SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES

(A University established by an Act of A.P. State Legislature)

TIRUPATI - 517 507

RESIDENTS' MANUAL

2024-2025

మంగళాచరణము
मङ्गलाचरणम्

श्रीनिवासो विजयते
శ్రీనివాసో విజయతే

समस्तजननीं वन्दे चैतन्यस्तन्यदायिनीम् ।
श्रेयसीं श्रीनिवासस्य करुणामिव रूपिणीम् ॥ (दयाशतकम्-६)

సమస్తజననీం వన్దే చైతన్యస్తన్యదాయినీమ్ ।
శ్రేయసీం శ్రీనివాసస్య కరుణామివ రూపిణీమ్ ॥ (దయాశతకమ్-6)

సప్తాద్రీశుడైన శ్రీనివాసుని యొక్క కరుణయే మూర్తిభవించినట్లు ఉండేటట్టి, సకల శ్రేయస్సును కలిగించునట్టి, సర్వప్రాణులకు జ్ఞానమనే స్తన్యమును ఇచ్చునట్టి ఈ జగత్తుకే తల్లియైనట్టి శ్రీలక్ష్మీదేవికి నమస్కరించుచున్నాను.

गुरोरधीताखिलवैद्यविद्यः पीयूषपाणिः कुशलः क्रियासु ।
गतस्पृहो धैर्यधरः कृपालुः शुद्धोधिकारी भिषगीदृशः स्यात् ॥ (सुभाषितसुधारत्नभाण्डागारे)

గురోరధీతాఖిలవైద్యవిద్యః పీయూషపాణిః కుశలః క్రియాసు ।
గతస్పృహో ధైర్యధరః కృపాళుః శుద్ధోధికారీ భిషగీదృశః స్యాత్ ॥ (సుభాషితసుధారత్నభాణ్డాగారే)

గురువు దగ్గరనుండి సమస్త వైద్యవిద్యలను అభ్యసించినవాడు, అమృతహస్తుడు, కార్యకుశలుడు, నిస్పృహుడు, ధైర్యవంతుడు, దయాగుణం కలవాడు, మానసిక శుద్ధికలవాడు – ఇటువంటి అర్హతకలవాడే నిజమైన వైద్యుడు.

शरीरे जर्झरीभूते व्याधिग्रस्ते कलेबरे ।
औषधं जाह्नवी तोयं वैद्यो नारायणो हरिः ॥ (सुभाषितरत्नभाण्डागारे)

శరీరే జర్ఝరీభూతే వ్యాధిగ్రస్తే కళేబరే ।
ఔషధం జాహ్నవీ తోయం వైద్యో నారాయణో హరిః ॥ (సుభాషితరత్నభాణ్డాగారే)

శరీరం శిథిలమైనపుడు, శరీరం వ్యాధిగ్రస్తమైనపుడు ఔషధమే గంగాజలం, వైద్యుడే సాక్షాత్తు శ్రీమన్నారాయణుడు.

दीर्घमायुः स्मृतिं मेधाम् आरोग्यं तरुणं वयः ।
प्रभावर्णस्वरौदार्यं देहेन्द्रियबलं परम् ॥
वाक्सिद्धिं प्रणतिं कान्तिं लभते ना रसायनात् ॥ (चरकसंहितं-अध्याय-२, पादः-२, श्लोकौ-७,८)

దీర్ఘమాయుః స్మృతిం మేధామ్ ఆరోగ్యం తరుణం వయః ।
ప్రభావర్ణస్వరౌదార్యం దేహేన్ద్రియబలం పరమ్ ॥
వాక్సిద్ధిం ప్రణతిం కాన్తిం లభతే నా రసాయనాత్ ॥ (చరకసంహితా-అధ్యాయ-2, పాదః-2, శోకౌ-7,8)

దీర్ఘాయుష్షును, స్మరణశక్తిని, మేధస్సును, ఆరోగ్యాన్ని, యవ్వనాన్ని, కాంతితో కూడిన రంగును, మంచి కంఠస్వరాన్ని, గొప్ప దేహబలాన్ని, ఇంద్రియబలాన్ని, మంచి వాక్పటిమను, వినయాన్ని, కాంతిని మానవుడు ఔషధం చేత పొందగలడు.

Hippocratic Oath—Modern Version

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of over treatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings that are sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

(*Written in 1964 by Louis Lasagna,*
Academic Dean of the School of Medicine
At Tufts University)

A PRAYER FOR THE YOUNG DOCTOR OR STUDENT

Imbue my soul with gentleness and calmness when older colleagues, proud of their age, wish to push me aside or scorn me or teach me disdainfully. May even this be of advantage to me, for they know many things of which I am ignorant.

From: M.H. Pappworth
A Primer of Medicine

CONTENTS

Note: The Resident Manual is prepared as per the regulations of PGMER-2023 , NMC of published by the Gazette of India dt 29.12.2023.

CHAPTER – I

ABOUT THE INSTITUTION

01. INTRODUCTION

Sri Venkateswara Institute of Medical Sciences, Tirupati, established in the year 1993, under the aegis of Tirumala Tirupati Devasthanams, as a modern super speciality hospital, was granted the status of a University in the year 1995 by an Act of A.P. State Legislature vide Act No.12 of 1995. The objectives of the Institute are:

a) to create a centre of excellence for providing medical care, education and research facilities of a high order in the field of medical sciences in the existing super-specialities and such other super-specialities as may develop in future, including Continuing Medical Education and Hospital Administration.

b) to develop patterns of teaching at postgraduate level and at super speciality level, so as to set a high standard of medical education.

c) to provide for training in paramedical and allied fields, particularly in relation to super-specialities.

d) to function as a Referral Hospital.

e) to provide for post graduate teaching and conduct of research in the relevant disciplines of modern medicine and other allied sciences, including inter-disciplinary fields of Physical and Biological Sciences.

The Institution, spread in a campus of 107.4 acres, is gradually growing into a prestigious university. Today, SVIMS has 73 super/broad specialty medical departments, three colleges and two inter-disciplinary departments and is developing into a centre of excellence for providing medical care, education and research activities of a high standard in the field of medical and other allied sciences including inter-disciplinary fields of physical and biological sciences. In addition to these, SVIMS also provides training in para-medical and allied fields, particularly those related to super-specialties.

The Institution is recognized by the University Grants Commission (UGC) under Section 12 (B) of the UGC Act, 1956, and the Medical Council of India (MCI) has granted permission to start DM/MCh super-specialty courses in Cardiology, Neurology, Nephrology, Endocrinology, Cardiothoracic Surgery, Neurosurgery, Urology, Medical Oncology, Surgical Oncology & Surgical Gastroenterology and MD Courses in Anaesthesiology, Emergency Medicine, Microbiology, Nuclear Medicine, Biochemistry, Pathology, Medicine, Immuno Haematology & Blood Transfusion, Radio Diagnosis and Radiotherapy , General Surgery, Anatomy, Physiology, Pharmacology and Community Medicine. All courses are recognized by NMC.

Later the act was amended in 2021 making TTD as sponsoring institution and Chairman of TTD as Chairman-cum-Chancellor of SVIMS in AP Gazette vide ACT No.24 of 2021, Dated 20th December 2021.

The various Broad/Super specialty departments are:

S.No.	Name of the department	S.No.	Name of the department
Broad Specialties			
1	Anaesthesiology	15	Obstetrics & Gynecology
2	Anatomy	16	Ophthalmology
3	Biochemistry	17	Oto-Rhino-Laryngology
4	Community Medicine	18	Paediatrics
5	Emergency Medicine	19	Pathology
6	Dental Surgery	20	Pharmacology
7	Dermatology	21	Physiology
8	Forensic Medicine	22	Psychiatry
9	General Surgery	23	Radio Diagnosis
10	Haematology	24	Radiotherapy
11	IHBT	25	TB & Respiratory Medicine
12	Medicine		
13	Microbiology		
14	Nuclear medicine		
Super Specialties			
26	Cardiology	32	Neurosurgery
27	Cardio Vascular & Thoracic Surgery	33	Rheumatology
28	Endocrinology & Metabolism	34	Surgical Gastroenterology
29	Medical Oncology	35	Surgical oncology
30	Nephrology	36	Genito Urinary Surgery (Urology)
31	Neurology	37	Plastic Surgery

02. INSTITUTIONAL BODIES:

a. The Governing Council
b. The Executive Board
c. The Finance Committee
d. Academic Senate
e. Institutional Ethical Committee

03. ADMINISTRATIVE SET UP :

University Administration

Director-cum-VC	-	Dr R.V. Kumar
Dean	-	Dr Alladi Mohan
Registrar i/c	-	Dr Aparna R.Bitla
Controller of Examinations i/c	-	Dr V. Vanajakshamma
Deputy Registrar	-	Dr. M. Yerrama Reddy
Assistant Director (SVIMS-SPMCW)	-	Smt. V.Sasikala
Assistant Director (Examinations)	-	Smt. G.Manjula
Assistant Director (Academic)	-	Smt. D.Madhavi
Chief Warden (PG Hostels)	-	Dr K.Vijayachandra Reddy
Superintendent (Academic)	-	Smt. G.Sailaja
Librarian	-	Sri A. Omkar Murthy

Heads of constituent colleges

Principal i/c, SPMCW	- Dr Usha Kalawat
Principal i/c, AHS	- Dr D.S.Madhu Babu
Principal i/c, College of Nursing	- Dr P.Sudha Rani
Principal i/c, College of Physiotherapy	- Dr K.Madhavi

04. HOSPITAL ADMINISTRATION

Medical Superintendent	- Dr R. Ram
Resident Medical Officer	- Dr K.V.Koti Reddy
Dy.Director (Aarogyasri)	- Smt M. Prasanna lakshmi
Chief Dietician	- Smt M. Sunitha Devi
Asst. Director (Nursing)	- Smt C. Sunitha
CMRO	- Sri. K. Vivekanand
Medico Social Worker	- Sri N.V.S. Prasad

05. HEADS OF THE DEPARTMENTS

S.No.	Name of the Dept.	Name of the HOD
1.	Anatomy	- Dr C. Sreekanth
2.	Anaesthesiology	- Dr Aloka Samantaray
3.	Biochemistry	- Dr Aparna R Bitla
4.	Cardiology	- Dr D. Rajasekhar
5.	CT Surgery	- Dr D. Sri Sathyavati
6.	Community Medicine	- Dr K. Nagaraj
7.	Dental Surgery	- Dr D.S. Madhu Babu
8.	Dermatology	- Dr A.Surekha
9.	Emergency Medicine	- Dr A.Krishna Simha Reddy
10.	Endocrinology	- Dr Alok Sachan
11.	Forensic Medicine	- Dr K.Jyothi Prasad
12.	General Surgery	- Dr Y. Mutheeswaraiah
13.	IHBT	- Dr K.V. Sreedhar Babu
14.	Medical Oncology	- Dr D.Bhargavi
15.	Medicine	- Dr Alladi Mohan
16.	Microbiology	- Dr B.Venkataramana
17.	Nephrology	- Dr R.Ram
18.	Neurology	- Dr R.Nandhagopal
19.	Neurosurgery	- Dr V.V.Ramesh Chandra
20.	Nuclear Medicine	- Dr T.C. Kalawat
21.	OBG	- Dr J.Malathi
22.	Ophthalmology i/c	- Dr P.Prabhanjan Kumar
23.	Otorhinolaryngology	- Dr. S.B. Amarnath
24.	Paediatrics	- Dr N. Punith Patak Nagaram
25.	Pathology	- Dr N.Rukmangada
26.	Physiology	- Dr Sharan B. Singh M
27.	Pharmacology	- Dr K. Umamaheswara Rao
28.	Plastic Surgery	- Dr Praveen Kumar Reddy C.V.

29. Psychiatry i/c	-	Dr M. Ganesh Kumar
30. Radio-diagnosis	-	Dr B.Vijayalakshmi Devi
31. Radiotherapy	-	Dr B.V.Subramanian
32. Surgical Gastroenterology	-	Dr G.Sivaramakrishna
33. Surgical Oncology	-	Dr H. Narendra
34. Transfusion Medicine	-	Dr K.V. Sreedhar Babu
35. Urology	-	Dr N. Anil Kumar
36. Bioinformatics	-	Dr A. Umamaheswari
37. Biotechnology	-	Dr P.V.K.N.Sharma

06. GENERAL ADMINISTRATION

S.No.	Name of the Dept.		Name of the HOD
1.	Chief Accounts Officer	-	Sri. Devarakonda Gopi
2.	Dy. Director (Establishment)	-	Dr. N. Adikrishnaiah
3.	Dy. Director (Purchase)	-	Sri. D.V. Diliph Kumar
4.	Asst. Director (General Maintenance))	-	Sri G. Babu
5.	Asst. Director (Stores)	-	Sri T.Raveendra Babu
6.	Asst. Director (Director's office)	-	Sri. L.Satish
7.	Dy.Director (Billing)	-	Sri. G.Suresh Kumar
8.	Asst. Director Quality Management Section	-	Smt. N.Sireesha
9.	Asst. Director (Public Relations)	-	Sri. V. Rajasekhar
10.	Asst. Director (Establishment)	-	Sri. D.Ananda Babu

07. TECHNICAL ADMINISTRATION

S.No.	Name of the Dept.		Name of the HOD
01.	Civil Engineering	-	Sri.G.Jagan Mohan Reddy (E.E)(H)
		-	Sri S.Parthasaradhi, Dy.EE(H)
02.	Elec. Engineering	-	Sri K.Narasimha Reddy, A.E, TTD
03.	Bio-Medical Engineering	-	Sri E. Dorai Swamy
04.	IT Manager	-	Smt.K.Bhavana
05.	NMC Nodal Officer	-	Sri.B.Prasad
06.	Sr. Artist	-	Sri.C.R.Nagaraja

CHAPTER – II

01. ACADEMIC PROGRAMMES: Courses offered with intake

(a) MBBS – 175 women students

(b) Broad Specialities (MD/MS)

Medicine (09), Pathology (03), Biochemistry (01), Microbiology (02), Anaesthesiology (09), IHBT (01), Radiation Oncology (07), Radio- diagnosis (07), Nuclear Medicine (02), Emergency Medicine (02) , General Surgery (04),Anatomy (01), Physiology (01),Pharmacology (2), Community Medicine (02)

(c) Super Specialities (DM/M.Ch)

Neurology (03), Cardiology (04), Nephrology (04), Endocrinology (02), Medical Oncology (02), Cardiothoracic Surgery (04), Neurosurgery (03), Urology (04), Surgical Oncology (02), Surgical Gastroenterology (04).

