

* **IN THE HIGH COURT OF DELHI AT NEW DELHI**

Judgment reserved on February 26, 2016

Judgment delivered on May 31, 2016

+ W.P.(C) 6041/2013 and CM No.13301/2013

SANJANA SINHA

..... Petitioner

Through: None.

versus

UNIVERSITY OF DELHI & ANR. Respondents

Through: Mr. Mohinder J.S. Rupal, Adv. and
Ms. Simran Jeet, Adv. for R-1
Mr. T. Singhdev, Adv. with Mr.
Sanjay Kumar, Adv. for R-2
Mr. Ajay Digpaul, Adv. with Mr. T.P.
Singh, Adv. for UOI

CORAM:

HON'BLE MR. JUSTICE BADAR DURREZ AHMED

HON'BLE MR. JUSTICE V.KAMESWAR RAO

V.KAMESWAR RAO, J.

1. This writ petition impugns the action of the respondents rejecting the case of the petitioner seeking benefit of reservation against disability quota.

Facts:-

2. The present petition has been filed by the petitioner seeking the following reliefs:-

“(i) issue a writ, order or direction in the nature of certiorari quashing the amendment dated 25th March, 2009 bearing No. MCI-34(41)/2008-med./54469 to the Graduate Medical Regulation 1997 to the extent to which it limits admission of students having locomotary disability of lower limbs of more than 70% to the MBBS course;

(ii) issue a writ, order or direction in the nature of certiorari quashing the letter dated 21.04.2009 issued by respondent No.2;

(iii) issue a writ, order or direction in the nature of certiorari quashing the Para 2.2.4 of the Bulletin of Information for the Session 2013-2014 issued by the Faculty of Medical Sciences, University of Delhi;

(iv) issue a writ, order or direction in the nature of mandamus directing the respondent No.1 to admit the petitioner to the MBBS course against the seats reserved for physically handicapped persons;

(v) pass any other order or orders which this Hon’ble Court may deem fit and proper in the interest of justice and in the facts and circumstances of the case.”

3. It is the case of the petitioner that in the month of May, 2012 when the petitioner was studying in class 12th, she had to undergo medical treatment for low BP and during the treatment, her left leg was amputated due to lapses made by the hospital. The blood circulation of her leg was hampered due to lapse in IAVP procedure which was undertaken to enhance her BP and she became disabled. At that time, the petitioner was 17 years of age. After the amputation of her left leg, the petitioner got an artificial leg/prosthetic limb fitted and she can walk and perform her normal duties independently and confidently without crutches or sticks. The University of Delhi, Faculty of Medical Sciences, on December 3, 2012 issued a notification with regard to MBBS/BDS admission for the session 2013. As per the said notification, qualifying NEET (UG)-2013 examination to be conducted on May 5, 2013 was termed as mandatory to get admission to MBBS/BDS courses. The petitioner being eligible applied for the NEET examination. The results were declared on June 5, 2013 and the petitioner was declared qualified in the said examination. It is the case of the petitioner, that on April 21, 2009, the Medical Council of India respondent No.2 has issued a letter for admission to MBBS courses for the physically handicapped candidates, which inter-alia stipulated that the prescription of disability between 50% to 70% i.e locomotory disability of lower limbs for receiving the benefits of admission in

the medical courses should continue subject to modifications that in the event when there are not sufficient number of candidates having locomotory disability of lower limbs of 50% to 70%, the unfilled seats should be filled up by the candidates having locomotory disability of lower limbs to the extent of 40% to 50% before they are converted into the open category seats.

4. Having qualified the NEET examination, the petitioner applied to the Faculty of Medical Sciences for admission to MBBS course against the seats reserved for physically handicapped persons. Along with the said application, the petitioner, annexed the disability certificate which was issued by the Committee of doctors of General Hospital, Gurgaon showing 80% disability. Pursuant thereto, the petitioner was assessed by Medical Board of Vardhman Mahavir Medical College (hereinafter referred to as 'College') & Safdarjang Hospital, New Delhi for the purpose of admission to Medical/Dental Courses. After examination, the Medical Board, issued the certificate of locomotor disability showing 80% disability, which disability certificate was issued by the College was submitted to faculty of medical sciences, University of Delhi after receipt of a letter seeking submission of same.

5. On June 22, 2013, the respondent No.1 issued a tentative list of not eligible candidates who had applied for admission to MBBS/BDS courses for the session

2013-2014. The name of the petitioner did not appear and therefore, it is the case of the petitioner that she was very much eligible for admission to MBBS course against the seats reserved for physically handicapped although, her disability was 80%. On July 11, 2013, the respondent No.1 issued a merit list in which the petitioner was shown at No. 1 rank, though the disability column shows 80%. It is averred in the petition, that a revised list was issued on July 20, 2013, in which the name of the petitioner was shown at serial No.7 of the merit list of persons with disability (General). The revised merit list had also shown the disability of 80%.

6. On July 23, 2013, when the petitioner was called for counselling, her name was flashed on the screen meant for college students turn by turn for seat allocation in the college of his/her choice. It is her case that in a sudden twist, the respondent No.1 issued a letter dated July 23, 2013, whereby, the petitioner was declared not eligible for admission to MBBS due to her disability, which is 80%. Aggrieved by the said order dated July 23, 2013, the petitioner filed a Writ Petition (Civil) No.4855/2013 before this Court. During the course of hearing of the said writ petition on August 19, 2013, on the submission of the petitioner's counsel that after using of artificial leg/prosthetic limb, her disability is between 50% to 70% and therefore, she is eligible for admission under the category of

Physically Handicapped Persons, this Court dismissed the said writ petition as withdrawn with liberty to the petitioner to approach the Dean/Principal of the College, by way of a representation within two days from the date of the order with a request to reconsider the extent of her disability in view of the fact that she has been using a detachable artificial leg for last about one year. Accordingly, the petitioner approached the College. It is the case of the petitioner that the office of the Medical Superintendent of the College informed the petitioner vide letter dated August 26, 2013 that as per the existing guidelines of the Ministry of Social Justice & Empowerment (respondent No.3), they could only assess the disability of the petitioner on a level of amputation and not after fitting artificial limb, hence the disability certificate issued to the petitioner on June 11, 2013 stands valid and does not require revalidation. It is pursuant thereto, the present writ petition has been filed seeking the reliefs reflected above.

7. The respondent No.2 has filed a counter affidavit wherein, the stand primarily, has been that in terms of the NCR Regulation, candidates having more than 50% and less than 70% locomotor disability of lower limbs of the body would be given preference in admission to medical courses. It is also their stand, that the candidates having locomotor disability of the lower limbs between 50%

to 70% are not available, the unfilled seats would be filled up by the candidates having locomotor disability of the lower limbs between 40% to 50%.

8. It is also their stand that persons with visual or hearing impairment or with the disability of lower limbs accompanying with the disability of upper limbs are not entitled for the benefit of admission in medical courses under 3% reservation for physically handicapped quota for locomotory disability of the lower limbs under the provisions of statutory regulation of the respondent. In substance, it is their case that the petitioner having disability to the extent of 80%, she was not granted admission as she did not fulfil the criteria, laid down under the Graduate Medical Regulation, 1997, which inter-alia stipulates; candidates having locomotor disability of more than 50% and less than 70%, can be given the benefit of reservation under the provisions of the Disabilities Act. The respondent No.2 has also taken a stand that the fixing of the criteria of less than 70% under Regulations in terms of Section 33 of the Act, having a statutory character, being an outcome of an exercise of subordinate legislation, this Court would not like to interfere with the same in exercise of its power under Article 226 of the Constitution of India, more so, when the Medical Council of India is a specialised body having been empowered under the Medical Council of India Act to prescribe minimum standards of medical education in India.

