI**

### **AMENDMENTS, SAVING CLAUSE AND REPEAL**

#### **11.1 Provision to Amend the Post-Graduate Medical Education Regulations - 2023**

National Medical Commission is empowered to make any addition, deletion, substitution or any other amendment to Post-graduate Medical Education Regulations -2023, as and

when required. The Post-graduate Medical Education Board is empowered to issue advisories and clarifications as and when required. The National Steering Committee constituted under **Section 5.3(XII)** to oversee the District Residency Programme (DRP) and will suggest practical ways in implementing District Residency Programme to achieve the objectives.

### **11.2 Saving Clause**

Notwithstanding anything contained in these Regulations, any actions made under the “*Post-graduate Medical Education Regulations, 2000*” or the “*The Opening of a New or Higher Course of Study or Training (including Post-graduate Course of Study or Training) and Increase of Admission Capacity in any course of Study or Training (including a Post-Graduate course of Study or Training) Regulations, 2000*” or the recommendation of the Councils prior to that, shall be protected.

### **11.3 Repeal**

The “*Post-graduate Medical Education Regulations, 2000*” and “*The Opening of a New or Higher Course of Study or Training (including Post-graduate Course of Study or Training) and Increase of Admission Capacity in any course of Study or Training (including a Post-Graduate course of Study or Training) Regulations, 2000*” are hereby repealed.

DR VIJAY OZA, PRESIDENT (PGMEB)

**Note:** These Regulations are being published in English and Hindi, the English version shall prevail in case of any doubt about the interpretation of these Regulations.



**Annexure-1**  
*[See Section 2.1(i)]*

**LIST OF RECOGNISED POST-GRADUATE BROAD SPECIALITY  
QUALIFICATIONS (MD/MS)**

**A. MD (Doctor of Medicine)**

1. MD (Aerospace Medicine)
2. MD (Anatomy)
3. MD (Anesthesiology)
4. MD (Biochemistry)
5. MD (Biophysics)
6. MD (Community Medicine)
7. MD (Dermatology, Venerology and Leprosy)
8. MD (Emergency Medicine)
9. MD (Family Medicine)
10. MD (Forensic Medicine and Toxicology)
11. MD (General Medicine)
12. MD (Geriatrics)
13. MD (Health Administration)
14. MD (Hospital Administration)
15. MD (Immunohematology and Blood Transfusion)
16. MD (Laboratory Medicine)
17. MD (Marine Medicine)
18. MD (Master of Public Health (Epidemiology))
19. MD (Microbiology)
20. MD (Nuclear Medicine)
21. MD (Paediatrics)
22. MD (Palliative Medicine)
23. MD (Pathology)
24. MD (Pharmacology)
25. MD (Physical Medicine and Rehabilitation)
26. MD (Physiology)
27. MD (Psychiatry)
28. MD (Radiation Oncology)
29. MD (Radio-diagnosis)

30. MD (Respiratory Medicine)
31. MD (Sports Medicine)
32. MD (Tropical Medicine)

**B. MS (Master of Surgery)**

1. MS (General Surgery)
2. MS (Obstetrics & Gynecology)
3. MS (Ophthalmology)
4. MS (Orthopedics)
5. MS (Otorhinolaryngology - Head and Neck) - *earlier known by Otorhinolaryngology*
6. MS (Traumatology and Surgery)

**Annexure-2**  
*[See Section 2.1(ii)]*

**LIST OF RECOGNISED POST-GRADUATE SUPER SPECIALITY  
QUALIFICATIONS (DM/MCh)**

1. DM (Cardiac Anaesthesia)
2. DM (Cardiology)
3. DM (Child and Adolescent Psychiatry)
4. DM (Clinical Haematology)
5. DM (Clinical Immunology and Rheumatology)
6. DM (Critical Care Medicine)
7. DM (Endocrinology)
8. DM (Geriatric Mental Health)
9. DM (Hepatology)
10. DM (Infectious Disease)
11. DM (Interventional Radiology)
12. DM (Medical Gastroenterology)
13. DM (Medical Genetics)
14. DM (Medical Oncology)
15. DM (Neonatology)
16. DM (Nephrology)
17. DM (Neuro Anaesthesia)
18. DM (Neurology)
19. DM (Neuro-radiology)
20. DM (Onco-Pathology)
21. DM (Organ Transplant Anaesthesia and Critical Care)
22. DM (Paediatric and Neonatal Anaesthesia)
23. DM (Paediatric Cardiology)
24. DM (Paediatric Critical Care)
25. DM (Paediatric Gastroenterology)
26. DM (Paediatric Hepatology)