NC Gupta Pulmonary fellow (02)

(d) Certificate courses for Medical graduates

Basics in Dialysis management (02), Emergency Medicine (04)

(e) Nursing

B.Sc. Nursing (118), M.Sc. Nursing (33), Cardiac Instensive care and Catheterization Laboratory Nursing (06),Cardiothoracic Surgery(06), Peritoneal Dialysis (02), Hemodialysis(02), Renal Transplantation (02).

(f) Physiotherapy

Bachelor of Physiotherapy (55), Master of Physiotherapy (27)

(g) Allied Health Sciences (graduate level)

Anaesthesiology Technology (13),Medical Lab Technology (22), Radiography & Imaging Technology (10), ECG& Cardio Vascular Technology (09), Nuclear Medicine Technology (02),Dialysis Technology (13),Emergency Medical Services Tech. (04), Cardiac Pulmonary Perfusion Technology(02), Radiotherapy Technology (06),Neurophysiology Technology (05).

(h) Para Medical – PG Diploma in Medical Records Science(09)

(i) Life Sciences

M.Sc. Biotechnology (17), M.Sc. Bioinformatics (17)

(j) Paramedical

M.Sc. Echo(01), M.Sc CCIT (01), M.Sc Dialysis Technology (02), M.Sc CPPT (02),

M.Sc Clinical Virology (02).

(k) Ph.D. Programmes:

Doctoral programmes are offered in the specialties of Anaesthesiology, Anatomy, Biochemistry, Biotechnology, Bioinformatics, Cardiology, CT Surgery, Medicine, Microbiology, Nephrology, Physiology, Radiotherapy, Surgical Oncology, Nursing, Physiotherapy.

The details of admissions for each course are placed in the Institute's website http://www.svimstpt.ap.nic.in

02. INSTITUTE DAY

The institute started functioning from 26th February, 1993. The Institute day is celebrated on 26th February every year.

03. UNIFEST

The institute became university by an Act of Andhra Pradesh State Legislature (Act No. 12 of 1995). Every year, February 25th / 26th is observed as Unifest Day. The winners of the sports and cultural events are awarded prizes and cultural events are presented.

04. CONVOCATION

The convocation of the university is held annually.

CHAPTER - III

RESIDENTS' MANUAL

01. INTRODUCTION

Duties and responsibilities of Residents doing MD/MS/MCh/DM courses are fixed in consultation with the Board of Studies and Academic Senate of SVIMS. The Residents are required to perform such work as may be needed in the legitimate interest of patient care in the hospital. This manual is subject to modification/addition as may be considered necessary by the Institution through the Academic Senate and orders will be issued for execution.

02. THE DUTIES OF A DOCTOR

Patients entrust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient as your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
- Keep your professional knowledge and skills up to date
- Recognize and work within the limits of your competence
- Work with colleagues in the ways that best serve patients' interests
- Treat patients as individuals and respect their dignity
- Treat patients politely and considerately
- Respect patients' right to confidentiality
- Work in partnership with patients
- Listen to patients and respond to their concerns and preferences
- Give patients the information they want or need in a way they can understand
- Respect patients' right to reach decisions with you about their treatment and care
- Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
- Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
- Never discriminate unfairly against patients or colleagues
- Never abuse your patients' trust in you or the public's trust in the Profession.
- You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.
- Remember that avoidable mistakes are indefensible.

03. RESIDENTS' STATEMENT OF COMMITMENT

The Institution expects its learners to adhere to the highest standards of ethics and professionalism in discharge of their duties in their relationships with their patients, faculty, colleagues and the staff of programmes and institutions associated with their training. The Residents' Statement of commitment is as follows:

1. We acknowledge our fundamental obligation as physicians to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.

2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behavior required to fulfill all objectives of the educational programme and to achieve the competencies deemed appropriate for our chosen discipline.

3. We embrace the professional values of honesty, compassion, integrity, and dependability.

4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all our interactions. We will respect all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability, or sexual orientation.

5. As physicians in training, we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.

6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.

7. We recognize the need to be open and truthful to our patients, faculty, and colleagues about matters related to patient care including medical errors that may affect the safety and well-being of patients, the care team, or associated institutions.
8. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides for improving our skills as physicians.

9. We also will provide candid and constructive feedback on the performance of our fellow residents, of students, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.

10. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.

11. In fulfilling our own obligations as professionals, we pledge to assist Medical, Paramedical, Nursing, Physician Assistant, M.Sc courses etc., Students and Fellow residents in meeting their professional obligations by serving as their teachers and role models.

12. We shall keep a scientific approach while discharging clinical duties, by applying the Principles of evidence based practice and use every opportunity to share our knowledge without colleagues and faculty.

13. We will try to involve in, assist and support all ongoing research activities in the institution or initiate new research under the supervision and guidance of senior faculties, with the permission of the head of departments.

14. We will not disclose any information regarding the patients, workplace or colleagues to anybody other than the persons legitimately concerned with this information as a part of the team in the department and by all means only for providing genuine benefit to the patient. Any disclosure of information to media or private investigating agencies will be with the prior permission of our Head of the Dept.

04. THE RESIDENCY PROGRAMME

Residency is a phase of transition from a mature student to a fully competent and confident faculty. This is the phase of accumulating clinical knowledge, acquiring skills, especially leadership and organizational skills in ward and OP setting, procedural and therapeutic skills, communication and counseling skills and also developing positive attitude in clinical work, reflecting confidence, competence and empathy towards patients. Building positive work culture and keeping better interpersonal relations are important in the complex hospital environment and Residency period provide a unique opportunity to the medical students to gain expertise in clinical workmanship and develop intimacy with the patient. It will also help the Residents to understand the intricacies of health care system and national health programme development.

The Residency program is considered as '**patient-centered**' and '**responsibility based**'. This will improve the commitment of the post graduate students towards patient care as they will be looked upon as responsible staff members of their respective departments. Each patient will have a designated resident and designated faculty and an array of senior faculty to help. Individual care and attention to each patient by the resident or faculty will help to improve the quality of patient care at Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati to a level at par with the national Medical Institutes**.** The Postgraduate Academic Training will also receive a major boost as Residents become responsible first level managers in patient care at SVIMS, Tirupati.

1. The Residency programme consists of Senior Residents and Junior residents.
2. The Residency Programme also consists of Academic Residents and Non-Academic Residents.
3. All postgraduate students (defined as one who is studying for MD/MS/Diploma/DM/MCh programme in SVIMS, Tirupati) shall be Academic Residents.
4. The Doctors appointed through Contract Basis shall be Non-Academic Residents.
5. All doctors doing MD/MS (General specialties) courses shall be regarded as **Junior Residents (Academic)**.
6. All doctors doing DM/MCh/ (Super-specialty) courses shall be regarded as **Senior Residents (Academic**).
7. The doctors who possess MBBS degree and have been appointed on Contract basis shall be **regarded as Junior Residents (Non-Academic).**

The doctors who possess Postgraduate degree and have been appointed on Contract basis or as per bonded obligation shall be regarded as **Senior Residents (Non- Academic).**

8. One Resident by rotation will be on duty for 24 hours. The duty roster will be issued by the Heads of Departments concerned.
9. All the Residents have to stay on the campus; the institute will try to provide them accommodation within the campus.
10. For Non-Clinical, Pre-Clinical and Para – Clinical departments also, suitable ward/ patient care duty will be assigned along with laboratory and other similar duties as decided by the HOD/Dean.
11. The Residency program is a Service-cum-Training program. The focus of Post graduate training is "Learning by doing"
12. Residents shall be considered as temporary employees of the institution.
13. The course period of Academic Residents shall be counted as teaching experience and a certificate to that effect shall be issued by the Dean at the end of the training and on completion of one year compulsory service.
14. The Institute also reserves the right to terminate his/her admission if his/her certificates are found to be invalid at any time during the course period.

Discipline:

The students shall maintain strict discipline during the period of study/training programme in terms of conduct rules of the institute. In case of violation of the conduct rules, the admission of the candidate is liable for cancellation apart from invoking the terms and conditions of the bond. The Institute reserves the right to terminate his/her admission, if the candidate resorts to any strikes causing inconvenience to the patient care or their views criticizing the policies of the Institute either before the print or electronic media or anywhere.

15. Bond

a. The candidate shall execute a bond on a stamp paper (non-judicial) of Rs.100/- value along with two sureties undertaking that in the event of the candidate discontinuing the studies at any time during the course, he/she shall be bound to pay a sum of Rs. **5,00,000/- (Rupees Five Lakhs only)** for Broad specialities and Rs.**10,00,000/- (Rupees Ten lakhs only)** for super specialties along with the full stipend amount received by him/her back to the Institute.

b. The candidate shall also execute another bond that in the event of not working inthe post and salary offered by the institute after successful completion of the course in the department (subject to availability of vacancy and requirement of the institute) for a period of one year towards compulsory service (Mandatory), after successful completion of the PG degree course in accordance with the G.O.Ms. No. 251 HM&FW (C1) Dept. dated 02.10.2022, Govt. of Andhra Pradesh. He/she shall be bound to pay a sum of Rs.**40,00,000/- (Rupees Forty lakhs only)** for MD/MS & Rs.**50,00,000/- (Rupees Fifty lakhs only)** for DM/M.Ch postgraduates.

05. GENERAL DUTIES AND RESPONSIBILITIES OF THE RESIDENT/ TRAINEE

The primary function of patient care lies with the doctors ranging from the Senior Faculty to the Senior and Junior Residents. After the patients are advised admission by the treating doctors, the patient reaches the ward and is admitted to the allotted bed in the ward. The bed of the patient is prepared by the nursing staff. The Junior Residents in the ward now work up the case and discuss their findings with the Senior Residents. After the final consultation with the faculty, the patient is advised investigations and treatment in the ward is commenced.

This is carried out with the help of nursing and other paramedical staff. The Nurses and other Paramedical Staff are bound to execute orders and instructions of a Resident in the interest of patient care. While in the ward, the patient is looked after by the faculty members and residents, besides the other staff. The Resident in charge of a patient is directly responsible for the clinical care of the patient, but he/she would be under the supervision of his/her faculty or Head of the Department. He/She shall follow-up patients under his/her care until the patient is discharged.

(i) Junior Residents (Academic & Non-Academic)

The duties of Junior Residents shall be patient care and teaching. The norms of patient care by Junior Residents shall include, but not limited to the following:-

- Each Junior Resident shall be given the charge of a specific number of patients in a unit or ward by the Unit Chief/Head of the Department and he/she has to plan and execute the requisite patient care in concurrence with Unit Chief /Senior Resident / Faculty Members on duty, if required.
- Examination of the patient and formulation of a diagnosis.
- Planning and implementing the treatment protocol. It will be in concurrence with Unit Chief/Senior Resident / Faculty on duty, if required.
- Ensure that the Medical Record of the patients are kept in proper order.
- Nursing and Paramedical Staff are to be under the supervision of the Junior Residents also in patient care. They are bound to execute orders /instructions of the Resident in this regard.
- Declaration of deaths and issuing Death certificate in wards:
  In case of death in medico legal / complicated cases, declaration and certification of death should be done by the Junior Resident, Senior Resident or Faculty on-duty only.
- Junior Residents are not permitted to issue wound certificates, medical certificates, treatment certificates or any other medico legal certificates.
- The service period of Junior Residents shall be counted as teaching experience.
- The Junior Residents (Non-Academic) shall involve in research activities.
- Junior Residents of Non-clinical, pre-clinical and para-clinical departments shall adequately support the clinical services of the institution. Duty hours and working pattern shall be similar to clinical departments. They have to provide the necessary laboratory and other ancillary services in time. They shall involve in research activities and inter-departmental clinical discussions, journal clubs, seminars and other academic programs.
- Junior Residents may be directed to take classes for undergraduate Medical Students, Paramedical, Nursing, Physiotherapy, Physician Assistant, M.Sc students etc. The course period of Academic Residents shall be counted as teaching experience.
- The Junior Residents shall involve in research activities.
- To make his/her own rubber stamp comprising of Name, Designation and APMC Regn.No. and a row with blank date and time.

- A.P. Medical Registration is to be submitted within 1 month from the date of admission.