9. The respondent no.1 had also filed a short counter-affidavit, wherein the respondent No.1 has taken a similar stand, as has been taken by the Medical Council of India by referring to their bulletin of information of NEET-UG-2013, inasmuch as 3% seats are reserved on horizontal basis for physically handicapped candidates only for locomotor disabilities of lower limbs between 50% to 70% provided that in case any seat in this 3% quota remains unfilled on account of unavailability of the candidates, the locomotor disability of lower limbs between 50% to 70% then any such unfilled seats in this 3% quota shall be filled up by persons with locomotor disability of lower limbs between 40% to 50%. It is also their stand that as the University of Delhi follows MCI guidelines and the Regulations does not permit for admission in MBBS/BDS courses under PWD category, wherein the disability is beyond 70%, the petitioner was not eligible for admission to MBBS course. This Court on May 23, 2014 has passed a detailed order after noting that the petitioner has 80% disability based on the existing guidelines of the Ministry of Social Justice & Empowerment for disability assessment and disability certification which is based only on the level of amputation of an amputee and not after the fitment of an artificial limb. There is no criterion prescribed for assessing the drop in the disability. On impleadment,

the said Ministry has also filed an affidavit, wherein, the following is the view of the Ministry:-

“That the matter was further examined in the Ministry of Social Justice & Empowerment, Department of Disability Affairs. The views of this Department in the matter are as under:-

“The matter of dispute in this case relates to denial of admission in MBBS course to an amputee locomotor disability candidate on the ground of her disability being more than 70%. It may be noted that on successful completion of MBBS course, the candidates would qualify for the post of Physician, Assistant Medical Officer, Medical Officer, Chief Medical Officer etc. The Department is of the view that the functional criteria for these posts should have a bearing on the selection of candidates for admission into MBBS courses.

As per the list of posts identified suitable to be reserved for persons with disabilities, notified vide notification number 167 dated 29.07.2013, the post of physician, assistant medical officer, medical officer, chief medical officer have been identified suitable for persons with locomotor disabilities [One Arm (OA), One Leg (OL)]. There is no ceiling on the extent of disability. In the remark column it has been indicated that the incumbents should be considered with aids-and appliances. The physical requirements for these posts are as under:-

<i>S</i>	-	<i>Sitting</i>
<i>ST</i>	-	<i>Standing</i>
<i>W</i>	-	<i>Walking</i>
<i>BN</i>	-	<i>Bending</i>
<i>MF</i>	-	<i>Manipulation</i> with <i>fingers</i>
<i>RW</i>	-	<i>Reading and Writing</i>
<i>SE</i>	-	<i>Seeing</i>
<i>H</i>	-	<i>Hearing</i>
<i>C</i>	-	<i>Communicating.</i>

These physical requirements are considered essential keeping in view the works attached to the post which inter alia include diagnose and treat ailments, examine patients using stethoscope and other instruments, case paper preparation, perform surgical operations etc.”

6. *In view of the above, the percentage of impairment in relation to affected part of the body should not be a criteria for judging one’s capability for admission into MBBS courses. The candidate should be judged on the basis of his/her functional capabilities. If a person with OL or OA impairment after fitment of aids and appliances is capable of meeting the above*

functional/physical requirements, he/she should be considered favourably for admission into MBBS course.

7. *In view of the foregoing, it is respectfully prayed that the Hon'ble High Court may take into the account of the views of the Department mentioned at para 5 & 6 of the affidavit and pass order as it deems appropriate."*

10. The respondent No.2 has filed an additional affidavit in response to the affidavit of the respondent No.3 (Ministry of Social Justice and Empowerment) to state that the affidavit of the respondent no.3 was placed before a Sub-Committee consisting of experts in the field of ENT, Ophthalmology, Orthopaedics and Locomotor specialists to consider the same in the light of the provisions relating to the reservation for disabled persons as contained in the Graduate Medical Education Regulation 1997 and the Post Graduate Medical Education Regulation, 2000. It is the stand of the respondent No.2 that the Committee took into account the provision contained in the Disabilities Act, particularly Section 2(t) and Section 39, which is a general law in the field of reservation for disabled candidates whereas the Medical Council Act, 1956 and the Regulations made there under was the special law governing the field of admission in various medical courses including the reservation for admission of physically disabled

candidates in various medical courses. In para 21 of the additional affidavit, insofar as the lower limb disability is concerned, the Sub-Committee recommended as under:-

“B. Lower Limb Disability

51. Although a person with lower limb disability cannot acquire 4 out of 6 specific objectives of internship, however, as he is able to acquire discipline-wise competencies, hence a person with disability of lower limb can pursue medical education. However, the existing provision in Graduate Medical Education Regulation, 1997 is appropriate and does not require any revision. As such, as the determination of disability under the PWD Act is organic hence the reduction of disability with prosthetics cannot be considered to be a ground for persons with disability above 70% to be eligible to pursue Graduate Medical Education.”

11. It is also stated that the report of the Committee was placed before the Executive Committee of the respondent No.2, in its meeting held on April 29, 2015. The Executive Committee, after detailed deliberations accepted the recommendations of the Sub-Committee. In its affidavit, the respondent No.2 acknowledges the fact that as per the Graduate Medical Regulation 1997, with

regard to reservation of seats in the MBBS courses for physically handicapped candidates, it has been provided that candidates having a disability only of the lower limbs within the requisite stipulation, can be considered for admission in post graduate medical course under 3% quota reserved for physically handicapped category. Finally it is their stand that the respondent No.2 in its bonafide discharge of its responsibilities, has decided for stipulating locomotary disabilities of lower limbs only, that too between 50% to 70% for admission, so as to ensure that deserving candidates should get the benefit of this reservation. They sought dismissal of the writ petition.

12. It is noted that vide order dated September 11, 2015, when we had heard the arguments, learned counsel for the respondent No.3 requested some time to take instructions with regard to framing of guidelines for determining the extent of disability after the fitment of the artificial leg. On January 8, 2016, a representation was made by the learned counsel for the respondent no.3 that Expert Committee has been constituted on July 8, 2015 and report was to be submitted within six months i.e. by January 8, 2016, as the same was not filed, further time was sought for filing the report. Unfortunately, no report has been filed. Rather, a letter dated February 26, 2016 of the Under Secretary of the respondent no.3 was handed over to us, wherein, it was represented that the