27. DM (Paediatric Nephrology)
28. DM (Paediatric Neurology)
29. DM (Paediatric Oncology)
30. DM (Pulmonary Medicine)
31. DM (Virology)

**A. MCh (Magister of Chirurgiae)**

- 1.\* MCh (Cardiac Surgery)
2. MCh (Endocrine Surgery)
3. MCh (Gynaecological Oncology)
4. MCh (Hand Surgery)
5. MCh (Head and Neck Surgery)
6. MCh (Hepato-Pancreato-Biliary-Surgery)
7. MCh (Neurosurgery)
8. MCh (Paediatric Cardio Thoracic and Vascular Surgery)
9. MCh (Paediatric Orthopaedics)
10. MCh (Paediatric Surgery)
11. MCh (Plastic & Reconstructive Surgery)
12. MCh (Reproductive Medicine and Surgery)
13. MCh (Surgical Gastroenterology)
14. MCh (Surgical Oncology)
- 15.\* MCh (Thoracic Surgery)
16. MCh (Urology)
17. MCh (Vascular Surgery)
- 18.\* MCh (Cardio Vascular & Thoracic Surgery)

\* Existing Cardio Vascular & Thoracic Surgery (CTVS) course is being bifurcated into Cardiac Surgery and Thoracic Surgery with change in curriculum and other requirements. There will be transition period of three years. At the end of three years (i.e. after 2026) there will no admission in course. Changes in Curriculum and other requirements will be gradual, and will be notified. There will be no new permission to start or increase in seats in Cardio Vascular & Thoracic Surgery (CTVS) Course after publication of these Regulations.

**LIST OF RECOGNISED POST-GRADUATE DIPLOMA QUALIFICATIONS**

1. Allergy and Clinical Immunology
2. Anesthesiology (D.A.)
3. Clinical Pathology (D.C.P.)
4. Community Medicine (D.C.M.)/ Public Health (D.P.H.)
5. Dermatology, Venerology and Leprosy (DDVL)
6. Forensic Medicine (D.F.M.)
7. Health Education (D.H.E.)
8. Health Administration (D.H.A.)
9. Immuno-Haematology & Blood Transfusion (D.I.H.B.T.)
10. Marine Medicine (Dip. M.M.)
11. Microbiology (D.Micro)
12. Nutrition (D.N.)
13. Obstetrics & Gynecology (D.G.O.)
14. Occupational Health (D.O.H.)
15. Ophthalmology (D.O.)
16. Orthopedics (D.Ortho.)
17. Otorhinolaryngology (D.L.O.)
18. Paediatrics ( D.C.H.)
19. Physical Medicine & Rehabilitation (D.Phy. Med. & R.)
20. Psychiatry (D.P.M.)
21. Radiation Medicine (D.R.M.)
22. Radio-diagnosis (D.M.R.D.)
23. Radio-therapy (D.M.R.T.)
24. Radiological Physics (D.R.P.)
25. Sport Medicine (D.S.M.)
26. Tropical Medicine & Health (D.T.M. & H.)
27. Tuberculosis & Chest Diseases (D.T.C.D.)
28. Virology (D.Vir.)

**LIST OF RECOGNISED POST-DOCTORAL CERTIFICATE COURSES (PDCC)  
QUALIFICATION**

1. PDCC in Organ Transplant Anaesthesia
2. PDCC in Paediatric Endocrinology
3. PDCC in Laboratory Immunology
4. PDCC in Nuclear Nephrology
5. PDCC in Renal Pathology
6. PDCC in Gastro-Radiology
7. PDCC in Aphaeresis Technology and Blood Component Therapy
8. PDCC in Pain Management
9. PDCC in Haemato-Oncology
10. PDCC in Paediatric Endocrinology
11. PDCC in Paediatric ENT
12. PDCC in Spine Surgery

