

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956) Grade 'A' Accredited by NAAC

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Report of the Academic and Administrative Audit Committee

Name of the University: MGM Institute of Health Sciences, Navi Mumbai

Address:MGM Institute of Health Sciences, Sector 1,Kamothe, Navi Mumbai

Year of establishment:30-08-2006

Name of Vice Chancellor: Dr. ShashankD. Dalvi

Name of Registrar:Dr. R. B. Goel

Name of IQAC Coordinator:Dr.Rita M.Khadkikar

Total number of constituent Units:8

Total number of Departments:34

Permanent faculty strength:487

Permanent supporting staff strength:1557

Total number of students:3952

Date of AAA Committee visit: 8th and 9th February 2021

Visit schedule: *Annexure*

Composition of AAA Committee:

- 1. Dr. Narinder Kumar Aggarwal, Professor and Head, Forensic Medicine, UCMS, New Delhi (Chairperson)
- 2. Dr. Siddharth P. Dubhashi, Professor and Head Surgery, Dean (SW), Chairperson-CMET, AIIMS Nagpur (Member)
- 3. Dr. Savita Ravindra, Professor and Head, Physiotherapy, Ramaiah Medical College, Bengaluru (Member)
- 4. Dr. SudhaRaddi, Dean, Faculty of Nursing, principal, Institute of Nursing Sciences, KLE AHE, Belgavi (Member)

Criterion wise response of the Institution for qualitative metrices:

Criteri	on 1:	
Respor	nse of Un	iversity:
		Key Indicator – 1.1 Curriculum Design and Development (50)
	Metric	
	No.	
	1.1.1	Curricula developed and implemented have relevance to the local, national,

Metric No.	
1.1.1	Curricula developed and implemented have relevance to the local, national, regional and global health care needs which are visible in Programme Outcomes (POs), and Course Outcomes (COs) offered by the University, as per the norms of the Regulatory
QIM	Bodies.
	Response to be provided within 500 words
	 MGMIHS with its roots in Gandhian Philosophy of service, Inclusiveness and nation building, aspires to be Institute of Excellence globally through Competency Based Educational Programs, inculcating research culture with commitment for quality health care. MGMIHS offers 126 programs with 774 courses. Medical – MBBS, MD, MS, PG Diploma, DM, M.Ch., Nursing – B.Sc, P.B.B.Sc, M.Sc; Post Basic PG Diploma, Nurse Practitioner in CriticalCare, Physiotherapy – BPT & MPT, Prosthetics & Orthotics – BPO; Biomedical Sciences –B.Sc&M.Sc, MHA, MPH. Ph.D. & Fellowship programs are offered in relevant disciplines. Curricular design, development and Syllabus revisions is a continuous process for which theInstitute has established a system within the framework of UGC regulations. MGMIHS is havingeight Board of Studies, three Faculties, Academic Council which are taking all academic decisionswhich are approved by Board of Management. All the academic work is within the framework ofconcerned Regulatory Council for that program. Institute has started new medical postgraduate programs based on national needs to have competentspecialists in Emergency Medicine, Geriatrics, IHBT,
	Nephrology. MD Geriatric MedicineProgram is started to cater to the needs of increasing geriatric population.
	 Considering the location of the college and number of trauma cases admitted, MS Traumatologyand Surgery program is being started which is the unique & first of its kind throughout the country.
	 MD Family Medicine Program, the need of the hour is being started, which is available only inseven Medical Colleges of the Country. M.Sc (Nurse Practitioner in Critical Care) an outcome based nursing program is a unique programhas been started by the institute for empowerment of Nursing

Professionals.

	 MGMIHS has started MPT in Sports Physiotherapy considering the importance of Sports.
	 MGMIHS has the distinction of being the first Deemed-to-be- University to have initiated BP&Oprogram, which addresses the rehabilitative needs of "Divyang Jan".
	 Fellowship programs are offered to enhance the skills in the specialized field with recent advancese.g. Endoscopic Surgery, Gastroenterology & Laparoscopy etc. The outcome based and Skill Oriented Programs in Biomedical Sciences, to meet the increasingdemand of Medical Technologists has been started. Medical graduate programs are skill based, facilitated through integrated teaching, communityoriented, problem based learning. Competency Based Medical Education (CBME) as per MCI isbeing implemented. The Institute has implemented Choice Based Credit System (CBCS) in all the programs of Physiotherapy and Biomedical sciences. The Institute has clearly stated program outcomes (Pos), and course outcomes (Cos), communicated to the faculty & students, which are monitored throughout. The curricula developed and implemented have relevance to Local, Regional,
	National and Globalhealthcare needs leading to well defined graduate attributes.
Metri	
No.	
1.1.3	Provide a description of courses with focus on competency/employability/ entrepreneurship/skill-development offered either by the University or in collaboration with partner Institutions / Industries during the last five years
1.1.3 Q _I M	entrepreneurship/ skill-development offered either by the University or in collaboration
	entrepreneurship/ skill-development offered either by the University or in collaboration with partner Institutions / Industries during the last five years