(ii) Senior Residents (Academic)

The duties of Senior Residents (Academic) are to be patient care, research and teaching the Junior Residents and undergraduates. The norms of patient care by Senior Residents (Academic) shall include but not limited to the following:-

a. Each Senior Resident (Academic) shall be given the charge of a specific number of patients in a unit or ward by the Unit Chief and he has to plan and execute the requisite patient care. It will be in concurrence with the Unit Chief/HOD.
b. Examination of the patient and formulation of a diagnosis.
c. Planning and implementing the treatment protocol. It will be in concurrence with HOD.
d. Junior Residents, House-surgeons, Nursing and Paramedical Staff are to be under the supervision of the Senior Residents (academic) also in patient care. They are bound to execute orders of the Senior Resident.
e. Declaration of deaths and issuing death certificate in wards.
f. In case of death in medico legal / complicated cases, declaration and certification of death should be done by the Junior Resident, Senior Resident or Faculty member on- duty only.
g. Senior Residents (Academic) are not permitted to issue wound certificates, medical certificates, treatment certificates or any other medico legal documents.
h. The Senior Residents (Academic) may be directed to take classes for Undergraduates and Junior Residents. The period of service as Residents shall be counted as teaching experience.
i. The Senior Residents (Academic) shall involve in research activities.
j. To make his/her own rubber stamp comprising of Name, Designation and APMC Regn.No. and a row with blank date and time.
k. A.P. Medical Registration is to be submitted within 1 month from the date of admission.

(iii) Senior Residents (Non-Academic)

- The duty of Senior Residents (Non-Academic) will include patient care, teaching, research and handling of medico legal responsibilities.
- Senior Residents (Non-Academic) will be actively involved in patient care and teaching with concurrence of senior staff members or unit chief/HOD.
- All Junior Residents, House surgeons, nursing staff and paramedical staff will be under the supervision of Senior Residents also inpatient care. They are bound to execute orders of the Senior Residents.
- The service period of Senior Residents shall be counted as teaching experience.
- The Senior Residents (Non-Academic) shall involve in research activities.
- Each Senior Resident (Non-Academic) shall be given the charge of a specific number of patients in a unit or ward by the Unit Chief or HOD.
- Examination of the patient and formulation of a diagnosis.
- Planning and implementing the treatment protocol. It will be done in concurrence with the Unit Chief/Senior staff members, if required.
- Ensuring that the Medical Records of the patients care are kept in proper order.
- In case of death in medico legal / complicated cases, declaration and certification of death should be done by the Senior Residents (Non- academic) or faculty member on-duty only.
- Writing or issuing wound certificates, medical certificates, treatment certificates or any other medico legal document is the responsibility of the faculty member or the Senior Resident (Non-academic).
- Senior Residents of Non-Clinical pre-clinical and para-clinical departments shall adequately support the clinical services of the institution. Duty hours and work pattern

- shall be similar to clinical departments. They have to provide the necessary laboratory and other ancillary services in time. They shall involve in research activities and interdepartmental discussions, journal clubs, conferences and other academic programmes.

(iv) Rotation

The duty assignment for each resident / trainee will be noted in the following (but not restricted to) areas;

1. Ward
2. Casualty/Emergency Room
3. Out- Patient Department
4. Medical/Surgical ICU
5. Sub-specialties

(v) Period of training, attendance and Leave

All the 365 days of the year are working days for Residents. The Resident should have a minimum percentage of attendance i.e. 80% in every academic year for the candidate to be eligible for the University examinations.

a) Leave:

1. Each post-graduate student will be given minimum 20 days of paid leave (casual leave) per year.
2. Subject to exigencies of work, post-graduate students will be allowed one weekly holiday.
3. The head of the department is sanctioning authority.
4. Maximum duration of leave eligible to avail at a time will be 09 days. The casual leave may be clubbed with special casual leave.
5. Resident going on leave should arrange alternative cover for any duties to which he/she is posted (as per roster) during the leave period or inform the HOD incase he/she is unable to find reliever for his/her duty.

b) Special Casual Leave for Conferences/Workshop/CME :

1. The Dean is the sanctioning authority.
2. In addition to 20 days paid leave, the candidates will be allowed academic paid leave of 5 days per year forattending the Conference / Workshop/ CME etc.
3. The postgraduates who are interested to participate shall submit a request letter through proper channel with a copy of the brochure, atleast 15 days prior to the date of the conference.
4. They are permitted to attend such programmes without affecting the routine work in the department concerned.
5. The post graduates may be permitted to attend such event is at the discretion of the Head of the Departments after assessing the genuineness of the programme and utility for the particular course.
6. A resident is permitted to attend for not more than two conferences in a year on special casual leave.
7. The leave is granted for the actual days of conference and for journey depends upon the location.
8. They must produce conference attendance certificate within one week from the date of return, failing which the special casual leave shall be treated as casual leave.

9. At any point of time, not more than 50% of the postgraduates from each department shall be permitted.
10. The preference will be given for the post graduates of 2nd and 3rd years and who are presenting a paper/poster.
11. No TA/DA will be paid by the institution.
12. The leave is granted for the actual days of conference and for journey depending upon the location.
13. The preference will be given to the postgraduates who are presenting a paper/ poster in the conference or for the final year students.

c) Maternity leave / Paternity Leave/ Medical leave:

1. Female post-graduate students shall be allowed maternity leave as per existing Government rules and regulations.
2. Male post-graduate students shall be allowed Paternity leave as per existing Government rules and regulations.
3. Payment of stipend shall be limited to 36 months.

d) General:

a. Leave taken without prior sanction is to be considered as unauthorized absence. anybody unauthorizedly absent for more than 10 days, will be liable for disciplinary action and liquidated damages will be levied.

b.No Resident shall leave the country without prior sanction by the institute. Any violation will be taken seriously, may even warrant termination of training.

Note: *If any kind of leave is availed other than CL& SCL, the proportionate period of training will be extended.*

(v) Private practice

Residents shall not engage in private practice of any sort during the course of study. They shall not refer patients under their care to outside institutions without approval of the Unit Chief/HOD.

(vi) Resident-Faculty Relation

This will be mostly informal. The Resident can approach any faculty for academic doubts during office hours. Intra unit presentations, seminars or assignment may be given and evaluated by the Unit Chief or senior faculty nominated by HOD/Unit Chief.

(vii) Dress Guidelines

There is no formal dress code for residents. However, given the special nature of dealing with patients and their families, there are certain guidelines that are appropriate. Professional appearance and demeanor area demonstration of respect for the patient and the profession, and of self-respect.

This professional appearance and demeanor should be maintained at all times by faculty, residents, and medical students. Individual department will inform residents of standards or requirements unique to that department. The resident must abide by the prevailing standards of the facility. In general, clothing should be clean and in good repair. Shorts, T-Shirts and Exercise clothing are not permissible. A clean white coat, or other professionally appropriate attire, must be worn at all times while on duty.

(viii) Conduct

1. Smoking and consumption of alcohol in hospital premises is prohibited
2. As hospital is run by Tirumala Tirupati Devasthanams, consumption of egg and other non-vegetarian food is also prohibited in the premises.
3. He/she should maintain good relations with colleagues, faculty, paramedical/medical and administrative staff.

4. He/she should treat patients courteously and with respect. Any display of anger/displeasure is to be avoided.
5. Physical misbehavior with anybody in the hospital either with the staff or patient will be taken seriously and warrants disciplinary action.
6. Computers/laptops are to be used in the hospital only for academic purposes.
7. Viewing/displaying material on computer/laptop which is either pornographic in nature or offensive to a person, caste, race or religion if forbidden, violation warrants disciplinary action.

(ix) Identity Cards

The PG Residents should wear photo-identity card (ID card) during the duty hours. The I.D. card will be issued in the Office of the Academic Section on production of a request letter along with a stamp-sized photograph in the beginning of the first academic year. The duplicate ID card will be issued subject to the satisfaction of the reasons explained by the postgraduate, on payment of the fees prescribed by way of challan along with the request letter forwarded by the head of the department.

(x) Tuition fee

The tuition & other fees for MD/MS & DM/MCh Post graduates of II & III years should be paid at the starting of second and third years either lumpsum or deducted in their stipend in instalments.

(xi) Duties of a Junior Resident during 24-hour duty

Beds in wards will be divided among Junior Residents. He will be responsible for the patients to whom he/she is assigned. He/she can be called upon by the resident on duty for matters pertaining to the patients to whom she/he is assigned, at any time of the day/night. All patients, operative or non-operative, seen by him/her may be referred to the appropriate faculty. In extreme emergency, the patient should be referred to whoever is physically present and in close proximity. At the end of duty the responsibility will be transferred to the incoming team without interruption in the patient care.

(xii) Senior Resident during 24-hour duty

It is the duty of the units-on-call (admitting units) and their Senior Residents to inform their whereabouts and their contact phone numbers. They should immediately attend the call and should not wait to finish off the OPD or ward round. Senior Residents should be available in their duty rooms during the night. Wherever, Junior Residents are not available, the Senior Resident shall be first on call and provide the required patient care. The Senior Residents will also see the consultations from other departments.

(xiii) The Out-patient Clinic

a. All medical / surgical trainees must conduct themselves and behave as thorough professionals.
b. Patients must be treated with compassion and consideration.
c. A trainee assigned to the OPD is expected to be at his/her post on time.
d. All follow-up patients will be seen at the OPD by the Residents.
e. Any difficult or unusual case or any case requiring further assessment and / or opinion must be referred to the appropriate faculty.

06. WARD WORK & ADMISSION PROCEDURES

(i) Admission procedure for General Wards

Patient needing admission to the wards for further management can be admitted from the OPD / Casualty directly through the central admission counter.

(ii)Types of patients to be admitted

1. Patients seen in general OPD, who are sick enough or have a diagnostic problem needing detailed evaluation, are admitted directly.
2. Patients seen in Specialty clinics, being run under the purview of general disciplines (eg., Rheumatology Clinic run by the Department of Medicine), needing admission may also be admitted in general ward under the unit-on-call for that day of the week.
3. Patients presenting in the Casualty with acute and serious illness needing hospitalization can also be admitted in general wards.

(iii)When and whom not to admit

Patients who can be treated and/or investigated at the OPD level as ambulatory patients should not be admitted.

As a rule, irrespective of the general medical or surgical unit which may have seen the patient on his or her first visit, the patient needing admission due to acute problem on a particular day is admitted under the unit-on call for that day of the week. Such an acutely ill patient should not be referred to the unit which saw the patient on his/her first visit and is not on-call for that particular day.

(iv) Admission Procedure for the Casualty

The CMO or Resident of the unit decides on the admission to the Casualty. The CMO or Resident of the unit on duty directs the patient to the admission counter for admission.

Respective departments should shift their patient from emergency wards within 36 hours of their admission day. It is the responsibility of the unit (to whom the patient belongs) to transfer the case back to their own ward at the earliest so that admission of other units does not suffer the next day.

(v)Admission procedure for the pay wards

Generally, Pay Ward admissions are "Elective" admissions of patients, who can afford to pay the charges. A faculty advises the admission of the patient to the pay wards on the OPD card. These patients are registered and admitted in which ever ward, a bed is available.

Admission of the patients to the hospital from the Specialty clinics:

Two different procedures for different categories of patients have been defined.

1.Specialty clinics being run within the purview of a full clinical department (e.g. Rheumatology Clinic run by the Department of Medicine).

Patients needing admission are called on the admitting day of respective units but in case of very sick patients seen in Specialty clinics, they may be referred to Casualty for admission on beds of the unit on- call for that day. For example, if a patient of Chest Clinic (Department of Medicine), which is held on Friday, is very sick and needs admission on Monday, he will be referred to the Casualty where the admitting unit for Monday (say unit-I) will see the case and admit on their beds. The same procedure is to be followed for admission of the patients from the majority of the clinics (such as Rheumatology Clinic etc.) being run under the purview of general departments.

2.Specialty/OPDs/Clinics being run by the Specialty departments (e.g. Cardiology, Neurology, Nephrology, Surgical Gastroenterology and Urology etc.); these departments can admit directly on their beds.

9. **Admission procedures for the specialty wards and beds**:

There are 3 inlets for admission to these wards.

i.From the Specialty OPDs: Patients seen in the Specialty OPDs run by the Specialty departments may be advised admission to their wards directly. The formalities of admission are the same as described above.

ii.From the Casualty: Occasionally a patient seen for the first time in the Casualty may have an illness which makes him more suitable for admission and care by a specialty department. The CMO may call the Junior/Senior Resident on call duty of the discipline, and the Junior/Senior Resident of the discipline only shall admit the patient under their care.

iii.Ward Transfers: Occasionally a patient may be admitted to general wards and later due to the special type of care required due to patient's illness, he or she may be transferred to the specialty wards. In this case, the bed has to be provided by the concerned specialty.

07. ROUTINE INVESTIGATIONS AND PROCEDURES

All routine investigations are done in morning hours and investigation forms for the same are to be made ready in the previous night by doctor-on-duty and handed over to night nurse so that she gets ready for collection of various samples.

Routine procedures and dressing for ward patients are to be done preferably in morning hours following the rounds with faculty as maximum number of staff is available during morning hours.

For the purpose of management of indoor patients, beds are generally divided among the Residents for the purpose of treatment and monitoring. The Lecturer/Assistant Professor will be responsible for overall supervision of all patients.

(i) Case Sheet Maintenance

Case sheet is an important document for patient care, medical records and medico legal purposes. Case sheet is the property of the hospital. It has to be maintained properly. The final responsibility for the case sheet upkeep is that of the Resident, who is incharge of the ward. Case sheets should be modified so that the impressions and orders of the different levels of the clinical teams are explicitly stated.