Expert Committee was constituted vide order dated July 8, 2015 to suggest guidelines for assessment of new disabilities proposed in the Rights of Persons with Disabilities Bill and also to review the existing guidelines for assessment of disabilities for which nominations of Members from various organisations were received till October, 2015. The first meeting of the Expert Committee was held on November 10, 2015 when it was decided to constitute eight Sub-Committees for suggesting guidelines for each different group of disabilities. One Sub-Committee would look into the assessment of locomotor disability. The Sub-Committees were to consider framing of guidelines for evaluation and determining the extent of disability after fitment of artificial aids, which exercise was to take six months from February 26, 2016. Noting the failure of the respondent No.3 to come up with the guidelines despite ample opportunity, the Court deemed it fit to reserve the case for judgment. We note, that there was no appearance for the petitioner from November 24, 2015 onwards. The grounds of challenge in the writ petition are that Section 39 of the Disabilities Act being clear and categorical that benefit of reservation should be expanded to all categories of persons with disabilities, which by definition under the Act recognises seven categories of disabilities, denying the benefit to the petitioner is illegal. It is also the ground for challenge that the persons with disability having

been defined under the Disabilities Act, to mean persons suffering from not less than 40% of any disability, the respondent no.2 has no authority to frame Regulation limiting the same only to candidates with locomotor disability of lower limbs between 50% to 70% as was done under the notification dated March 25, 2009. It is the case of the petitioner that the MCI could not have created an artificial sub-category within the category of persons, who are physically disabled specially when the Disabilities Act does not itself create any such distinction. Any decision or Regulation framed by the MCI contrary to section 2(t) shall be ultra virus to the Act. Further, the amendment of limiting the disability above 40%/50% and at 70% is not based on intelligible differentia, inasmuch as it does not differentiate between disability, which hinders the permanent performance of duty and a case where with the aid of prosthetics, the disability can be substantially reduced so that it has no effect in discharge of one's duty as a Doctor/MBBS student. It is also a ground taken in the writ petition that the notification dated March 25, 2009, fixing the bracket of disability between 50% to 70% i.e locomotor disability of lower limbs is arbitrary and violates Article 14 of the Constitution of India as it does not consider the effect of prosthetics on improving the locomotor ability of the student having otherwise more than 80% disability. A plea also has been taken that the Medical Board, which assessed the

petitioner of disability was on the basis of amputation of the left leg without accounting for her prosthetic limb and as such, is not correct.

13. Having considered the pleading of the parties, the following is the undisputed position:-

(i) In terms of the Regulations of the Medical Council of India (respondent No.2) the candidates having more than 50% and less than 70% locomotary disability of lower limbs of the body can be given the benefit of reservation under the provisions of the Disabilities Act, 1995. It is further provided that in case if candidates having locomotary disability of the lower limbs of 50% to 70% are not available, the unfilled seats would be filled by the candidates having locomotary disability of the lower limbs between 40% to 50% before they are included in the annual sanctioned seats for General category for that particular year.

(ii) The persons with visual or hearing impairment or with a disability of lower limbs accompanying with disability of upper limbs are not entitled for the benefit of admission in medical courses under 3% reservation for physically handicapped quota for locomotary disability of the lower limbs.

(iii) The petitioner has 80% locomotary disability of the lower limbs. But for the percentage of disability being above 70% the petitioner is otherwise eligible for admission in a medical course.

(iv) With the external aid/prosthetic limb the petitioner's disability is less than 70%, within the range prescribed by the respondent No.2.

14. It may be noted here that the Indian Medical Council Act, 1956 stipulates the establishment of Medical Council of India. Section 19A of the said Act provides that the respondent No.2 may prescribe the minimum standards of medical education in the country. Section 33 is the source of power for the respondent No.2 to make regulations. The respondent No.2 framed regulations "Graduate Medical Education 1997" by exercising power under Section 33 of the Act. The regulations originally provided for reservation to the persons with disability. The respondent No.2 referred the question of requirement to provide reservation for persons with disability to its Executive Committee in the year 2001 and a Sub-Committee was constituted for framing guidelines in relation to admission for persons with disability in medical courses. The report of the Sub-Committee was submitted and was duly considered by the Executive Committee in April, 2001. Thereafter, the respondent No.2 had called the comments from the expert bodies like ENT, Ophthalmology, Orthopedic surgeons, General

surgeons on the report of the Sub-Committee. The respondent No.2 wrote to Commissioner of Disabilities informing it that it has decided that reservation to the extent of 3% in medical courses would be available for the persons with locomotor disability of the lower limbs suffering disability of 40% to 60%. It appears that pursuant to the decision, a communication dated July 14, 2003 was sent to the Deans of all Medical Colleges, Registrars of all Universities etc, wherein, it was stated that the reservation should be available to persons with locomotor disability of the lower limbs between 50% to 70% instead of minimum 40%, prescribed earlier as it was felt that purpose of providing reservation to disabled candidates would be served by giving benefit to 50-70%. By way of a notification dated March 25, 2009, the respondent No.2 amended the Graduate Medical Regulation providing that if the 3% reservation is not filled by the candidates with locomotor disability of the lower limbs between 50% to 70% then unfilled seats shall be filled by the persons with locomotor disability of lower limbs between 40% to 50%. This amendment was made pursuant to the suggestion made by the Supreme Court in Civil Appeal No.8447-8448/2010 dated August 24, 2011. We may note here that a reference was made in the counter affidavit about the pendency of a Civil Appeal No. 5865/2011 arising from the judgment of the Gujarat High Court in the case of **Deval R. Mehta vs.**

Union of India and others. In the said case, the question arose was whether MCI has any authority to frame Regulations limiting the reservation only to persons having locomotor disability of lower limbs by the notification dated March 25, 2009. The Gujarat High Court held that the notification dated March 25, 2009, amending the Regulation is contrary to and amounting to altering the definition of “person with disability” as defined under Section 2(t) of the Disabilities Act and hence, ultra vires. Suffice to state, the issue, which arises for our consideration in this writ petition is different, inasmuch as, as stated above, we are concerned with the petitioner who has locomotor disability of lower limbs and whether her case need to be considered if she meets the disability range between 40/50 - 70% with external aid/Prosthetic limb. To answer the aforesaid issue, we note some of the provisions of The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation Act, 1995. The words “disability, “locomotor disability” and “person with disability” are defined under Section 2(i), (o) and (t) respectively of the Disabilities Act, 1995 which I reproduced as under:-

“2(i) "Disability" means-

(i) blindness;

(ii) low vision;

(iii) leprosy-cured;

(iv) hearing impairment;

(v) loco motor disability;

(vi) mental retardation;

(vii) mental illness;

2(o) "locomotor disability" means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy;

2(t) "person with disability" means a person suffering from not less than forty per cent of any disability as certified by a medical authority;

15. Section 32, 33 and 39 of the Disabilities Act are also relevant in the present case and the same are reproduced as under:-

32. Identification of posts which can be reserved for persons with disabilities. - Appropriate Governments shall -

a. identify posts, in the establishments, which can be reserved for the persons with disability;

b. at periodical intervals not exceeding three years, review the list of posts identified and up-date the list taking into consideration the developments in technology.

33. Reservation of Posts - Every appropriate Government shall appoint in every establishment such percentage of vacancies not less than three per cent. for

persons or class of persons with disability of which one per cent. each shall be reserved for persons suffering from-

i. blindness or low vision;

ii. hearing impairment;

iii. locomotor disability or cerebral palsy, in the posts identified for each disability:

Provided that the appropriate Government may, having regard to the type of work carried on in any department or establishment, by notification subject to such conditions, if any, as may be specified in such notification, exempt any establishment from the provisions of this section.

39. All educational institutions to reserve seats for persons with disabilities - All Government educational institutions and other educational institutions receiving aid from the Government, shall reserve not less than three per cent seats for persons with disabilities.