**Annexure-5**  
*[See Section 2.1(v)]*

**LIST OF RECOGNISED POST-DOCTORAL FELLOWSHIP (PDF)  
QUALIFICATION**

**LIST OF DM/M.CH COURSES OF SIX YEARS DURATION**

1. DM Neurology
2. M.Ch Neurosurgery



**Schedule to the Rights of Persons With Disabilities (RPWD) Act, 2016**

**“SPECIFIED DISABILITY”**

**1. Physical disability**

- A. Locomotor disability (a person’s inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including –
- (a) “leprosy cured person” means a person who has been cured of leprosy but is suffering from –
    - (i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
    - (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
    - (iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression “leprosy cured” shall be construed accordingly;
  - (b) “cerebral palsy” means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;
  - (c) “dwarfism” means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;
  - (d) “muscular dystrophy” means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;
  - (e) “acid attack victims” means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.
- B. Visual impairment—
- (a) “blindness” means a condition where a person has any of the following conditions, after best correction—
    - (i) total absence of sight; or
    - (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
    - (iii) limitation of the field of vision subtending an angle of less than 10 degree.
  - (b) “low-vision” means a condition where a person has any of the following conditions,

namely:—

- (i) visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or
  - (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.
- C. Hearing impairment—
  - (a) “deaf” means persons having 70 DB hearing loss in speech frequencies in both ears;
  - (b) “hard of hearing” means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;
- D. “speech and language disability” means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.
2. **Intellectual disability**, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including -
  - (a) “specific learning disabilities” means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;
  - (b) “autism spectrum disorder” means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.
3. **Mental behaviour**,— “mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.
4. **Disability** caused due to—
  - (a) chronic neurological conditions, such as—
    - (i) “multiple sclerosis” means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;
    - (ii) “parkinson's disease” means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

- (b) Blood disorder—
  - (i) “haemophilia” means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;
  - (ii) “thalassemia” means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.
  - (iii) “sickle cell disease” means a hemolytic disorder characterised by chronic anemia, painful events, and various complications due to associated tissue and organ damage; “hemolytic” refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.
- 5. **Multiple Disabilities** (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.
- 6. Any other category as may be notified by the Central Government.

**Note: Any amendment to the Schedule to the RPWD Act, 2016, shall consequently stand amended in the above Annexure.**

**Guidelines regarding admission of students with “Specified Disabilities” under the Rights of Persons with Disabilities Act, 2016 with respect to admission in Post-graduate Courses in Modern Medicine**

- Note 1.** The “Certificate of Disability” shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017 notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (*Divyangjan*)] on 15th June 2017.
2. The extent of “specified disability” in a person shall be assessed in accordance with the “Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)” notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (*Divyangjan*)] on 4th January 2018.
3. The minimum degree of disability should be 40% (Benchmark Disability) in order to be eligible for availing reservation for persons with specified disability.
4. The term ‘Persons with Disabilities’ (PwD) is to be used instead of the term ‘Physically Handicapped’ (PH).

S. No.	Disability Type	Type of Disabilities	Specified Disability	Disability Range		
				Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
1.	Physical Disability	<b>A. Locomotor Disability, including Specified Disabilities (a to f).</b>	a. Leprosy cured person*	Less than 40% disability	40-80% disability.  Persons with more than 80% disability may also be allowed on case to case basis and their functional competency will be determined with the aid of assistive devices, if it is being used, to see if it is brought below 80% and whether they possess sufficient motor ability as required to pursue and complete the course satisfactorily.	More than 80%
b. Cerebral Palsy**						
c. Dwarfism						
d. Muscular Dystrophy						
e. Acid attack victims						
f. Others*** such as Amputation, Poliomyelitis, etc.						