The following sequence has to be adhered to in arranging the case sheet:-

a) Case sheet
b) Consent form
c) History and physical examination
d) Investigation.
e) Notes of JR/SR In charge of bed and Senior Resident (with names)
f) Current treatment orders
g) Old treatment orders
h) Progress notes (including transfer notes)
i) Instructions of Faculty In charge (with names)
j) Opinion of other faculty.

After entering the data and the results of various investigations, the actual forms may be disposed off.

(ii) Progress Notes

Progress notes should be accurate and descriptive and should not contain phrases like "GC good/Fair, pulse normal; every note should be proceeded by date and time. Following guidelines are suggested for writing progress report.

For acutely ill patients, progress notes of pulse, respiration, temperature, blood pressure, intake-output, treatment given and other relevant facts should be written round-the-clock at intervals deemed necessary by Junior/Senior Resident (2 hourly, 4 hourly etc.

For routine patients progress is to be written under the "S" "O" "A" "P" headings.

S = Subjective findings
O = Objective findings
A = Assessment
P = Plan of action

The subjective and objective findings are noted by the Junior/Senior Residents where as the assessment and plan of action is decided by the Resident in consultation with Faculty In charge.

Daily notes must be noted down by the Resident.

A fresh progress report should be written:-

- When a sudden change in clinical picture has occurred or some new findings have appeared.
- When there is some relief or disappearance of signs and symptoms spontaneously or consequent to treatment.
- When a drug is stopped or a new drug is started.
- When some important decisions regarding management are taken.
- Prior to invasive procedures.
- Prior to surgery and post surgery.

A system of monthly **Medical Audit** in all departments should be implemented. Residents shall help the faculty in this process. Weekly **Chart meetings** are to be held in each unit. All case sheets should be completed within a week and ICD diagnosis shall be entered before it is being sent to the records library with the help of the records library staff. The residents should make sure that the case sheets and records are made available through computer online if facilities are available.

In the event that an emergency situation like cardiac arrest, shock etc occurs in the ward the Resident/trainee must respond without considering whether the patient is under one's care or not. The **emergency care** in each ward with required facilities and equipment for monitoring and resuscitating patients (cardiac monitor, defibrillator, oxygen supply etc) and with a ready stock of essential life-saving medications will be supervised by the resident.

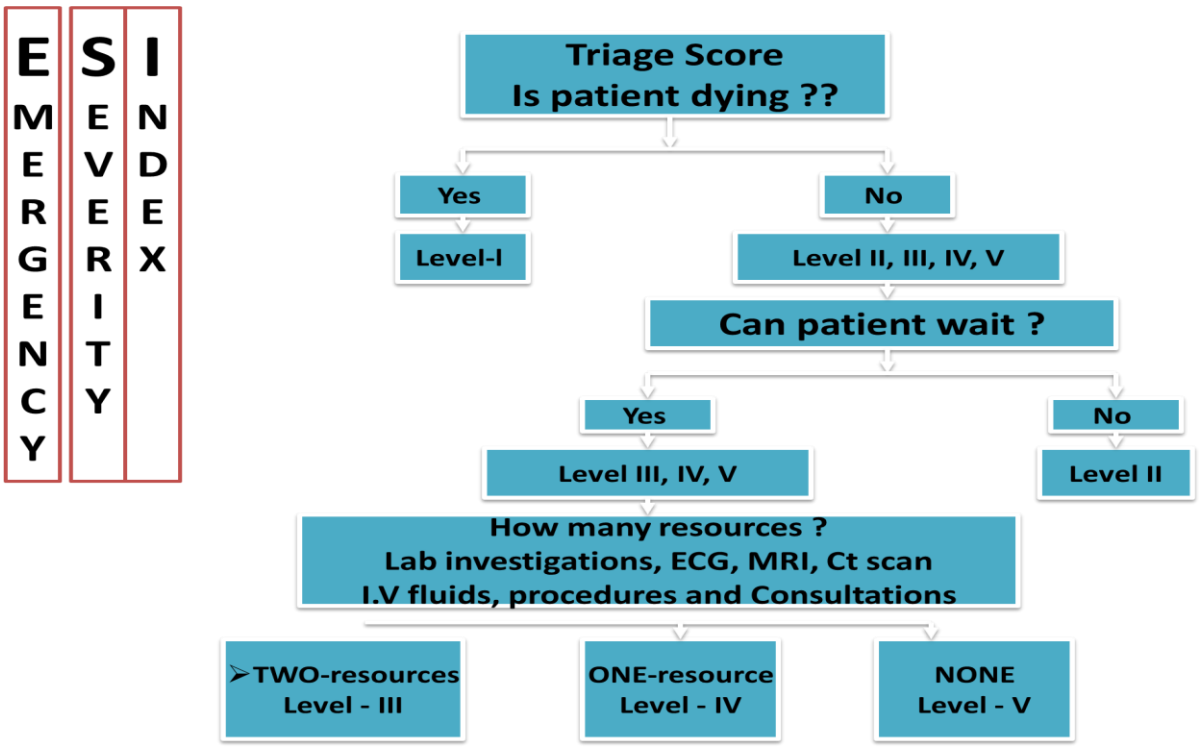
08. EMERGENCY SERVICES & CASUALTY WORK

Emergency Services:

An Emergency Department (ED), also referred to as an Accident & Emergency Department (A&E) functioning mainly in the Emergency Room (ER), is a medical specialty catering for patients presenting to the hospital with life-threatening emergencies. It provides acute care to patients who arrive without prior appointments, either on their own or via ambulance.

The Emergency Department operates 24/7 to handle the unplanned nature of patient visits. It provides initial treatment for a wide range of illnesses and injuries, including life-threatening conditions that require immediate attention. Staffing levels are adjusted based on patient volume to ensure efficient care.

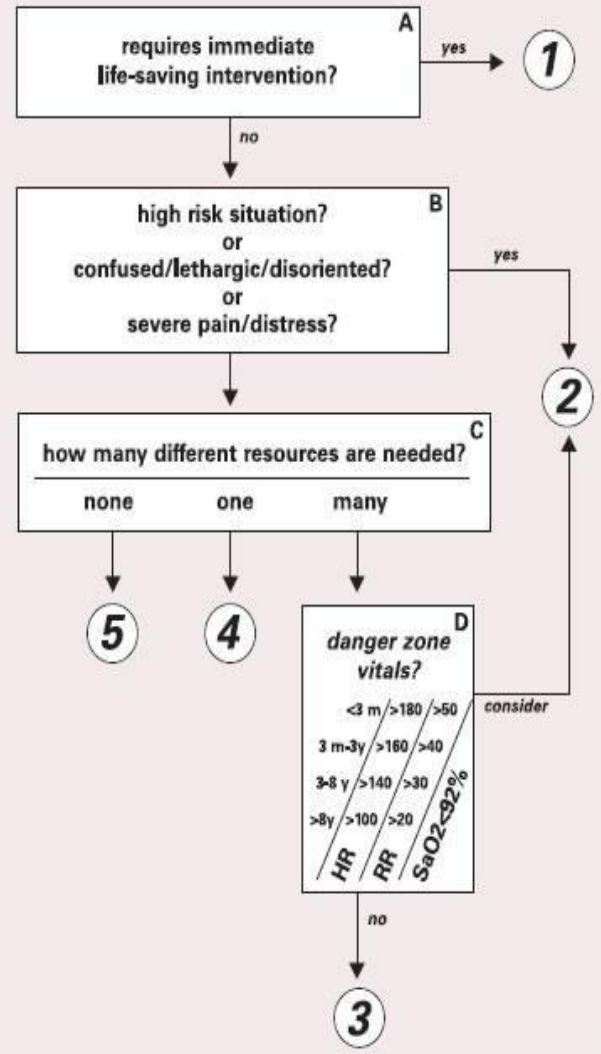
At the Institute, the Emergency Department is located on the first floor and has a dedicated entrance to facilitate access. A critical aspect of its functioning is the process of triage, which involves prioritizing cases based on clinical urgency, as patients can present at any time and with any complaint.



Reassessment in triage

- Level 1 =Continuous
- Level 2 = every 15 min
- Level 3 = every 60 min
- Level 4 = every 60 to 90 min
- Level 5 = every 2 hours

Triage Score in printed form at the back side of patient details



A. Immediate life-saving intervention required: airway, emergency medications, or other hemodynamic interventions (IV, supplemental O2, monitor, ECG or labs DO NOT count); and/or any of the following clinical conditions: intubated, apneic, pulseless, severe respiratory distress, SPO_2<90, acute mental status changes, or unresponsive.

Unresponsiveness is defined as a patient that is either:
(1) nonverbal and not following commands (acutely); or
(2) requires noxious stimulus (P or U on AVPU) scale.

B. High risk situation is a patient you would put in your last open bed.

Severe pain/distress is determined by clinical observation and/or patient rating of greater than or equal to 7 on 0-10 pain scale.

C. Resources: Count the number of different types of resources, not the individual tests or x-rays (examples: CBC, electrolytes and coags equals one resource; CBC plus chest x-ray equals two resources).

Resources	*Not Resources*
• Labs (blood, urine) • ECG, X-rays • CT-MRI-ultrasound-angiography	• History & physical (including pelvic) • Point-of-care testing
• IV fluids (hydration)	• Saline or heplock
• IV or IM or nebulized medications	• PO medications • Tetanus immunization • Prescription refills
• Specialty consultation	• Phone call to PCP
• Simple procedure =1 (lac repair, foley cath) • Complex procedure =2 (conscious sedation)	• Simple wound care (dressings, recheck) • Crutches, splints, slings

D. Danger Zone Vital Signs
Consider uptriage to ESI 2 if any vital sign criterion is exceeded.

Pediatric Fever Considerations
1 to 28 days of age: assign at least ESI 2 if temp >38.0 C (100.4F)

1-3 months of age: consider assigning ESI 2 if temp >38.0 C (100.4F)

3 months to 3 yrs of age: consider assigning ESI 3 if: temp >39.0 C (102.2 F), or incomplete immunizations, or no obvious source of fever

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Resuscitation and Trauma Bay :

Resuscitation involves the correction of physiological imbalances in critically ill patients and is a cornerstone of emergency medicine, intensive care, and trauma surgery. The Resuscitation and Trauma Bay, established in collaboration with the Pan American Society, was inaugurated on 22nd August, 2016.

Workflow in the emergency Department :

In the Emergency Department (ED), the workflow begins with patients arriving either on their own or via ambulance through a designated entrance. Upon arrival a triage nurse assesses the urgency of their condition to prioritize care. Following this, patients undergo registration, where their details and medical history are recorded. Physicians then perform an initial assessment, conduct physical examinations, and order necessary investigations, such as blood tests or imaging. Critically ill patients are stabilized in the resuscitation area, while diagnostic tests help confirm conditions and guide treatment. Management involves administering medications, performing procedures, or initiating emergency surgeries, with specialists consulted for complex cases. Depending on their condition, patients may either be admitted to intensive care or wards, kept under observation, or discharged with follow-up instructions. This streamlined workflow ensures the timely and efficient delivery of emergency care.

Medico-legal work:

In the Emergency Department, the Casualty Medical Officer plays a critical role in managing medico-legal work. This includes accurate documentation of medico-legal cases (MLCs), such as those involving assault, road traffic accidents, and suspected poisoning. They are responsible for preserving evidence, ensuring proper chain-of-custody protocols, and reporting cases to law enforcement as required. The officer also records detailed observations, prepares medical reports, and provides legal testimony when officer also records detailed observations, prepares medical reports, and provides legal testimony when needed. Their meticulous handling of medico-legal responsibilities ensures compliance with legal standards while upholding patient care and safety.

(i)Referrals to other specialty :

All acute emergencies, regardless of their nature, arising in other departments can be referred to and from the Emergency Department directly. The concerned department must receive such case without delay and provide immediate medical assistance. These departments should be informed in advance about the case. The decision to transfer such cases will rest with the respective faculty.

(ii)Consultations in the Emergency Department:

Consultations in the Emergency Medicine Department (EMD) by other specialties are a critical component of comprehensive patient care, ensuring a multidisciplinary approach to complex cases. When a patient presents with a condition requiring specialized expertise- such as cardiology for chest pain, neurology for stroke, or orthopedics for fractures – the respective speciality is promptly consulted. After initial stabilization in the EMD, patients requiring further evaluation or prolonged treatment are admitted to the appropriate inpatient departments. This searnless coordination between the EMD and speciality departments ensures timely intervention and enhances patient outcomes while maintaining continuity of care.

(iii) Responsibilities in the Emergency Room:

Occasionally, disputes may arise regarding the unit, department, or speciality responsible for admitting a patient. While the patient's condition may warrant admission, differing opinions among departments or units about who should take primary responsibility can lead to delays. Such situations are most common in cases involving multidisciplinary medical issues. General guidelines for addressing these scenarios are provided; however, as a standing rule within the hospital, the decision of the officer – in- charge of the Emergency Department is considered final.

(iv) Multiple injuries :

In patients with injuries involving abdomen as well as other systems, the general surgical unit on-call would take the primary responsibility of the patient care. The management is carried out in consultation with other concerned departments or units. On the other hand, injuries involving head, neck, chest, pelvis or extremities, the patientwill be admitted under the specialty, because of a particular organ-system being mainly affected in the accident, would take the primary responsibility of the patient.

(v)Combination of surgical and medical diseases:

In such situations, the problem of immediate importance would decide the primary responsibility.