16. The Disabilities Act is a welfare legislation and the definition of the word ‘disability’ under Section 2(i) specifically includes locomotor disability. There is no dispute that the Medical Council of India is an expert body to determine the qualification and standards in medical education. It is also true that the Supreme Court in the case of ***Union of India vs. Devendra Kumar Pant (2009) 14 SCC 546***, has held that the intention of the Disabilities Act is not to accept reduced

standards of efficiency in performance of functions of a particular post merely because the employee suffers from a disability. In the said case, the Supreme Court was concerned with Section 47(2) of the Disabilities Act, which provides that no promotion shall be denied to a person merely on the ground of disability. While holding that Section 47(2) of the Disabilities Act bars disability per se being made a disqualification for promotion, it was observed as under:-

“.....To give an example, a person working as a Lower Division Clerk (LDC) suffering from the disability of low vision, cannot be denied promotion to the post of Upper Division Clerk (UDC) merely because of his disability. This is because the efficiency with which he functioned as a LDC will be the same while functioning as a UDC also and the disability as such will not affect his functioning in a higher post. But the position is different if the disability would affect the discharge of functions or performance in a higher post or if the disability would pose a threat to the safety of the co-employees, members of the public or the employee himself, or to the assets and equipments of the employer. If promotion is denied on the ground that it will affect the safety, security and performance, then it is not denial of promotion merely on the ground of his disability, but is denial of promotion by reason of the disability plus something more, that is adverse effect of the disability upon the employee's

performance of the higher duties or functions attached to the promotional post.”

17. No doubt, it is clear that Section 47(2) bars promotion being denied to a person on the ground of disability only if disability does not affect his capacity to discharge the higher functions of a higher promotional post. In the present case, an additional affidavit has been filed by the respondent No.2, wherein, they have also referred to constitution of a Sub-Committee after the order passed by this Court on September 26, 2014. The Sub-Committee consisting of experts in various fields of medicine including locomotor disability, has considered in detail the competency level possible of a person having lower limbs disability in the following manner:-

“I. Locomotor Disability: Expert Opinion of Prof. Dr. P.P. Kotwal, Head of Department of Orthopedics, All India Institute of Medical Sciences, New Delhi

S. No.	Statement	Competency level possible	
		Upper Limb	Lower Limb Disability
1.	General		
2.	Specific objectives		

i.	<i>Diagnose clinical common disease conditions encountered in practice and make timely decision for referral to higher level</i>	<i>Partial</i>	<i>Complete</i>
ii.	<i>Use discreetly the essential drugs, infusions, blood or its substitutes and laboratory services</i>	<i>Partial</i>	<i>Complete</i>
iii.	<i>Manage all type of emergencies-medical, surgical obstetric, neonatal and pediatric, by rendering first level care</i>	<i>Not Possible</i>	<i>Not Possible</i>
iv.	<i>Demonstrate skills in monitoring of the National Health Programme and schemes, oriented to provide preventive and promotive health care services to the community</i>	<i>Partial</i>	<i>Not Possible</i>
v.	<i>Develop leadership qualities to function effectively as a leader of the health team organized to deliver the health and family welfare service in existing socio-economic, political and cultural environment;</i>	<i>Complete</i>	<i>Not Possible</i>
vi.	<i>Render services to chronically sick and disabled (both Physical and mental) and to communicate effectively With patient and the community.</i>	<i>Not Possible</i>	<i>Not Possible</i>
6.	ASSESSMENT OF INTERNSHIP		
	<i>i. Proficiency of knowledge required for each case</i>	<i>Complete</i>	<i>Complete</i>
	<i>ii. The competency in skills expected to manage each case.</i>		
	<i>a) Competency for performance of self-</i>		

	<i>Performance</i>		
	<i>b) Of having assisted in procedures</i>	<i>Partial</i>	<i>Partial</i>
	<i>c) Of having observed</i>	<i>Complete</i>	<i>Complete</i>
	<i>iii. Responsibility, punctuality, work up of cases, involvement in treatment, follow-up reports</i>	<i>Partial</i>	<i>Complete</i>
	<i>iv. Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedical.)</i>	<i>Complete</i>	<i>Complete</i>
	<i>v. Initiative, participation in discussions, research aptitude.</i>	<i>Complete</i>	<i>Complete</i>
7.	<i>Full registration shall only be given by the State Medical Council/Medical Council of India on the award of the MBBS degree by the university or it declaration that the candidate is eligible for it.</i>		
8.	<i>Some guidelines in the implementation of the training programme are given below.</i>		
9.	<i>Internship Discipline related</i>		
I.	<i>Community Health Centre/District Hospital/Attachment to General Practitioner:</i>		
	<i>1) During this period of internship an intern must acquire</i>		
	<i>a) clinical competence for diagnosis of common ailments, use of bed side investigation and primary techniques;</i>	<i>Partial</i>	<i>Complete</i>

	<i>b) gain information on 'Essential drugs' and their usage</i>	<i>Complete</i>	<i>Complete</i>
	<i>c) Recognize medical emergencies resuscitate and instate initial treatment and refer to suitable institution</i>	<i>Partial</i>	<i>Partial</i>
	<i>2) Undergo specific, Government of India/Ministry of Health and Family Welfare approved training using Government of India prescribed training manual for Medical Officers in all National Health Programmes (e.g child survival and safe motherhood-EPI, CDD, ARI, FP, ANC, safe delivery, Tuberculosis, Leprosy and others as recommended by Ministry of Health and Family Welfare:-</i>		
	<i>a) gain full expertise in immunization against infectious disease;</i>	<i>Complete</i>	<i>Complete</i>
	<i>b) participate in programmes in prevention and control of locally prevalent endemic diseases including nutritional disorders;</i>	<i>Complete</i>	<i>Complete</i>
	<i>c) learn skills first hand in family welfare planning procedures;</i>	<i>Partial</i>	<i>Complete</i>
	<i>d) learn the management of National Health Programmes;</i>	<i>Complete</i>	<i>Complete</i>
	<i>3) Be capable of conducting a survey and employ its Findings as a measure towards arriving at a community Diagnosis.</i>	<i>Complete</i>	<i>Partial</i>

	4)		
	a) conduct programmes on health education,	Complete	Complete
	b) gain capabilities to use Audiovisual aids.	Complete	Complete
	c) Acquire capability of utilization of scientific information for promotion of community health.	Complete	Complete
	5) Be capable of establishing linkages with other Agencies as water supply, food distribution and other Environmental/social agencies.	Complete	Complete
	6) Acquire quality of being professional with dedication, Resourcefulness and leadership.	Complete	Complete
	7) Acquire managerial skills, delegation of duties to Paramedical staff and other health professionals.	Complete	Complete
	II. TALUQA HOSPITAL		
	Besides clinical skill, in evaluation of patient in the Environment and initiation of primary care, an Intern Shall:-		
	1) effective participate with other members of the health with qualities of leadership;	Complete	Complete
	2) make a community diagnosis in specific situations Such as epidemics and institute relevant control measure communicable diseases;	Complete	Complete
	3) Develop capability for analysis of hospital based morbidity and mortality statistics.	Complete	Complete