		<p>* Attention should be paid to loss of sensations in fingers and hands, amputation, as well as involvement of eyes and corresponding recommendations be looked at.</p> <p>** Attention should be paid to impairment of vision, hearing, cognitive function, etc. and corresponding recommendations be looked at.</p> <p>*** Both hands intact, with intact sensations, sufficient strength and range of motion are essential to be considered eligible for medical course.</p>		
<b>B. Visual Impairment (*)</b>	a. Blindness	Less than 40% disability	----	Equal to or more than 40% Disability
	b. Low vision			
<b>C. Hearing Impairment @</b>	a. Deaf	Less than 40% Disability	----	Equal to or more than 40% Disability
	b. Hard of hearing			
<p>(*) Persons with Visual impairment / visual disability of more than 40% may be made eligible to pursue Post-graduate Medical Education and may be given reservation, subject to the condition that the visual disability is brought to a level of less than the benchmark of 40% with advanced low vision aids such as telescopes / magnifier etc.</p> <p>@ Persons with hearing disability of more than 40% may be made eligible to pursue Post-graduate Medical Education and may be given reservation, subject to the condition that the hearing disability is brought to a level of less than the benchmark of 40% with the aid of assistive devices. In addition to this, the individual should have a speech discrimination score of more than 60 %.</p>				
<b>D. Speech &amp; language disability§</b>	Organic/ neurological causes	Less than 40% Disability	-	Equal to or more than 40% Disability
<p>§ Persons with Speech Intelligibility Affected (SIA) shall be eligible to pursue post-graduate courses, provided Speech Intelligibility Affected (SIA) score shall not exceed 3(three), which is 40% or below.</p> <p>Persons with Aphasia shall be eligible to pursue post-graduate courses, provided Aphasia Quotient (AQ) is 40% or below.</p>				

Sl. No.	Disability Type	Type of Disabilities	Specified Disability	Disability Range		
				Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
2.	Intellectual Disability		a. Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental aphasia)#	Less than 40% Disability	Equal to or more than 40% disability and equal to or less than 80%. But selection will be based on the learning competency evaluated with the help of the remediation/assisted technology/aids/infrastuctural changes by the Expert Panel	More than 80% or severe nature or significant cognitive/intellectual disability

			b. Autism spectrum disorders	Absence or Mild Disability, Asperger syndrome (disability of up to 60% as per ISAA) where the individual is fit for post-graduate course by an expert panel	Currently not recommended due to lack of objective presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	More than 60% disability or presence of cognitive/intellectual disability and/or if the person is unfit for pursuing post-graduate course by an expert panel
3.	Mental behaviour		Mental illness	Absence or mild Disability: less than 40% (under IDEAS)	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	No mental disorder is barred from pursuing PG Medical education subject to being eligible in NExT/NEET-PG
4.	Disability caused due to	a. Chronic Neurological Conditions	i. Multiple Sclerosis	Less than 40% Disability	40-80% disability	More than 80%
			ii. Parkinsonism			
		b. Blood Disorders	i. Haemophilia	Less than 40% Disability	40-80% disability	More than 80%
			ii. Thalassemia			
iii. Sickle cell disease						
5.	Multiple disabilities including deaf blindness	More than one of the above specified disabilities	<p>Must consider all above while deciding in individual cases recommendations with respect to presence any of the above, namely, Visual, Hearing, Speech &amp; Language disability, Intellectual Disability, and Mental Illness as a component of Multiple Disability.</p> <p>Combining Formula as notified by the related Gazette Notification issued by the Govt. of India</p> $a + \frac{b(90-a)}{90} \left[ \quad \right]$ <p>(where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities)</p> <p>is recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual.</p>			

**Annexure-9**  
[See Section 4.9]

**FEEDER BROAD SPECIALTY QUALIFICATIONS FOR SUPER SPECIALITY COURSES**

**A. DM (Doctorate of Medicine)**

<b>Sl. No.</b>	<b>Area of Specialization</b>	<b>Feeder Broad Speciality Qualification(s)</b>
1.	DM (Cardiac Anaesthesia)	MD Anaesthesia
2.	DM (Cardiology)	MD General Medicine MD Paediatrics MD Respiratory Medicine
3.	DM (Child and Adolescent Psychiatry)	MD Psychiatry
4.	DM (Clinical Haematology)	MD Biochemistry MD General Medicine MD Paediatrics MD Pathology
5.	DM (Clinical Immunology and Rheumatology)	MD General Medicine MD Paediatrics
6.	DM (Critical Care Medicine)	MD Anaesthesia MD General Medicine MD Paediatrics MD Respiratory Medicine MD Emergency Medicine
7.	DM (Endocrinology)	MD General Medicine MD Paediatrics
8.	DM (Geriatric Mental Health)	MD Psychiatry
9.	DM (Hepatology)	MD General Medicine MD Paediatrics
10.	DM (Infectious Disease)	MD General Medicine MD Paediatrics MD Microbiology MD Respiratory Medicine
11.	DM (Interventional Radiology)	MD Radio-diagnosis
12.	DM (Medical Gastroenterology)	MD General Medicine