(vi)Instructions regarding deaths in the Emergency:

Patients who die in casualty should be given death certificate by the CMO/Emergency Resident

Duty emergency physician or the Senior Resident/Junior Resident of the clinical unit. The CMO should ensure that the body is sent to the mortuary with due care and consideration. The CMO/Emergency resident should make every effort to promptly inform the relatives of the patient who dies in the EMD. When the relatives arrive in the EMD, the CMO should show due courtesy and sympathy to them and help them in every possible way in the disposal of the dead body. Use of the hospital telephone by the relatives of the deceased may be permitted in such cases. Every death in the Emergency department should be reported in writing and sent directly to the Medical Superintendent, giving particulars of the case and brief resume.

(vii)Instructions regarding patients who are dead on arrival at the EMD:

All cases "brought in dead", and where the actual cause of death is not known, should be handed over to the police for suitable action. Action should be initiated as follows:

a) The name of such cases should be entered in the Emergency OPD register along with all the possible details about the dead person obtained from the accompanying relatives whose name and address should also be noted and recorded in the remarks column of the register.
b) In case where death has occurred due to natural causes and there is no suspicion of any foul play, the dead bodies may be handed over to the relatives on their request and this must be recorded with signatures of relatives or attendants.
c) All other cases where death has occurred due to accident, assault, burns, suicide, poison, rape or any other causes where it is suspected that death has not been due to natural causes, must be registered as medico-legal cases (MLC) and the police authorities informed accordingly.
d) In all the above cases, the out-patient tickets and the death reports duly completed must be forwarded to the medical superintendent for onward transmission to the Medical Records Section.

(viii)Instructions regarding medico-legal cases :

The following points may be considered while dealing with M.L.C. cases:

a) Each entry of identification data of patients in the MLC register should be made by the CMO and not by the Police Officer.
b) The MLC reports should be prepared by the CMO's and not by the Residents.
c) Nature of injuries should be recorded in every MLC case.
d) The CMO should write his/her full name in block letters along with the signature for adequate identification.
e) X-ray reports should be entered within 7 days in MLC register and this can be done easily by the CMO's in the morning shift.
f) X-ray department is requested to provide the X-ray report within 48 hours.
g) Remarks of the specialists should be entered in the MLC register and signed by the specialist with his/her name clearly written in block letters.
h) The police officer posted in the casualty should expedite the completion of all MLC reports within 7 days.

(ix) Instructions regarding Rational Drug use and prescriptions :

All Residents should be committed to the policy of rational drug use and standard prescription practice. The prescriptions should be given for medicine from the hospital drug formulary as far as possible. It should be in strict compliance with the departmental protocols and Standard Treatment Guidelines.

09. CODE BLUE:

It is well recognized that preventable deaths occur in hospitals due to 'failure to rescue' a patient with deteriorating condition. When cardiopulmonary arrest or acute deterioration of condition occurs, appropriate resources need to be summoned to resuscitate & rescue the patient. This concept is codified as 'CODE BLUE'. Code blue teams are in existence for many years in health systems of developed countries, but need emphasis in India.

Accordingly, under the leadership of Director, SVIMS, a working group was formed and CODE BLUE was launched in June to establish the process. Code Blue has been evolved for integration of all the stakeholders i.e., Emergency physician, Cardiologist, Anaesthesiologist, Emergency Nurse, ICU physician, Orderly for transportation, Pharmacist, as well as Nurse Manager, security officer, Medico Social Worker and Telephone Operator while attending to an emergency situation. Necessary resuscitation medicines, gadgets, including defibrillator will be made available with alacrity. Resuscitation training is imparted to all first responders.

The Code blue sign ("to call emergency responder team") with '2525'to call through intercom is posted in all patient areas.

OTHER CODES:

Code Red – Fire - 2229

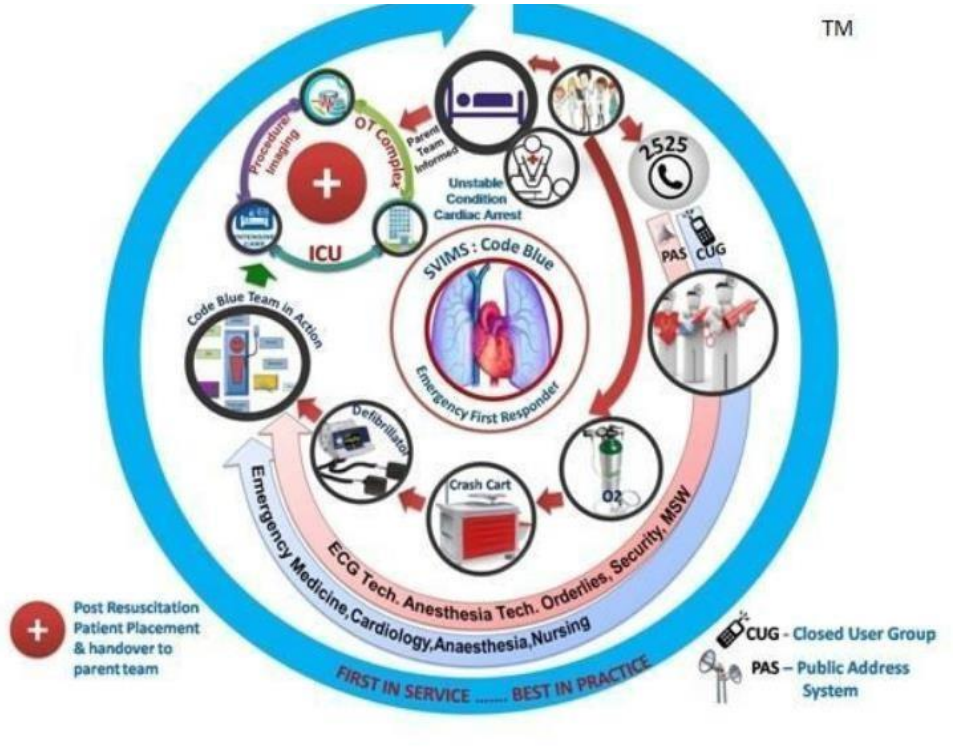
Code Yellow – External Disaster – 2288888

Code Pink – Child Abduction (0-3 years) – 2302

Code Purple – Child Abduction (4-12 years) – 2302

Code Black – Bomb Threat - 2229

Caution: 2525 is only for code blue and not for other calls



10. HOSPITAL INFECTION CONTROL PROGRAMME

(i) Infection Control Committee

The Infection Control Committee was constituted in the year 2010 and has been functional from January 2010. This has had a definite impact on the prevention and control of Health Care Associated Infections (HAIs). The committee meets once in month on first Tuesday headed by Director-cum-VC. The committee reviews the monthly surveillance reports and receives suggestions and opinion from the members and implements corrective and preventive actions. One key component of ten pronged strategy in patient safety is 'Antimicrobial Stewardship', which aims to optimize antibiotic use among patients in order to reduce antibiotic resistance, improve patient outcome, safety and ensure cost effective therapy. A pocket guide (1st edition) of "SVIMS Antimicrobial Stewardship" was released on 12.07.2016. This is revised 6 monthly and new editions are released every January and July to inform all health care personnel (doctors, nurses, and allied health staff) of pathogen surveillance, antimicrobial use, infection control measures and outcomes and the same will be uploaded in the SVIMS website under - Quality & Patient Safety- Health Care Associated Infections.

(ii) Infection Control Rate

Average Healthcare aquired Infection rates from January to December 2024 was 3.4%.In the year 2023,ther had been a reduction in overall Ventilator Associated Pneumonia (VAP) rate to 9.7/1000 ventilator days when compared to previous years. Total Catheter Associated Infectio

Rate (CAUTI) is maintained between 2.9/1000 catheterized days. Average Catheter Associated Infection Rate (CAUTI) for recovery room & ICUs was 2/1000 catheterized days. Average Central line Associated Infection Rate (CLABSI) 0/ 1000 central line days for the year 2024. In 2024, average Surgical Site Infection Rate (SSI) was 0.8 /100 surgeries. Annual needle stick injury incidence for the year 203 was 3.3.Average Multi Drug Resistance rate among HAI isoaltes was 87.1% which is alarming. Percentage of Methicillin Resistant Staphylococcus aureus (MRSA) was 44.1% and MRCONS was 33.1%. Standardized infection ratio (SIR) for VAP & CAUTI was 1.0 and 0.8.

Overall average hand hygiene compliance for health care workers was 71.5%.

Hand Hygiene Compliance

In 2024, we have achieved hand hygiene compliance ranging between 69.8- 77.5% among the hospital staff, while worldwide the compliance rate is only about 40%. This shows our success in the control of Health Care Associated Infections. The implementation of various appropriate and effective infection control measures has reduced the overall antibiotic resistance of various organisms. Vigilant surveillance of operation theaters, dialysis theaters, ICUs and water quality has improvised our standards in health care infection prevention and control.

Personal protective equipment Compliance: In 2024, we have personal protective equipment audit compliance ranging between 84.8-93.5% among the hospital staff.

(iii) Trends of Multi Drug Resistance:

Prevention of the emergence of antimicrobial resistance and the dissemination of resistant organisms will reduce the adverse effects and their costs.

- Antimicrobial resistance (AMR) results in increased morbidity, mortality and costs of health care.
- In SVIMS, major isolate was Escherichia. coli (46.5%) followed by Klebsiella spp.(20.5%), Pseudomonas spp.(13.3%) and Acinetobacter spp. (8.7%) among Gram negative bacteria.
- As per our local antibiogram, empirical choice of antibiotic in ICUs in our institute is Piperacillin+ Tazobactam/ Cefoperazone + sulbactam.
- Based on Positive blood culture Gram staining report, empirical choice for gram negative bacilli is Meropenem, and for Gram positive bacteria is Vancomycin in all ICUS for suspected cases of sepsis.
- Empirical choice of antimicrobials after collection of appropriate samples for suspected sepisis cases is Meropenem+ Vancomycin.
- In our hospital, Percentage of Methicillin resistance Staphylococcus aureus (MRSA) was 44.1% Methicillin resistance Coagulase negative Staphylococcus (MRCoNS) was 33.1%, Vancomycin resistant Staphylococcus aurues (VRSA) was 1.2, and Vancomycin resistant Enterococci (VRE) veing 11.8% among Gram positive isolates.
- As percentage of Methicillin resistance being high, mandate recommendations for HCWs is to follow standard precautions (Hand Hygiene, Contact precautions) strictly) at all times of patient care.
- Carbapenem resistance was noted high in Acinetobacter spp. (79.7%) followed by Klebsiella spp. (44.7%). Pseudomonas spp. (23.3%) and Escherichia coli (17.8%).So cautious and judicious prescription of carbapenems is required.
- Selective reporting of antimicrobials is being followed in our hospital for containment of antimicrobial resistance.

Note: Empirical therapy should be reviewed once the culture and susceptibility results are ready (usually within 72 hours) and targeted therapy should be started immediately and whenever possible give the narrowest spectrum antibiotic based on culture and sensitivity report, the site of infection and the clinical status of the patient. Foot notes: All betalactams must begiven as 3 hour infusion as their concentration is time dependent to maintain the therapeutic levels as per Clinical laboratory Standard Institute (CLSI) 2022.

11. ACADEMICS

(i) Thesis

a) Submission of the thesis protocol

The Postgraduate student who is admitted in MD/MS/DM/MCh programme is to submit the thesis protocol to the Dean within the schedule proposed by the University, duly signed by the Guide, Co-guide/s and forwarded by the HOD. After approval by the Thesis Protocol Approval Committee (TPAC), it has to submitted to the Institutional Ethical Committee (IEC) within one month for its clearance.

The schedule proposed from the date of commencement of the course is as follows:

S.No.	Details	Schedule
01.	Submission of Thesis protocol	4 months
02.	Thesis approval Committee meeting	6 months
03.	Submission of proposal to IEC	7 months
04.	IEC meeting	8 months

The PG Resident shall strictly follow the above schedule. The schedule will facilitate the postgraduates for completion of their thesis work within 2 ½ years from the date of commencement of the programme.

b) Guidelines for submission of thesis

The thesis protocol shall be submitted in the prescribed format, which is enclosed as Annexure-I

c) Submission of thesis

(i) The PG Resident has to complete the thesis work and submit the thesis (05 copies) to the Exam Section, 6 months before the schedule of the University examination.

If thesis is not submitted after satisfactory reports, the postgraduate concerned has to pay condonation fee for late submission as prescribed by the Exam section, SVIMS.

(ii) Plagiarism check certificate to be enclosed by the PG during submission of Thesis / Dissertation.

(iii) Both PG and Guide should send monthly progress of the thesis work in the form of a report to the Dean.

If any resident does not comply with the above schedule the course period will be extended proportionately.

(ii) Schedule of Academic Conferences

The clinical meetings are scheduled on every Thursday & Saturday by the Institution. Each department make their presentation on rotation. Continuous Medical Education (CME) Programme is organized once in two months on rotation bythe departments. The attendance of all the PG's for academic programmes is compulsory. The academic calendar is displayed in the institute's website. The topicwill be displayed in the notice board/s and also mailed to the Faculty and PGs as available with the

Office. All the PG's must attend the academic programmes. Their attendance will be monitored and suitable action will taken against those who are absenting without any reason.

The Heads of the departments plan the regular teaching and practical sessionsaccording to their convenience as mentioned below:

a) Grand rounds
b) Medical/Surgical management conference
c) Faculty lecture
d) Morbidity and Mortality conference
e) Clinico- Pathological Conference
f) Medical/Surgical Trainee's Lecture/ case presentation
g) Didactics
h) Tumor board meeting.
i) Infection control committee meeting
j)

(iii) Paper presentation & Publication

A Post-graduate student of a degree course in broad speciality/super speciality will do at least one of the following to make him/her eligible to appear in his/her final examination.

a. Poster presentation at a National/Zonal/State conference of his/her speciality ;
b. Podium presentation at a National/Zonal/State conference of his/her speciality ;
c. Have one research paper published/accepted for publication in journal of his/her speciality as first author.