	4) Use essential drugs in the community with the Awareness of availability, cost and side effects;	Complete	Complete
	5) Provide health education to an individual/community On:		
	a) tuberculosis;	Complete	Complete
	b) small family, spacing, use of appropriate contraceptives;	Complete	Complete
	c) applied nutrition and care of mothers and children;	Complete	Complete
	d) immunization;	Complete	Complete
	e) Participation in school health programme	Complete	Complete
	III. PRIMARY HEALTH CENTRE		
	1) Initiate or participate in family composite health care (birth to death), Inventory of events;	Partial	Complete
	2) Participation in all of the modules on field practice for community health e.g. safe motherhood, nutritional surveillance and rehabilitation, diarrhea disorders etc.	Partial	Partial
	3) Acquire competence in diagnosis and management of Common ailments e.g malaria, tuberculosis, enteric fever, Congestive heart failure, hepatitis, meningitis acute renal Failure etc.;	Partial	Partial
	4) Acquire proficiency for Family Welfare Programmes (ante natal care, normal delivery, contraception care etc.)	Partial	Partial

ii.	<i>GENERAL MEDICINE</i>		
(I)	<i>Interns shall acquire following training during their term.</i>		
	<i>(1) acquire competence for clinical diagnosis based on history physical examination and relevant laboratory investigation and institute appropriate line of management;</i>	<i>Partial</i>	<i>Complete</i>
	<i>(2) this would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and system illness</i>	<i>Complete</i>	<i>Complete</i>
(II)	<i>The intern shall have assisted as a care team in intensive Care of cardiac, respirator, hepatic, neurological And metabolic emergencies.</i>	<i>Partial</i>	<i>Partial</i>
(III)	<i>The intern shall be able to conduct the following laboratory investigations:</i>		
	<i>(a) Blood: (Routine hematology smear and blood groups);</i>	<i>Partial</i>	<i>Complete</i>
	<i>(b) Urine: (Routine chemical and microscopic);</i>	<i>Partial</i>	<i>Complete</i>
	<i>(c) Stool: (for ova/cyst and occult blood);</i>	<i>Partial</i>	<i>Complete</i>
	<i>(d) Sputum and throat swab for gram stain or acid fast Stain and</i>	<i>Partial</i>	<i>Complete</i>
	<i>(e) Cerebro Spinal Fluid (CSF) for smear.</i>	<i>Partial</i>	<i>Complete</i>

(IV)	Conduct following diagnostic procedures:		
	(a) Urethral catheterization; Proctoscopy; Ophthalmoscopy/Otoscopy; Indirect laryngoscopy;	Partial	Complete
	(b) therapeutic procedures; Insertion of Ryle's Tube; Pleural, "ascetic tap, Cerebro Spinal Fluid (CSF) installing or air way tube, Oxygen administration etc.	Partial	Complete
(V)	Biopsy Procedures:		
	Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone marrow aspiration, biopsy of Malignant lesions on surface, Nasal/nerve/skin smear for leprosy.	Partial	Complete
(VI)			
	(a) Familiarity with usage of life saving procedures: including use of aspirator, respirator and defibrillator,	Partial	Complete
	(b) Competence in interpretation of different monitoring Devices such as cardiac monitor, blood gas analysis etc.	Complete	Complete
(VII)	Participate as a team member in total health care of an individual including appropriate follow-up and social rehabilitation.	Complete	Complete
(VIII)	Other competencies as indicated in general objectives.		
iii.	PAEDIATRICS		
	The details of the skills that an intern shall acquire during his/her tenure in the department Pediatrics are as follows:		

	<i>The intern shall be able to:</i>		
	<i>(i) Diagnose and manage common childhood disorders including neonatal disorders and acute emergencies (enquiry from parents of sick children), examining sick child making a record of information;</i>	<i>Partial</i>	<i>Complete</i>
	<i>(ii) Carry out activities related to patient care such as laboratory work, investigative procedures and use of special equipment's. The details are given as under:-</i>	<i>Partial</i>	<i>Complete</i>
	<i>(a) Diagnostic techniques: blood (including from femoral vein and umbilical cord), abscess, cerebrospinal fluid, urine, pleura and peritoneum and common tissue biopsy techniques</i>	<i>Partial</i>	<i>Complete</i>
	<i>(b) Techniques related to patient care: immunization, perfusion techniques, feeding procedures, tuberculin testing & breast feeding counselling;</i>	<i>Partial</i>	<i>Complete</i>
	<i>(c) Use of equipment: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;</i>	<i>Partial</i>	<i>Complete</i>
	<i>3) Screening of newborn babies and those with objective risk factors for any anomalies and steps for prevention in future</i>	<i>Complete</i>	<i>Complete</i>
	<i>4) Plan in collaboration with parents and individual, collective surveillance of growth and development</i>	<i>Complete</i>	<i>Complete</i>

	<i>of new born babies, infants and children so that he/she is able to:</i>		
	<i>a) Recognize growth abnormalities;</i>	<i>Complete</i>	<i>Complete</i>
	<i>b) Recognize anomalies of psychomotor development;</i>	<i>Complete</i>	<i>Complete</i>
	<i>c) Detect congenital abnormalities;</i>	<i>Complete</i>	<i>Complete</i>
	<i>5) Assess nutritional and dietary status of infants and children and organize prevention, detection and follow up of deficiency disorders both at individual and community level such as:</i>	<i>Complete</i>	<i>Complete</i>
	<i>a) Protein-energy malnutrition</i>	<i>Complete</i>	<i>Complete</i>
	<i>b) Deficiencies of vitamins especially A,B, C and D;</i>	<i>Complete</i>	<i>Complete</i>
	<i>c) Iron deficiency;</i>	<i>Complete</i>	<i>Complete</i>
	<i>6) Institute early management of common childhood disorders with special reference to Pediatrics dosage and oral rehydration therapy.</i>	<i>Partial</i>	<i>Complete</i>
	<i>7) Participate actively in public health programme oriented towards children in the community.</i>	<i>Complete</i>	<i>Complete</i>
<i>iv.</i>	<i>GENERAL SURGERY</i>		
	<i>An intern is expected to acquire following skills during his/her posting:</i>		
<i>A.</i>	<i>Diagnose with reasonable accuracy all surgical illness Including emergencies.</i>	<i>Partial</i>	<i>Complete</i>

B.	a) Resuscitate a critically injured patient and a severe burns patient;	Partial	Complete
	b) Control surface bleeding and manage open wound;	Partial	Complete
C.	a) Monitor patients of head, spine, chest, abdominal and pelvic injury;	Partial	Complete
	b) Institute first-line management of acute abdomen;	Partial	Complete
D.	a) Perform venesection;	Partial	Complete
	b) Perform tracheostomy and endotracheal intubation;	Partial	Complete
	c) Catheterize patients with acute retention or perform trocar cystostomy,	Partial	Complete
	d) Drain superficial abscesses,	Partial	Complete
	e) Suturing of wound,	Partial	Complete
	f) Perform circumcision,	Partial	Complete
	g) Biopsy of surface tumors,	Partial	Complete
	h) Perform vasectomy	Partial	Complete
	CASUALTY:		
	The intern after training in Casualty must be able to:		
1.	Identify acute emergencies in various disciplines of medical practice:	Complete	Complete