<b>Sl. No.</b>	<b>Area of Specialization</b>	<b>Feeder Broad Speciality Qualification(s)</b>
13.	DM (Medical Genetics)	MD/MS in any subject
14.	DM (Medical Oncology)	MD General Medicine MD Paediatrics
15.	DM (Neonatology)	MD Paediatrics
16.	DM (Nephrology)	MD General Medicine MD Paediatrics
17.	DM (Neuro Anaesthesia)	MD Anaesthesia
18.	DM (Neurology)	MD General Medicine MD Paediatrics
19.	DM (Neuro-radiology)	MD Radio-diagnosis
20.	DM (Onco-Pathology)	MD Pathology
21.	DM (Organ Transplant Anaesthesia and Critical Care)	MD Anaesthesia
22.	DM (Paediatric and Neonatal Anaesthesia)	MD Anaesthesia
23.	DM (Paediatric Cardiology)	MD Paediatrics
24.	DM (Paediatric Critical Care)	MD Paediatrics
25.	DM (Paediatric Gastroenterology)	MD Paediatrics
26.	DM (Paediatric Hepatology)	MD Paediatrics
27.	DM (Paediatric Nephrology)	MD Paediatrics
28.	DM (Paediatric Neurology)	MD Paediatrics
29.	DM (Paediatric Oncology)	MD Paediatrics
30.	DM (Pulmonary Medicine)	MD General Medicine MD Respiratory Medicine MD Paediatrics
31.	DM (Virology)	MD Microbiology



**B. M.Ch. (Magister of Chirurgiae)**

<b>Sl. No.</b>	<b>Area of Specialization</b>	<b>Feeder Broad Speciality Qualification(s)</b>
1.*	M.Ch (Cardiac Surgery)	MS General Surgery
2.	M.Ch. (Endocrine Surgery)	MS General Surgery
3.	M.Ch. (Gynaecological Oncology)	MD/MS Obstetrics & Gynaecology
4.	M.Ch. (Hand Surgery)	MS Orthopaedics
5.	M.Ch. (Head and Neck Surgery)	MS Otorhinolaryngology – Head & Neck MS General Surgery
6.	M.Ch. (Hepato-Pancreato-Biliary-Surgery)	MS General Surgery
7.	M.Ch. (Neurosurgery)	MS General Surgery MS Otorhinolaryngology – Head & Neck
8.	M.Ch. (Paediatric Cardio Thoracic and Vascular Surgery)	MS General Surgery
9.	M.Ch. (Paediatric Orthopaedics)	MS Orthopaedics
10.	M.Ch. (Paediatric Surgery)	MS General Surgery
11.	M.Ch. (Plastic & Reconstructive Surgery)	MS General Surgery MS Otorhinolaryngology – Head & Neck
12.	M.Ch. (Reproductive Medicine and Surgery)	MD/MS Obstetrics and Gynaecology
13.	M.Ch. (Surgical Gastroenterology)	MS General Surgery
14.	M.Ch. (Surgical Oncology)	MS General Surgery MS Otorhinolaryngology – Head & Neck MS Orthopaedics MS Obstetrics and Gynaecology
15.*	M.Ch. (Thoracic Surgery)	MS General Surgery
16.	M.Ch. (Urology)	MS General Surgery
17.	M.Ch. (Vascular Surgery)	MS General Surgery
18.*	M.Ch. (Cardio Vascular & Thoracic Surgery)	MS General Surgery

\* Existing Cardio Vascular & Thoracic Surgery (CTVS) course is being bifurcated into Cardiac Surgery and Thoracic Surgery with change in curriculum and other requirements. There will be transition period of three years. At the end of three years (i.e. after 2026) there will no admission in course. Changes in Curriculum and other requirements will be gradual, and will be notified. There will be no new permission to start or increase in seats in Cardio Vascular & Thoracic Surgery (CTVS) Course after publication of these Regulations.