(iv) Log book

Post –graduate students of broad and super speciality degree courses shall maintain a dynamic e-log book which needs to be updated on a weekly basis about the work being carried out by them and the training programme undergone during the period of training. Provided that M.S/MCh students shall mandatorily enter details of surgical procedures assisted or done independently.

It shall be the duty of the Post-graduate guide imparting the training to assess and authenticate monthly the record (e-Log) books.

(vi) External training

The residents are permitted for external posting during the training period on payment of stipend for a period not exceeding one month as per the need and on recommendation of the HOD. The request for such training shall be submitted to the Dean, SVIMS through proper channel, two months in advance in order to process with the institution where the posting is required. The expenditure towards travel, accommodation and fees shall be borne by the individual.

(vii) District Residency Programme:

All postgraduate students pursuing MD/MS in broad specialities in all Medical Colleges/ Institutions 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 3rd or 4th or 5th semester of the Postgraduateprogramme.

(viii) Course in Research Methodology:

a. All Post- graduate students shall complete an online course in Research Methodology.
b. The students shall have to register on the portal of the designated training institutions.
c. The students are expected to complete the course in the first year.
d. The online certificate generated on successful completion of the course and examination thereafter, will be acceptable evidence of having completed this course.
e. The above certification shall be a mandatory requirement to be eligible to appear for the final examination of the respective post-graduate course.
f. This requirement shall be applicable for all post-graduate students.

(ix) Course in Ethics:

a. 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 institutions/Universities.
b. The students are expected to complete the course in the first year.
c. No post – graduate student shall be permitted to appear in the examination without the above certification.

(x)Course in Cardiac: Life Support Skills:

a. 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 institution.
b. The students are expected to complete the course in the first year.
c. No post – graduate student shall be permitted to appear in the examination without the above certification.

12.COMPULSORY SERVICE

As per G.O.RT. No. 144, HM& FW(C1) Dept., dated 20-04-2018 Govt. of Andhra Pradesh, the compulsory service of one year is mandatory for all the post graduates after completion of their PG course. Their registrations of additional qualifications shall be done after completion of one year compulsory Government Service.

13.MAXIMUM COURSE PERIOD

The maximum total study period (defined as the period from enrollment into the course till passing of all examinations including final) shall be twice the minimum / normal study period of that particular course**.**

14. FACILITIES FOR RESIDENTS

a) **Duty room:** Residents on duty shall be provided with duty rooms with basic amenities attached to each ward.

b) **Library:** The Residents can access the departmental library round-the-clock. The Residents can also access the Central Library with internet and scanner facility up to 12 ° clock mid-night on all library working days.

c) **Medical facilities:** The medical facilities available in the institution will be provided limiting to the individual PG resident only.

15. DISCIPLINARY ACTION AND GRIEVANCE PROCEDURE

A body to consider disciplinary action and grievance of PG Residents will be formed by the Dean, SVIMS as and when needed.

(i) Grounds for Disciplinary Action

- Unethical practice of medicine
- Gross incompetence, gross negligence resulting in the compromise of the condition of patient
- insubordination.

(ii) COMBATING SEXUAL HARASSMENT AND VIOLENCE AGAINST WOMEN

The University will take strict disciplinary action including expulsion from the course of study and dismissal from the University, if any student is involved in sexual harassment and violence against women.

(iii) DISCIPLINARY ACTION:

Following shall invite disciplinary action:

- Students without ID card returning to their respective hostels beyond 08:00 PM.
- Staying outside the restricted area after 08:00 PM.
- Willful damage to the hostel/university property.
- Staying in the hostel during college timings.
- Arguing with the university staff.
- Any act of proved misbehavior in the hostel or otherwise.
- Violation of dress code.
- Littering the hostel or campus.
- Bringing guests including day scholar into their rooms.

(iv) Disciplinary actions shall be in the form of:

1. **Reprimand**- A resident may be reprimanded for actions/decisions contrary to the standard surgical practices. However he is not preventing from going on duty, perform on a surgical operations, attending conferences etc,
2. **Suspension**- A resident may be suspended for an offence that such as warrants suspension like unauthorized absence beyond 10 days. His/Her functions such as to go on duty, perform operations, attend conferences etc., will be stopped for a certain period of time after which he is allowed to resume the functions.
3. **Expulsion**- Expulsion is total ban of his presence on the institution.

16. Grievance Procedure

The PG Resident shall first discuss his/her grievance with the training HOD and attempt to resolve the issue within the department. If the resident is unable to resolve the matter at the level of the HOD and intends a formal grievance hearing, he/she should submit the grievance in writing to the Dean within seven (7) working days for referring the matter to the Grievance Redressal Committee.

The Dean shall appoint an ad-hoc Grievance Redressal Committee as mentioned above for the purpose of considering the specific grievance(s) of the resident.

The Chair of the Appeals Committee shall notify the parties of the date, time, and location of the hearing. Parties are responsible for (1) giving such notice to any witnesses whom they wish to call for testimony relevant to the matters in the grievance, and (2) arranging for participation of witnesses in the hearing. The hearing shall be scheduled to ensure reasonably that the complainant, respondent, and essential witnesses are able to participate. The decision of the Grievance Redressal Committee shall be final and binding on all parties.

CHAPTER – IV

HOSTEL RULES

1. The Chief warden for PG resident hostel will allot the room subject to availability and as per the University norms.

2. The request for accommodation shall be submitted to the Chief warden for processing through proper channel. The discipline declaration form shall be signed by both student and parent shall also be furnished.

3. The fee Structure will be as follow

   a) Caution deposit: Rs.5000/- (Refundable)
   b) Establishment fund (Corpus fund): Rs.5000/- (Non- refundable)
   c) Admission fee:Rs.150/- (Non-refundable)

   Refundable caution deposit will be refunded to the student at the time of he/she leaves the hostel after making deductions if any. Under no circumstances proportionate reduction will be made for any short stay. In the event of nonpayment of prescribed rent and electricity changes for the hostel on the date or dates fixed, the student will be made to vacate the hostel.

4. Accommodation will be provided to the candidates on a rent fixed as per the rules of the institute subject to availability and according to priority. They will have to necessarily stay in the accommodation if provided by the institute.

5. Chief Warden has the power to cancel, add or alter the rules according to exigencies. The hostel rules shall be strictly obeyed by the Resident. Non-observance or violation of the rules by any resident shall be viewed seriously and the resident (s) shall be liable for disciplinary action as decided by the Director.

6. ***Admission:*** Hostel allotment shall be provided basing on the vacancy position and according to priority of the application. A resident seeking admission into the hostel shall submit his / her application to the Chief Warden. A passport size photo of the Resident should be pasted in the application form. After Dean's approval and on payment of caution deposit money, the room will be allotted.

7. Establishment charges will be deducted from the monthly stipend for academic Residents. Any pending arrears will be collected at the time of leaving the institution after completion of the course with fine as applicable.

8. **Withdrawal:**

   The PG Residents passing out of the course or discontinuing their studies or those desirous of residing with their parent or guardian will be permitted to leave the hostel on receipt of written application countersigned by the parent to the Chief Warden of the hostel.

   If a Resident is evicted from the hostel under the order of the Dean for default or for violation of hostel rules, the applicant can be readmitted only after the receipt of the Dean's approval or orders for re-admission.

   Every Resident re-admitted should pay a re-admission fee of Rs. 2,000/- which will be neither refunded nor adjusted towards establishment dues. This will be credited to the hostel fund.

The PG Residents should notify the Warden in writing 30 days in advance of the day they intend to leave the hostel. The Resident however will be allowed to leave the hostel on medical grounds approved by the Chief Warden. On no account should the Resident leave the hostel before he / she is permitted to do so by the warden.

If any loss or damage to the hostel properties is found out when the Resident is leaving the hostel, he / she will be severely penalized in addition to the charges claimed for repair or replacement of the article. Also if a Resident leaves the hostel without proper handing over of the articles in his/her charge, the Resident is liable for heavy penalization as recommended by the Chief Warden and ordered by the Dean.

9. Custody of hostel properties & fixtures:

Each member shall be the custodian of the hostel furniture assigned to him/her and taken over by the member after signing in the register. Any accidental breakage of furniture should be entered within 24 hours in the hostel breakage register by the member with a note on the occurrence. If the Warden has reasons to decide that the breakage is due to carelessness or else committed wantedly, the member (s) concerned will be charged for repair or replacement of the article and will be levied penalty. This applies also to any other property or fixtures in the hostel like use of unauthorized electrical appliances.

10. Allotment of rooms:

Rooms are allotted to the Residents on admission. The Resident cannot interchange the rooms after allotment except with the prior permission of the Chief Warden.

11. MESS:

Student shall pay full mess fee in time to the hostel mess contractor. It is mandatory to eat in the mess and Mess coupon/ Card is compulsory. Student must inform his/her their non availability to the Mess Supervisor well in advance.

Students are requested not to waste food. Outsiders are not allowed in the mess. Guests are allowed in mess with prior permission of the Chief Warden/Dy.Warden on payment basis. Outside food/dabbas are strictly not permitted in the hostel. It should be known to the Warden to whom he is serving food. There should be a written request to warden as this may cause a disciplinary problem.

Mess timings;	Breakfast	-	7.00 AM to 9.30 AM
	Lunch	-	12 Noon to 2.00 PM
	Dinner	-	7.30 PM to 9.00 PM

Mess timings shall be strictly followed by the hostellers.

12. **Temporary absence from the hostel*:***

Any Resident who intends to leave the hostel for a day or more must give in writing to the warden mentioning the date and time of departure and date & time of return, place of visit and address and cause of absence atleast 24 hours before departure.

13. Disciplinary Regulations:

a) Every Resident in the hostel should conduct himself / herself in such decorum as not to create unpleasantness nor disturb the peaceful study of other Resident. Strict silence should be observed between 8 p.m. and 6 a.m. The Resident shall put out the lights when they go to sleep and lights and fans when they leave rooms.
b) The Resident should not disfigure the walls, doors and windowpanes etc.
c) Smoking, playing cards, whistling or making loud noise in the hostel building is strictly prohibited. While in hostel, Resident should do nothing which may disturb other students at work.
d) Residents are expected at all times to be properly dressed in a neat and tidy manner.
e) Residents are strictly prohibited from scolding or punishing any other Resident. In no case should a Resident take the law into his hands. Any grievance should be reported immediately.
f) Dancing or singing parties and the playing of musical instruments etc. are not allowed in the hostel without special permission of the warden.
g) Residents are not permitted to keep fire arms or any dangerous weapons with them. Pets such as dogs, parrots etc., are not allowed.
h) No Resident will keep in his/her possession or use intoxicating drug or liquor of any kind in the hostel. In case this rule is violated the Resident will be expelled from the hostel and / or from the Institution.
i) Residents should not take part or association in activities of political nature. They are also not permitted to hold meetings without the prior permission of the Chief Warden.
j) No religious ceremony or function shall be celebrated in the hostel without prior permission of Chief Warden.
k) Residents will not interfere with the working of the office staff. Any grievance should be reported to the Chief Warden for action. Residents are strictly forbidden from ill-treating hostel employees whatever be the cause of provocation.
l) Hostel employees should not be used for personal services of the Residents.
m) All correspondence regarding the hostel by the Resident should be made through the Chief Warden only. Letters addressed direct to the Dean will not receive any attention.
n) No subscription, donation or contribution of any kind shall be collected from Resident without the prior permission of the Warden.
o) Residents are advised not to leave any money, jewellery or any other valuable articles in their rooms. They should see that the windows are properly bolted and the doors properly locked before they leave their rooms every day. The scooters/cars and such other materials is a matter of responsibility of the Resident themselves. The hostel administration does not hold itself responsible for money and other valuable lost by the Resident.
p) Residents are advised not to practice economy and are strictly warned against incurring debts or making such irregularities in money matters. The institute will in no way be responsible for such debts. Any one found stealing fellow Residents money, books or property will be expelled from the hostel after recovery.
q) Residents are expected to behave in an orderly manner at social gathering & other specific functions as in such occasion's guest & ladies are generally present.
r) RAGGING IN ANY FORM IS NOT PERMITTED. Any attempt by any Resident will be subject to severe punishment and may be expelled from the Institution. They will be punished as per Andhra Pradesh Act. 26 of 1997, prohibiting ragging in Educational Institutions.
s) Residents once expelled from the hostel for misconduct will not be allowed to enter the hostel on any account.
t) Any Resident who contravenes the disciplinary regulations above cited is liable for penalty or disciplinary action or both.

u) If the allotment is provided by the Chief Warden to the Resident and found that, if the Resident is not occupying the accommodation within one week from the date of allotment or on inspection by the Hostel Staff and noticed that the Resident is not staying in the Hostel and willfully blocking the accommodation will be liable for disciplinary action and the room shall be allotted to the Resident who is on wait list.