2.	<i>Manage acute anaphylactic shock;</i>	<i>Not possible</i>	<i>Complete</i>
3.	<i>Manage peripheral-vascular failure and shock;</i>	<i>Not possible</i>	<i>Complete</i>
4.	<i>Manage acute pulmonary edema and Left Ventricular failure (LVF);</i>	<i>Not possible</i>	<i>Complete</i>
5.	<i>Undertake emergency management of drowning poisonings and seizures;</i>	<i>Not possible</i>	<i>Complete</i>
6.	<i>Undertake emergency management of bronchial asthma status asthmaticus;</i>	<i>Not possible</i>	<i>Complete</i>
7.	<i>Undertake emergency management of hyperpyrexia;</i>	<i>Partial</i>	<i>Complete</i>
8.	<i>Undertake emergency management of comatose patients regarding airways positioning, prevention of aspiration and injuries;</i>	<i>Not possible</i>	<i>Complete</i>
9.	<i>Assess and administer emergency management of burns;</i>	<i>Partial</i>	<i>Complete</i>
10.	<i>Assess and do emergency management of various trauma victims;</i>	<i>Not possible</i>	<i>Complete</i>
11.	<i>Identify medico legal cases and learn filling up forms as well as complete other medico legal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.</i>	<i>Complete</i>	<i>Complete</i>
vi.	OBSTETRICS AND GYNAECOLOGY		
	<i>Technical skills that interns are expected to learn:</i>		
1.	<i>Diagnosis of early pregnancy and provision of</i>	<i>Partial</i>	<i>Complete</i>

	<i>ante-natal care;</i>		
2.	<i>Diagnosis of pathology of pregnancy related to;</i>		
a)	<i>Abortions;</i>	<i>Partial</i>	<i>Complete</i>
b)	<i>Ectopic pregnancy;</i>	<i>Partial</i>	<i>Complete</i>
c)	<i>Tumors complicating pregnancy;</i>	<i>Partial</i>	<i>Complete</i>
d)	<i>Acute abdomen in early pregnancy;</i>	<i>Partial</i>	<i>Complete</i>
e)	<i>Hyper emesis gravidarum;</i>	<i>Partial</i>	<i>Complete</i>
3)	<i>Detection of high risk pregnancy cases and suitable advise e.g PIH, hydramonios, ante partum haemorrhage, multiple pregnancies, abnormal presentations and intrauterine growth retardation;</i>	<i>Partial</i>	<i>Complete</i>
4)	<i>Antenatal pelvic assessment and detection of cephalopeliv disproportion;</i>	<i>Partial</i>	<i>Complete</i>
5)	<i>Induction of labour and amniotomy under supervision;</i>	<i>Partial</i>	<i>Complete</i>
6)	<i>Management of normal labour, detection of abnormalities, post-partum haemorrhage and repair of perennial tears;</i>	<i>Partial</i>	<i>Complete</i>
7)	<i>Assist in forceps delivery;</i>	<i>Not possible</i>	<i>Complete</i>
8)	<i>Assist in caesarean section and postoperative care Thereof;</i>	<i>Not possible</i>	<i>Complete</i>
9)	<i>Detection and management of abnormalities of lactation;</i>	<i>Complete</i>	<i>Complete</i>

10)	<i>Perform non-stress test during pregnancy;</i>	<i>Complete</i>	<i>Complete</i>
11)	<i>Per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;</i>	<i>Partial</i>	<i>Complete</i>
12)	<i>Medico legal examination in Gynecology and obstetrics</i>	<i>Partial</i>	<i>Complete</i>
13)	<i>To perform the following procedures:-</i>		
a.	<i>Dilation and curettage and fractional curettage;</i>	<i>Not possible</i>	<i>Complete</i>
b.	<i>Endometrial biopsy;</i>	<i>Not possible</i>	<i>Complete</i>
c.	<i>Endometrial aspiration;</i>	<i>Not possible</i>	<i>Complete</i>
d.	<i>Pap smear collection;</i>	<i>Not possible</i>	<i>Complete</i>
e.	<i>Intra Uterine Contraceptive Device (IUCD) insertion;</i>	<i>Not possible</i>	<i>Complete</i>
f.	<i>Minilap ligation;</i>	<i>Not possible</i>	<i>Complete</i>
g.	<i>Urethral catheterization;</i>	<i>Not possible</i>	<i>Complete</i>
h.	<i>Suture removal in postoperative cases;</i>	<i>Not possible</i>	<i>Complete</i>
i.	<i>Cervical punch biopsy;</i>	<i>Not possible</i>	<i>Complete</i>
14.	<i>To assist in major abdominal and vaginal surgery cases In Obstetrics and Gynecology.</i>	<i>Not possible</i>	<i>Complete</i>

15.	<i>To assist in follow-up postoperative cases of obstetrics gynecology such as;</i>		
a)	<i>Colposcopy;</i>	<i>Not possible</i>	<i>Complete</i>
b)	<i>Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillation;</i>	<i>Partial</i>	<i>Complete</i>
16.	<i>To evaluate and prescribe oral contraceptive</i>	<i>Complete</i>	<i>Complete</i>
vii.	<i>OTO THINO LARYNGOLOGY (ENT)</i>		
1.	<i>Interns shall acquire ability for a comprehensive Diagnosis of common Ear, Nose and Throat (ENT) Diseases including the emergencies and malignant neoplasm of the head and neck</i>	<i>Partial</i>	<i>Complete</i>
2.	<i>He/she shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of management of common Ear, Nose and Throat (ENT) problems;</i>	<i>Not possible</i>	<i>Complete</i>
3.	<i>He/she shall be able to carry out minor surgical procedures such as;</i>		
a.	<i>Ear syringing antrum puncture and packing of the Nose for epistaxis,</i>	<i>Not possible</i>	<i>Complete</i>
b.	<i>Nasal doucing and packing of the external canal,</i>	<i>Partial</i>	<i>Complete</i>
c.	<i>Remove the foreign bodies from the nose and ear</i>	<i>Partial</i>	<i>Complete</i>
c.	<i>Observed or assisted in various endoscopic procedures</i>	<i>Not possible</i>	<i>Complete</i>

	<i>trachesotomy;</i>		
4.	<i>An item shall have participated as a team member in the Community diagnosis e.g Chronic Suppurative Otitis Media (CSOM) and be aware of national programme on prevention of deafness</i>	<i>Complete</i>	<i>Complete</i>
5.	<i>He/she shall possess knowledge of various ENT rehabilitative programmes</i>	<i>Complete</i>	<i>Complete</i>
viii.	<i>OPHTHALMOLOGY</i>		
1.	<i>He/she shall be able to diagnose and manage common Ophthalmological conditions such as:- Trauma, Acute Conjunctivitis, allergic conjunctivitis, xerosis, entropion, corneal ulcer, iridocyclitis, myopia, hypermetropia, cataract, glaucoma, ocular injury and sudden loss of vision;</i>	<i>Not possible</i>	<i>Complete</i>
2.	<i>He shall be able to carry out assessment of refractive Errors and advise its correction;</i>	<i>Complete</i>	<i>Complete</i>
3.	<i>He shall be able to diagnose ocular changes in common systemic disorders;</i>	<i>Complete</i>	<i>Complete</i>
4.	<i>He/she shall be able to perform investigative procedures such as: Tonometry, syringing, direct ophthalmoscopy, subjective refraction and fluorescein staining of cornea.</i>	<i>Partial</i>	<i>Complete</i>
5.	<i>He/she shall have carried out or assisted the following Procedures;</i>	<i>Not possible</i>	<i>Complete</i>

i.	<i>Subconjunctival injection;</i>		
ii.	<i>Ocular bandaging;</i>		
iii	<i>Removal of concretions;</i>		
iv	<i>Epilation and electrolysis;</i>		
v	<i>Corneal foreign body removal;</i>		
vi	<i>Cauterization of corneal ulcers;</i>		
vii	<i>Chalazion removal;</i>		
viii	<i>Entropion correction;</i>		
ix	<i>Suturing conjunctival tears;</i>		
x	<i>Lids repair</i>		
xi	<i>Glaucoma surgery (assisted);</i>		
xii	<i>Enucleation of eye in cadaver;</i>		
6.	<i>He/she shall have full knowledge on available methods for rehabilitation of the blind</i>	<i>Complete</i>	<i>Complete</i>
ix.	<i>ORTHOPAEDICS; GOAL:</i>		
	<i>The aim of teaching the undergraduate student in Orthopedics and Rehabilitation is to Impart such knowledge and skills that my enable him to diagnose and treat common Ailments. He shall have ability to diagnose and suspect presence of fracture, Dislocation, actual osteomyelitis, acute poliomyelitis and common congenital</i>		