14. Guest:

a) No guest shall be entertained by Resident of the hostel. In special cases Residents may apply to the Chief Warden in writing for permission to enable their guests to stay in the Hostel.
b) The Resident concerned is responsible for all charges incurred by the Guest. The guest will be charged on daily basis at the rates fixed.
c) No guest shall ordinarily stay in the hostel for more than 3 days. No Resident may introduce more than 3 days. No Resident may introduce more than one guest at a time without the previous approval of the Chief Warden. The guest shall not be transferred from one Resident to another.
d) If the Chief Warden at any time finds unauthorized guests being entertained in the hostel, he/she will take such disciplinary action on the Resident and ask the guest to vacate the room immediately.
e) The Chief Warden shall have the power to refuse permission to any guest in the Hostel without assigning any reason in the interest of the hostel.
f) The guest if provided accommodation will be charged Rs. 50/- per day.

15. Sanitation:

All Residents shall co-operate in keeping the hostel clean and tidy. All the inmates are instructed to keep their rooms and personal belongings clean. They should permit the sanitary worker for cleaning their room, in such time prescribed by the Chief Warden.

16. Change of address:

The Office of the Chief Warden / Hostel office shall maintain a register containing the home address of each Resident. The address given in the original application form by the Resident shall be noted in this register. If there is a change of home address the Resident should intimate the fact by letter to the Chief Warden within one week, for the further action will carry out the correction in the register.

17. The Residents are instructed not to use electrical appliances like air conditioner, heaters, stoves, iron box, etc. which causes damage of electrical wiring and consumption of more electricity. If any Resident is caught during inspection will be imposed fine as decided by the Chief Warden / Dean and recovery will be made for the loss happened.

18. The students are required to vacate the hostel accommodation within 7 days of the completion of their course failing which Rs. 100/- and Rs. 200/- per day will be charged for bachelor and married hosteller respectively as penal rent for unauthorized occupancy of hostel accommodation. At the same time, the room will be vacated/unseated by the hostel authority / security staff during the unauthorized stay.

16. No Resident shall placed ignorance of the above rules. The house keeper / matron shall bring to the notice of the Chief Warden every instance of violation of the above rules, who in turn shall report the matter to the Dean.

ANNEXURE – I

FORMAT FOR THESIS PROTOCOL

TITLE PAGE

(Title page should be signed by the candidate, Chief Guide and all the co-guides)

TITLE	:	
FULL NAME OF THE CANDIDATE (Family name, first name) with signature and date	:	
DEGREE FOR WHICH REGISTERED	:	
YEAR OF JOINING	:	
CHIEF GUIDE	:	(name, designation, institution with signature and date)
CO-GUIDE	:	(name, designation, institution with signature and date)
CO-GUIDE	:	(name, designation, institution with signature and date)

The thesis protocol should be organized into the following sections:

1. Introduction.
2. Review of Literature
3. Aims and objectives
4. Materials and methods
5. References
6. Tables (if any)
7. Figures (if any)
8. Study proforma
9. Appendices (if any)

Each section should start on a separate page:

Use fonts such as "Times of New Roman", font size 12, line spacing 1.5 through out (including the main body of the text, tables, references and figure legends).

1. INTRODUCTION

- Please provide an introduction to the research in question.
- Cite the references in Arabic numerals, in the order in which they appear in the text.
- Please provide de abbreviation for abbreviations when they are first cited.
- Number of tables and figures (if any) serially using Arabic numerals.
- Please cite the table or number in the text where appropriate.
- Each table / figure should be provided on a separate page.
- Each table should be provided with a heading.
- Each figure should have legend.

Shown below is an <u>example</u> of how the text should read in the document :

Snake venoming is a common medical emergency encountered in the tropics, and an estimated 35000 to 50000 people die of snake bite every year in India (1). The bites of elapid snakes (cobras) cause predominantly neurotoxicity, which manifests as paralysis of ocular, bulbar, limb and respiratory muscles (2). The management of these patients includes ventilatory support and administration of snake antivenom (SAV). The dose of SAV required in the management of severe neurotoxic snake envenoming should be based on measuring serial venom concentrations in patients and determining when free venom concentration are undetectable (3). However, this is rarely clinically feasible in the absence of any definite date (table 1) (4 -7), most recommendations are based on mouse assays, where the lethal dose is estimated to be around 120 mg of cobra venom and 60 mg of krait venom (Figure 1) (5) the amount of venom neutralized by 1 ml of SAV is approximately 06 mg and 0.45 mg for cobra and krait respectively.

Thus, empirically, the total SAV requirement for otherwise fatal cobra and krait bites is 200 and 134 ml respectively. However, this may not be true for human bites, as the exact total amount of venom injected by the snake at the time of bite is variable depending on the species and size of the snake, the mechanical efficiency of the bite, whether one or two fangs penetrated the skin, and whether there were repeated strikes. There is no consensus on the dose of SAV required in the management (1, 3, 5 -7).

2. REVIEW OF LITERATURE

Please provide a state-of-art review of literature on the topic under study provide detailed information on available information (or the lack of it) concerning the research question. Use tables and figures to emphatically convey your message. Also highlight wherever possible, the controversies underlying the research question.

3. AIMS AND OBJECTIVES

Describe the chief aims and objectives of the study

4. MATERIAL AND METHODS

- Please describe the material and methods in detail.
- Describe the sample size for the study and how it was arrived at
- Describe the inclusion criteria, exclusion criteria.
- Describe in detail the research methodology used
- When describing method (s) for estimating a substance, please cite the reference for the method and denote it with appropriate reference number when describing an equipment /diagnostic kit, clearly mention the manufacturer's name and place.

For example:

Ascitic fluid samples will be analyzed for interferon-gamma (IFN-y) levels using enzyme linked immunosorbent assay (ELISA), following the manufacturer's instructions (Predicta Human Cytokine ELISA plates, Genzyme Diagnostics, Cambridge, MA), which are described elsewhere (33).Briefly, solid phase enzyme immunoassay will be employed using the multiple antibody sandwhich principle ELISA plates precoated with antibody by the manufacturing company will be used. Adenosine deaminase (ADA) levels will be estimated using the method originally described Guijsti(34).

Material and methods should also contain a specific detailed description of the statistical methods that will be used for data analysis. This should include method of data tabulation, description of the statistical methods used and preferably the software programme used for data analysis.

5. REFERENCES

i) Use Vancouver style for citing references

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables and legends by Arabic numerals in parentheses. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. The titles of journals should be abbreviated according to the style used in Index Medicus.

ii) International committee of Medical Journal Editors Uniform requirements for manuscripts submitted to Biomedical Journals : Sample references.

Articles in Journals:

Standard journal article

1. List the authors followed by title, journal abbreviation , year of publication, volume and page number as illustrated below: Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. N Engl J Med 2002;347:284-7.

2. If there are more than six authors only the first six authors should be mentioned as shown below: Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. Brain Res 2002;935:40-6.

Organization as author

3. Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. Hypertension 2002;40:679-86.

Both personal authors and an organization as author

4. Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. J Urol2003;169:2257-61. No author given

5. 21stcentury heart solution may have a sting in the tail. BMJ 2002;325(7357):184. Article not in English

6. Ellingsen AE, Wilhelmsen I. Sykdomsangstblantmedisin- ogjusstudenter. Tidsskr Nor Laegeforen2002;122:785-7.

Volume with supplement

7. Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison with sumatriptan. Headache 2002;42 Suppl2:S93-9. Article published electronically ahead of the print version

8. Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. Blood 2002 Nov 15;100:3828-31. Epub 2002 Jul 5.

iii) Books and Other Monographs

9. Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. Medical microbiology. 4th ed. St. Louis: Mosby; 2002. Editor(s), compiler(s) as author
10. Gilstrap LC 3rd, Cunningham FG, VanDorsten JP, editors. Operative obstetrics. 2nded. New York: McGraw-Hill; 2002. Author(s) and editor(s)
11. Breedlove GK, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wieczorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001. Organization(s) as author
12. Royal Adelaide Hospital; University of Adelaide, Department of Clinical Nursing. Compendium of nursing research and practice development, 1999-2000. Adelaide (Australia): Adelaide University; 2001. Chapter in a book

    Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. The genetic basis of human cancer. New York: McGraw- Hill; 2002. p. 93-113.

Conference proceedings

13. Harnden P, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

Conference paper

14. Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on enetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer; 2002. p. 182-91.

Scientific or technical report

Issued by funding/sponsoring agency:

15. Yen GG (Oklahoma State University, School of Electrical and Computer Engineering, Stillwater, OK). Health monitoring on vibration signatures. Final report. Arlington (VA): Air Force Office of Scientific Research (US), Air Force Research Laboratory; 2002 Feb. Report No.: AFRLSRBLTR020123. Contract No.: F496209810049

Patent

16. Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498. 2002 Aug 1.

Unpublished Material

17. In press
(Note: NLM prefers "forthcoming" because not all items will be printed.) Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. Proc Natl Acad Sci U S A. In press 2002.

Electronic Material

18. CD-ROM
Anderson SC, Poulsen KB. Anderson's electronic atlas of hematology [CD-ROM]. Philadelphia: Lippincott Williams & Wilkins; 2002.

19. Journal article on the Internet
Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: http://www.nursingworld.org /AJN /2002 / june/Wawatch.htm

20. Monograph on the Internet
Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: http://www.nap.edu/books/0309074029/html/.

21. Homepage/Web site
Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: http://www.cancer-pain.org/.

22. Part of a homepage/Web site
American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: http://www.ama-assn.org/ama/pub/category/1736.html

23. Database on the Internet

Open database:
Who's Certified [database on the Internet]. Evanston (IL): The American Board of Medical Specialists. c2000 -[cited 2001 Mar 8]. Available from: http://www.abms.org/newsearch.asp

Closed database: Jablonski S. Online Multiple Congential Anomaly/Mental Retardation (MCA/MR) Syndromes [database on the Internet]. Bethesda (MD): National Library of Medicine (US). c1999 [updated 2001 Nov 20; cited 2002 Aug 12]. Available from: http://www.nlm.nih.gov/mesh/jablonski/syndrome_title.html

24. Part of a database on the Internet
MeSH Browser [database on the Internet]. Bethesda (MD): National Library of Medicine (US);2002 - [cited 2003 Jun 10]. Meta-analysis; unique ID: D015201; [about 3 p.]. Available from: http://www.nlm.nih.gov/mesh/MBrowser.html Files updated weekly.

MeSH Browser [database on the Internet]. Bethesda (MD): National Library of Medicine (US);2002 - [cited 2003 Jun 10]. Meta-analysis; unique ID: D015201; [about 3 p.]. Available from: http://www.nlm.nih.gov/mesh/MBrowser.html Files updated weekly

ANNEXURE-II

"Basic Course in Bio-medical Research"

Online course for Postgraduates Medical Students and Medical Teachers

National Medical Commission (NMC) mandated course
In partnership with ICMR-National Institute of Epidemiology and SWAYAM NPTEL

Introduction

In order to improve the research skills of postgraduate (MD/MS) students and medical teachers, the National Medical Commission (NMC) has recommended a uniform "research methodology" course across the country. The online course, "Basic Course in Bio-medical Research", is be offered by ICMR-National Institute of Epidemiology (ICMR-NIE), Chennai. The course will explain fundamental concepts in research methodology. This course is being offered through SWAYAM programme of Ministry of Education through SWAYAM NPTEL.

Course contents

The course includes topics covering conceptualization of a research study, epidemiological and bio-statistical considerations in designing a research study, planning and conducting a research study, writing a research protocol and publication ethics (Course syllabus given below). The learning materials will include video lectures, presentation slides, reading materials and assignments.

Enrolment for the course

The course will be available on the website https://swayam.gov.in The above link will be made available in home pages of NMC (https://www.nmc.org.in/) and ICMR-NIE (http://nie.gov.in/niecer/bcbr/index.htm). Candidates should enroll for the course when the enrolment is open for each cycle.

Course duration

The course is self-paced, and the assignments should be completed within 16 weeks of start of enrolment (before the deadline given in the course page at http://nie.gov.in/niecer/bcbr/index.htm).

Course assignments

Each lecture will have online assignments consisting of 10 Multiple-Choice Questions (MCQs). A minimum of 50% in total assignment score is essential to register for the examination. The total assignment score will be released after the submission deadline.

Final proctored examination

Those found eligible (≥50% in aggregated assignment score) can register for the final proctored exam. The registration link for final proctored examinations will open **after the assignment submission deadline**. Eligible candidates will need to fill-up an online form and pay examination **fees of Rs. 1000** online. The list of examination centres will be made available at the time of registration for the examination.

The final proctored computer-based examination will be conducted at designated centres in selected cities across the country and will comprise of 100 MCQs.

Course Certification

Candidates will be provided an e-Certificate only if s/he scores at least 50% in the final proctored examination.

Successful candidates will get an **e-Certificate** with the name, photograph and the scores obtained. The e-Certificate will depict the **'Final score'** comprising the total assignment score (**25% weightage**) and the proctored examination score (**75% weightage**). It will be e-verifiable at a designated web address. No hard copies will be issued.

Candidates will be considered '***Ineligible***' to register for the proctored examination if they score < 50% in total assignment score. They will have an option of re-enrolment for the course in the next cycle (Refer to important dates at http://nie.gov.in/niecer/bcbr/index.htm).

Candidates who score <50% in the proctored examination (but have scored > 50% in total assignment score) have to **re-register** for the proctored examination in the next cycle (Refer to important dates at http://nie.gov.in/niecer/bcbr/index.htm).