	<i>deformities such as congenital talipes equinovarus (CTEV) and dislocation of hip (CDH).</i>		
<i>A.</i>	<i>THERAPEUTIC- An intern must know:</i>		
<i>a.</i>	<i>Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post-operative splintage and application of Thomas splint;</i>	<i>Partial</i>	<i>Complete</i>
<i>b.</i>	<i>Manual reduction of common fractures-phalangeal, Metacarpal, metatarsal and Colles's fracture;</i>	<i>Not possible</i>	<i>Complete</i>
<i>c.</i>	<i>Manual reduction of common dislocations- inter-phalangeal, metacarpophalangeal, elbow and shoulder dislocations;</i>	<i>Not possible</i>	<i>Complete</i>
<i>d.</i>	<i>Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle;</i>	<i>Partial</i>	<i>Complete</i>
<i>e.</i>	<i>Emergency care of a multiple injury patient;</i>	<i>Not possible</i>	<i>Complete</i>
<i>f.</i>	<i>Precautions about transport and bed care of spinal cord injury patients</i>	<i>Not possible</i>	<i>Complete</i>
<i>B.</i>	<i>SKILL THAT AN INTERN SHOULD BE ABLE TO PERFORM UNDER SUPERVISION:</i>		
<i>1.</i>	<i>Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH;</i>	<i>Complete</i>	<i>Complete</i>
<i>2.</i>	<i>Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand;</i>	<i>Complete</i>	<i>Complete</i>
<i>C.</i>	<i>An intern must have observed or preferably assisted at the following operations:</i>		

1.	<i>Drainage for acute osteomyelitis;</i>	<i>Partial</i>	<i>Complete</i>
2.	<i>Sequestrectomy in chronic osteomyelitis;</i>	<i>Partial</i>	<i>Complete</i>
3.	<i>Application of external fixation;</i>	<i>Partial</i>	<i>Complete</i>
4.	<i>Internal fixation of fractures of long bones.</i>	<i>Partial</i>	<i>Complete</i>
x.	<i>DERMATOLOGY AND SEXUALLY TRANSMITTED DISEASES</i>		
1.	<i>Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies.</i>	<i>Complete</i>	<i>Complete</i>
2.	<i>Perform simple, routine investigative procedures for Making bedside diagnosis, specially the examination Of scraping for fungus, preparation of slit smears and Staining for AFB for leprosy patient and for STD cases;</i>	<i>Complete</i>	<i>Complete</i>
3.	<i>Take a skin biopsy for diagnostic purpose;</i>	<i>Partial</i>	<i>Complete</i>
4.	<i>Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response.</i>	<i>Complete</i>	<i>Complete</i>
xi.	<i>PSYCHIATRY</i>		
	<i>An intern must be able to:</i>		
1.	<i>Diagnose and manage common psychiatric disorders;</i>	<i>Complete</i>	<i>Complete</i>
2.	<i>Identify and manage psychological reaction and psychiatric disorders in medical and surgical</i>	<i>Complete</i>	<i>Complete</i>

	<i>patients in clinical practice and community setting.</i>		
<i>xii.</i>	<i>TUBERCULOSIS AND RESPIRATORY DISEASES:</i>		
	<i>An intern after training must be able to:-</i>		
<i>1.</i>	<i>Conducting proper clinical examination, elicit and Interpret clinical findings and diagnose common respiratory disorders and emergencies;</i>	<i>Partial</i>	<i>Complete</i>
<i>2.</i>	<i>Perform simple, routine investigative procedures required for making bed side diagnosis, specially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests;</i>	<i>Partial</i>	<i>Complete</i>
<i>3.</i>	<i>Interpret and manage various blood gases and pH abnormalities in various respiratory diseases;</i>	<i>Complete</i>	<i>Complete</i>
<i>4.</i>	<i>Manage common diseases recognizing need for referral for specialized care in case of inappropriateness of therapeutic response;</i>	<i>Complete</i>	<i>Complete</i>
<i>5.</i>	<i>Perform common procedures like laryngoscopy, pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo-thoracic drainage aspiration.</i>	<i>Not possible</i>	<i>Complete</i>
<i>xiii.</i>	<i>ANAESTHESIA:</i>		
	<i>After the internship in the department of Anesthesiology an intern shall acquire knowledge, skill and attitude to:</i>		

1.	<i>Perform pre-anesthetic check up and prescribe pre-anesthetic medications;</i>	<i>Not possible</i>	<i>Complete</i>
2.	<i>Perform venepuncture and set up intravenous drip;</i>	<i>Not possible</i>	<i>Complete</i>
3.	<i>Perform laryngoscopy and endotracheal intubation;</i>	<i>Not possible</i>	<i>Complete</i>
4.	<i>Perform lumbar puncture, spinal anesthesia and simple nerve blocks;</i>	<i>Not possible</i>	<i>Complete</i>
5.	<i>Conduct simple general aesthetic procedures under supervision;</i>	<i>Not possible</i>	<i>Complete</i>
6.	<i>Monitor patients during anesthesia and post-operative Period;</i>	<i>Complete</i>	<i>Complete</i>
7.	<i>Recognize and manage problems associated with emergency anesthesia;</i>	<i>Not possible</i>	<i>Complete</i>
8.	<i>Maintain anesthetic records;</i>	<i>Complete</i>	<i>Complete</i>
9.	<i>Recognize and treat complication in post-operative period;</i>	<i>Partial</i>	<i>Complete</i>
10.	<i>Perform cardio-pulmonary brain resuscitation (CPR) correctly, including recognition of cardiac arrest.</i>	<i>Not possible</i>	<i>Complete</i>
xiv.	RADIO-DIAGNOSIS		
	<i>An intern after training must be able to identify and diagnose:</i>		
1.	<i>all aspects of 'Emergency Room' Radiology like-</i>	<i>Complete</i>	<i>Complete</i>
a.	<i>All acute abdominal conditions;</i>	<i>Complete</i>	<i>Complete</i>

b.	<i>All acute traumatic conditions with emphasis on head Injuries;</i>	<i>Complete</i>	<i>Complete</i>
c.	<i>Differentiation between Medical and surgical radiology emergencies;</i>	<i>Complete</i>	<i>Complete</i>
2.	<i>Basic hazards and precautions in Radio-diagnostic Practices.</i>	<i>Complete</i>	<i>Complete</i>
xv.	PHYSICAL MEDICINE AND REHABILITATION:		
	<i>An intern is expected to acquire the following skills During his/her internship:-</i>		
1.	<i>Competence for clinical diagnosis based on details history an assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations etc.</i>	<i>Not possible</i>	<i>Complete</i>
2.	<i>Participation as a team member in total rehabilitation Including appropriate follow up of common disabling conditions;</i>	<i>Partial</i>	<i>Complete</i>
3.	<i>Principles and procedures of fabrication and repair of artificial limbs and appliances;</i>	<i>Partial</i>	<i>Complete</i>
4.	<i>Various therapeutic modalities;</i>	<i>Partial</i>	<i>Complete</i>
5.	<i>Use of self-help devices and splints and mobility aids;</i>	<i>Partial</i>	<i>Complete</i>
6.	<i>Familiarity with accessibility problems and home making for disabled;</i>	<i>Partial</i>	<i>Complete</i>
7.	<i>Ability to demonstrate simple exercise therapy in common conditions like prevention of deformity in</i>	<i>Partial</i>	<i>Complete</i>

	<i>polio, stump exercise in an amputee etc</i>		
<i>xvi.</i>	FORENSIC MEDICINE AND TOXICOLOGY		
	<i>The intern is to be posted in the casualty department of the hospital while attached to Forensic Medicine Department with the following objectives:</i>		
<i>1.</i>	<i>To identify medico legal problem in a hospital and general practice;</i>	<i>Complete</i>	<i>Complete</i>
<i>2.</i>	<i>To identify and learn medico legal responsibilities of a medical man in various hospital situations;</i>	<i>Complete</i>	<i>Complete</i>
<i>3.</i>	<i>To be able to diagnose and learn management of basic poisoning conditions in the community.</i>	<i>Complete</i>	<i>Complete</i>
<i>4.</i>	<i>To learn how to handle cases of sexual assault;</i>	<i>Complete</i>	<i>Complete</i>
<i>5.</i>	<i>To be able to prepare medico-legal reports in various Medico legal situations;</i>	<i>Complete</i>	<i>Complete</i>
<i>6.</i>	<i>To learn various medico legal post mortem procedures and formalities during its performance by police.</i>	<i>Not possible</i>	<i>Complete</i>

18. Based on the aforesaid, the proposal of the Sub-Committee is as under:-

“PROPOSAL (lower limb disability)

Thus, although a person with lower limb disability cannot acquire 4 out of 6 specific objectives of internship, however, as he is able to acquire discipline-wise competencies, hence a person with disability of lower limb can pursue medical

education. Hence, the existing provision in Graduate Medical Education Regulation, 1997 is appropriate and does not require any revision. However, as the determination of disability under the PWD Act is organic hence the reduction of disability with prosthetics cannot be considered to be a ground for persons with disability above 70% to be eligible to pursue medical education.”

19. From the perusal of the proposal, it is noted that the Sub-Committee has proposed that the person with disability of lower limb can pursue medical education. But at the same time, the further reason given by the Sub-Committee that the determination of disability under PWD Act is organic, hence the reduction of disability with prosthetic limb, cannot be considered to be a ground for persons with disability above 70% to be eligible to pursue medical education as untenable inasmuch as the chart above (page 27) reveals (i) the functions considered therein, relate to the internship; except (iii) others relate to demonstrative skills, leadership skills, communicative skills with chronically sick and disabled (both physical and mental), which to say, are not possessed by a person with locomotary disability, is not acceptable. Rather, it is seen, that such persons have more motivational skills, leadership qualities. The views are general in nature without any basis and should not come in the way to grant the

benefits to the physically challenged persons. Insofar as (iii) is concerned, the reason given is not germane to bar a person with locomotary disability to attain basic qualification of MBBS. The guidelines do not specify determination of disability shall be with or without external aid. In the absence of such a stipulation, the contention of the petitioner that such determination need to be with the help of external aid is appealing for the following reasons.

- (i) The petitioner having disability of 80% is a more appropriate case to be given benefit of the Act;
- (ii) It is not a case of a 100% disability;
- (iii) With the external aid/prosthetic limb, the disability would come within the range as permissible under the Regulation i.e between 40/50-70%;
- (iv) The Sub-Committee (as referred above) has stated that a person with locomotor disability of lower limbs can pursue medical education.

20. As has been stated above, being a welfare legislation, surely the same needs to be given a purposive interpretation, inasmuch as to give benefit to a person with disability so that he/she don't feel less privileged than a normal person. Moreover, we find that the petitioner has a brilliant academic carrier and has also qualified the NEET examination but for the disability, she would have

got the admission in the course. In this regard, we may note the following judgments.

21. In the case reported as **180 (2011) DLT 351 (DB) Bata India Ltd v. Union of India and others**, a Division Bench of this court, had, in turn, referred to various decisions of the Supreme Court to arrive at the conclusion that a beneficial legislation is to be interpreted in favour of the beneficiaries when it is possible to take two views of a provision. The first decision referred to in Bata India Ltd (supra) was that of **Bharat Singh v. Management of New Delhi Tuberculosis Centre, New Delhi and Others: 1986 (2) SCC 614**, wherein the Supreme Court held as under:-

“... Now, it is trite to say that acts aimed at social amelioration giving benefits for the have-nots should receive liberal construction. It is always the duty of the Court to give such a construction to a statute as would promote the purpose or object of the Act. A construction that promotes the purpose of the legislation should be preferred to a literal construction. A construction which would defeat the rights of have-nots and the underdog and which would lead to injustice should always be avoided. ...”

22. In the case reported as **2003 (4) SCC 27 S.M. Nilajkar & others v. Telecom District Manager, Karnataka**; another decision referred to in Bata India Limited (supra), the Supreme Court observed as under:-

“12 ...It is well settled by a catena of decisions that labour laws being beneficial pieces of legislation are to be interpreted in favour of the beneficiaries in case of doubt or where it is possible to take two views of a provision...”

23. In the case reported as **156(2009 DLT 446 (DB) National Federation of the Blind v. Union of India and others**; the Supreme Court held as under:-

“16. The Disabilities Act was enacted for protection of the rights of the disabled in various spheres like education, training, employment and to remove any discrimination against them in the sharing of development benefits vis-a-vis non-disabled persons. In the light of the legislative aim it is necessary to give purposive interpretation to Section 33 with a view to achieve the legislative intendment of attaining equalization of opportunities for persons with disabilities. ...”

24. In the case reported as **2003 (4) SCC 524 Kunal Singh v. Union of India and another**; the Supreme Court has held as under:-

“9. ... In construing a provision of a social beneficial enactment that too dealing with disabled persons intended to give them equal opportunities, protection of rights and full participation, the view that advances the object of the Act and serves its purpose must be preferred to the one which obstructs the object and paralyses the purpose of the Act. Language of Section 47 is plain and certain casting statutory obligation on the employer to protect an employee acquiring disability during service.”

Relief:-

25. Before concluding, we may only state here that the petitioner was a successful candidate for the academic year starting 2013-2014. At this point of time, no direction can be issued to give admission to the petitioner on the basis of the said examination. The only direction that can be given is, in view of our discussion, the respondent shall not deny admission to the petitioner if she is successful in a future NEET examination on the ground that she has a disability of 80%. The respondent shall be at liberty to assess the disability of the petitioner

through the process of external aid/prosthetic limb, if the need arises. The writ petition is allowed. There shall be no order as to costs.

(V.KAMESWAR RAO)

JUDGE

(BADAR DURREZ AHMED)

JUDGE

MAY 31, 2016

ak