COURSE SYLLABUS

1. Conceptualizing a research study	**4. Planning a research study**
• Introduction to health research • Formulating research question, hypothesis & objectives • Literature review	• Selection of study population • Study plan and project management • Designing data collection tools • Principles of data collection • Data management • Overview of data analysis
2. Epidemiological considerations in designing a research study	**5. Conducting a research study**
• Measures of disease frequency • Descriptive study designs • Analytical study designs • Experimental study designs: Clinical trials • Validity of epidemiological studies • Qualitative research methods: An overview	• Ethical framework for health research • Conducting clinical trials
3. Bio-statistical considerations in designing a research study	**6. Writing a research protocol**
• Measurement of study variable • Sampling methods • Calculating sample size and power	• Preparing a concept paper for research projects • Elements of a protocol for research studies
	• Publication ethics

Contact information

Send queries to the course email or call 044-26136422 (10 am to 5 pm on working days).

Updated details regarding the current course cycle and important dates about latest cycle can be obtained from the website http://nie.gov.in/niecer/bcbr/index.htm

ANNEXURE-III

Telephone Directory:

DIRECT NUMBERS (STD CODE-0877)			
Director-cum-VC Office - 2286131 / 2287152		Hotline No	2288888
Dean Office Fax	2288002	SPMCW Hospital powerhouse	2288117
Dean Office Chamber	2288170	SVIMS Powerhouse	2286126
Registrar Room	2287166	Director Bungalow SVIMS campus	2226188
Controller of Exams Office	2287324	Telephone exchange direct number	2286771
SPMCW	2288442		
	2286964		
Dept. of Bio-Technology	2287737		
State Bank of India	2286564		
Medical Shop No-1	2288080		
Medical Shop No-2	2286817		
Accounts Donor Cell	2288895		
Sidha Ayurvedic	2286659		

INTERCOM TELEPHONE NUMBERS:

ACCOUNTS SECTION		**DIETITION**	
Accounts Officer, TTD A.O.	2228	HOD	2337
Supdt. Payment	2225	Liquid Diet	1637
BILLING SECTION		**DIRECTORS OFFICE**	
DD Billing	1045	Office	2222
AD Billing	1048	Supdt.	2461
1st floor billing	1159	Director's Bungalow	2505
2nd floor billing	1205	Security room (Director's Bungalow)	2376
4thfloor billing	1868	Committee Hall	2295
5th floor billing	1866		
Billing Section	1055		
CREDIT CELL		**ESTABLISHMENT SECTION**	
Assistant Director	2457	DD Personnel Manager	2221
P.A	2434	Office	2226
COLLEGE OF PHYSIOTHERAPY		**EXAMINATION SECTION**	
Principal	2392	Controller of Examination	3220
Staff Room	2422	**ENGINEERING DEPARTMENT (ELECTRICAL)**	
P.A.	2346	Asst. Engineer	2428
OPD	2497	Power house	2343
COLLEGE OF NURSING		A.C.Plant SPMC(W) power house	2327
Principal	2292	**ENGINEERING DEPARTMENT (CIVIL)**	
Asst. Professor	2391	Office	2440
P.A	2321	Dy. Exe. Eng.2-(Site wing)	2439
Faculty Room	2419		
Faculty Room-I	2431		

GENERAL MAINTENANCE(O)		**PUBLIC RELATION OFFICE**	
Gas Room	2237	AD (PRO)	2244
Rass Office	2373	PRO	2432
Supdt.	2464	Reception	2203
IT Manager	2535, 2335	M.S.W. Office	2208
Maintenance Section	2220	**RMO OFFICE**	
LIBRARY		RMO	1223
HOD Librarian	3222	PA	2504
P.A	3221	**STORES**	
MEDICAL SUPERINTENDENT OFFICE		Asst. Director	2511
Medical Supdt.	2446	P.A	2454
PA	2265	Medical Stores	2510
MEDICAL RECORDS DEPARTMENT		Medical Purchase	2245
Chief M.R.O.	2250	Surgical Store	2246
New Registration	2275	Medical Sub Store (DrNTRUHS)	2241
Padmavathi General Hospital MRD	2284	Aarogyasri follow up room no.32	2405
		OT Sub Store	1626
Reimbursement	2273	Medical Oncology store	2309
OP Billing	2240	**SECURITY DEPARTMENT**	
TTD. MRD	2493	Security Officer	2200
TTD Blood Collection	2498	**HOSTELS**	
TTD OP, SVIMS Clinic	2496,2445	MBBS Vedic Hostel	2470
T.T.D. & ESI Registration	2450	Guest House	2407
WRC & Pranadanam	2299	PG Hostel-1	2370
Group study OP/IP	2443,2496	Boys Hostel	2486
MEDICAL COLLEGE		Girls Hostel	2390
Principal P.A	3013	Medical College Hostel	2499
		PG Hostel (Resident Doctors)	2264
Principal	3014	Nursing College Hostel	2398
Vice-Principal	3021	**WATER WORKS**	
A.D (Administrative)	3017	A.E. SVIMS	2503
Supdt.	3018	Pump House	2238
P.A Office	3011,3006		
PURCHASE DEPARTMENT		**BALAMATRA CRECHE**	2426
Deputy Director	2223		
P.A	2224		
Equipment Purchase Section	2524		
Surgical & Medical Purchase section	2423,2245		

DEPARTMENTS

ANESTHESIOLOGY		**MICROBIOLOGY**	
RICU	2372	Prof. & HOD	2467
PAC Clinic (Room No.17)	2518	Assoc. Professor	2468
BIO-CHEMISTRY		P.A	2243
HOD & Faculty	2427	Virology Lab	2438
PA	2233	COVID Reporting	2491
Reception	2232	PG Lab	2260
Journal Lab	2465	Reception	2254
CARDIOLOGY		RNTCP LAB	2469
Sr.Professor & HOD	2369	**NURSING DEPARTMENT**	
		AD (Nursing)	2258
P.A	2371	Nursing Supdt. Gr-1	2308
OPD-1	2242	P.A	2504
OPD-2	2252	Op sisters Room	2219
ECG (OPD)	2421	Laundry Section	2328
ECHO Room &TMT (OPD)	2252	CSSD	2344
Cath Lab	2455	**NEUCLEAR MEDICINE**	
Cath (Lab Professor Room)	2293	Professor	2490
Cath Lab-II	2296	P.A	2342
ECH night duty Tech Room	2474	Cardiac Stress Room	2340
ICU ward	2268	Gamma Camera Room	2341
Intermediate Ward	2324	PET CT Reporting Room	2408
CASULATY		PET CT Console Room	2209
Triage	2522	Room-1	2521
Trauma	2325	Room-2	2527
		Room-3	2529
Casualty-1	2259	Room-4	2532
Casualty-2	2262	Reception	2533
Extension Casualty	2502	New Lab	2536
CMO Room	2263	PET CT P.A	2491
Emergency Medicine ICU	2257	PET CT Lab	2489
GASTROENTEROLOGY		PET CT New Block	2492
Professor & P.A	2218	**PATHOLOGY**	
ICU ward	2333	Professor & HOD	2248
Ward	2318	Pathology Lab	2231
OPD	2216	Clinical Pathology Lab	2274
GE OT	2361	Biopsy	2404
GERR	2288	SPMC(W) Pathology	2236
Endoscopy Room	2433	**RADIOLOGY**	
Medical GE OP	2219	Professor & HOD	2270
MEDICINE DEPARTMENT		P.A	2332
Community Medicine OPD	2286	Work station	2214
Professor & HOD	2256	X-Ray Room	2334
P.A	2365	NEW MRI-II	2513
MICU	2502	Ultra Sound	2234
OPD	2261	CT Scan	2271
Dots Centre (OPD)	2414	MRI Scan -I	2513
MEDICAL ONCOLOGY		New CT-II	2297
Professor & HOD	2462	In charge radiology	2600
P.A	2276	**RADIOTHERAPY**	
Ward	2377		
Ext. Ward	2277		

Brachy therapy	2481	**DERMATOLOGY**	
Professor & HOD	2477	OPD	1180,1174
P.A & Ward	2507,2475	WARD	1232
Faculty Room	2481	**DENTAL**	
R.T.Ward-1	2471,2472	P.A	1258
R.T.Ward-2	2418	OPD	1267
R.T.Ward-3	2364	**ENT**	
Linac Console Room	2478	ENT Doctor	1141
TPS room	2480	ENT HOD	1144
HDR Console Room	2479	ENT P.A	1147
OPD	2389	ENT OPD	1145,1143
R.T.OT	2516	ENT Ward	1412
VIROLOGY		**ENDOCRINOLOGY**	
Lab	2438	ENDO HOD	1112
Virology Covid testing	2491	ENDO HOD	1117
Virology Reception	2469	ENDO PA	1113
Clinical Virology	2483	ENDO WARD	1412
AAROGYASRI		ENDO Lab-1	1116
Deputy Director	1044	ENDO Lab-2	1413
Aarogyasri P.A	1059	**CARDIOLOGY**	
Aarogyasri Refund	1047	ECG	1152
Aarogyasri 101,108	1046,2396	ECHO	1259
Aarogyasri Room No. 06	1051	**GENERAL SURGERY**	
Aarogyasri Room No. 72	1017	G.S OP	1138,1137
Aarogyasri Billing	1052	G.S PA	1401
Insurance	1057	G.S Male ward	1416
Dr. Venugoal, Aarogyasri	1059	G.S Female ward	1415
ANAESTHESIOLOGY		G.S.OT	1313
Anaesthesiology HOD	1309	G.S R.R	1304
Anaesthesiology P.A	1310	Ext.G.S Lishap Ward	1743
Anaesthesiology Pre-Off-Holding	1308	KMCCU	1033
BILLING DEPARTMENT		KMCCU Radiology	1031
Billing MRD	1042,1043	KMCCU ICU	1036
Room NO 71, Aarogyasri Billing	1008	KMCCU OT	1035
CCTV	1641	Medical Superintendent	1236
BLOOD BANK		R.M.O.Office	1223
Reception	2249,1241	M.S.Office	1235
P.A	1242	GAS ROOM	1109
HOD	1247	**MEDICAL ONCOLOGY**	
1243,1244,1245,1248,1249,1250		M.O. OPD	1125
CT SURGERY		M.O.Doctor	1124
CT Surgery P.A	1508	M.O. Assistant	1128
CT Surgery Ward	1505	M.O. Computer	1130
CT Surgery RR	1307	**MEDICINE**	
CT Surgery OT	1302	Medicine Ward-I	1414
Pranadanam	1301	Medicine Ward-II	1246
Conformation	1030	MICU-2	1419
CCTV	1641	M.S.W	1010
DRIVERS ROOM		NURSING SUPDT.	1019
Drivers	1001	**NEUROLOGY**	
Drivers	1020	NEUROLOGY OPD	1408
Drivers Security	1013	NEUROLOGY HOD	1214

NEUROLOGY P.A	1407	**RHEUMATOLOGY**	
NEUROLOGY Ward	1402	OPD	1174
NEUROLOGY EEG, ENMG	1406	**STORES**	
Nursing Office	1037	Surgical Stores	1632
Liquid Diet	1637	General Stores	1633
NEUROSURGERY		Stores	1058
N.S P.A	1239	OT Sub-stores	1626
N.S. Doctors	1411	Code Blue	2525
N.S.Ward	1405	Insurance	1057
N.S Male General Ward	1207	MSW	1010
N.S Female General Ward	1404	Laundry	1643
N.S OT	1306	**SURGICAL ONCOLOGY**	
N.S.RR	1314	S.O. OPD	1176
NEPHROLOGY		S.O. HOD	1216
Nephrology P.A	1513	S.O. Dr Manilal	1219
Nephrology ICU	1512	S.O. OPD	1177
Nephrology Ward -3	1506	S.O.Sister	1163
Nephrology Ward-5	1511	S.O. Dressing	1162
Nephrology Female Ward	1504	S.O.Ward	1501
Nephrology Vakula	1510	S.O. RR	1303
OPTHALMOLOGY		S.O.Stepdown	1503
Optho HOD	1156	P.A	1218
Optho OPD	1154	**UROLOGY**	
Optho Test	1155	Urology P.A	1418
OBG (Gynic)		Urology Ward	1417
P.A	1101	Urology OT	1312
OPD	1106	Urology RR	1315
Gynic Ward		Blood Collection	1060
Ward OBG	1028	Security	1100
Labour Ward	1005	F.S.O.	1646
OBG OT	1018	S.O.	1644
OBG RR	1007	RASS OFFICE	1703,2373
OBG Security	1024	Kendram-1	1131
PAEDIATRIC		**SPMC College**	
OPD	1153	Principal	3014
Ward	1026	Vice-Principal	3021
PSYCHIATRIC		Principal P.A	3013
P.A	1233	**SPMC OFFICE**	
Ward &DVL	1232	A.D (Administration)	3017
RADIATION ONCOLOGY		Superintendent	3018
R.O. OPD	1161	P.A	3011,3006
R.O. HOD	1180	RMO Office	1223
R.O. Doctor	1178	**SPMC Department**	
R.O. Lab	1179	Anatomy HOD	3048
PP Ward	1502	Anatomy P.A	3049
RADIOLOGY		Physiology HOD	3023
BIO-CT	1610	Physiology P.A	3022
Ultrasound	1619		
X-Ray	1615		

Biochemistry HOD	3043	SPMC (W) Security	3000
Biochemistry P.A	3042	Seller Security	3001
Pathology	3044	Forensic Medicine HOD	3054
Pathology report office	3029	Forensic Medicine P.A	3055
Pathology P.A	3028		
Microbiology HOD	3036	Library HOD	3222
Microbiology P.A	3037	Library P.A	3221
Community Medicine HOD	3056	CE P.A	3220
Community Medicine P.A	3057		
Pharmacology HOD	3026		
Pharmacology P.A	3027