	 professionals provide great opportunity for achieving competency. Medical Postgraduate program is a rigorous training program with intensive
	training for higher level of focused expertise. Students have to undertake a research project culminating in publication. Medical Postgraduate with knowledge in respective domains, professionalism, communication skills, research & administrative skills make it employable to serve in private, public institutes in India as well as abroad.
	• Nursing Programs – (BSc, MSc and Nurse Practitioners in Critical Care) are structured toprovide expertise in patient care with compassion. Training incorporates clinical skills, communication skills, counseling, community postings and hands-on training. Nursing professionals have greatpotential with high demand in India & abroad.
	• Physiotherapy Programs – (BPT, MPT) curricula include sound fundamentals and practical training in Hospital- OPD, IPD, and Specialty clinic setting. There is a Human Movement Science laboratory in collaboration with Cardiff University, UK. There is an increasing demand for Physiotherapists across the globe.
	• Prosthetics & Orthotics – (BPO) They work with physicians, physiotherapists, and orthopaedicians as an important part of healthcare and rehabilitation team.
	 Biomedical Science programs – (BSc, MSc) provide trained Medical technologist manpower in areas of Medical laboratory, Radiology, Perfusion technology, Dialysis, Cardiac Care technology, Operation Theatre technology, Clinical nutrition, Clinical research. They nurture skillful proficiency and are in great demand. MGMIHS has 41 collaborations and MOU with National and International
	organizations like American Heart Association (AHA), University of Pennsylvania, University of Utah, NACO, Shastri Indo Canadian Institute etc.
	• PhD – PhD courses offered in Medical, Nursing, Physiotherapy, Biomedical sciences provide opportunities for in-depth understanding of the health problems, critical thinking and problem solving abilities. It provides better opportunity for employment to various academic, research and applied fields.
	• MGMIHS has an Incubation and Innovation centre which promotes new ideas & designs and provides a platform for innovations and startups for young budding students and Healthcare professionals to enhance entrepreneurship skills.
	 This has resulted in all the programmes of MGMIHS to create competent, skillful, employable, and enterprising graduates.
	Key Indicator – 1.3 Curriculum Enrichment (40)
Metric No.	
1.3.1	Institution integrates crosscutting issues relevant to Gender, Environment and Sustainability, Human Values, Health Determinants, Right to Health Issues, Emerging demographic changes

	and Professional Ethics in the curricula
QıM	Response to be provided within 500 words
	 Institute through its curricula sensitizes students to be aware and proactive in Gender, Environment awareness, Human values, Health Determinants, Right to Health Issues, Demographic changes and Professional Ethics. 1. Gender:MGMIHShasaconduciveenvironmentforgenderequity,amplyreflectedincomposition of students and staff in Male: Female ratio. MGM Aurangabad has secured 5th position for gender parity in India Today Survey. Active measuresinclude: Gender Sensitization in Curricular/Co-Curricular Activities Topics on gender-related issues and sexuality are included in UG Curricula. Modules for integrating gender in medical education prepared by CEHAT, MUHS and DMER have been adopted in UG Curricula. Our faculties have contributed for preparation of
	these modules.
	• Value-added course on Gender Sensitization is regularly conducted.
	2. Gender Champions: Gender Champion Committee has been constituted as per directives of MHRD. Student Gender Champions are responsible leaders who facilitate a gender-sensitive environment within their institutes.
	3. Genderequitypromotionactivities: Workshops, Essay-writing, Skits, Role-
	plays,Sloganwriting and Open house discussions. Every year, interactive sessions on woman empowerment are organized on International Women's day.
	4. Environment and Sustainability: Institute is implementing environmental studies module as per UGC guidelines, comprising of ecosystem, biodiversity, environmental pollution, social issues, human population and environment.
	 Our Students won the Swacch Bharat Summer Internship Award in 2018 at State level. MGM Medical College Navi Mumbai, has been awarded Swacch Campus National Award in Technical category by MHRD, Govt of India, consecutively for last 2 years; 2018 (3rd place) and 2019 (1st place).
	MGMIHShasadoptedonestudentonetreeinitiativeofUGCforinculcatingtheimportance of green campus.
	• The MOUs are done with NGOs for tree plantation on nearby barren lands.
	5. Human values: During Internship students are posted in rural health centre and are assigned families/Houses for health care and maintain family folders. It helps in understanding socioeconomic, environmental and cultural aspects of healthcare and gives opportunity to develop empathy, communication skills, holistic approach to health & disease.
	• POISE (Pursuit of Self Excellence) under SBS, helps in inculcating moral values: self discipline,attitudeofService,Yoga,Meditation,Personalitydevelopment,Communications skill, Peace, Non-violence, Stress Management & Time management.
	• Efforts for inculcation of Gandhian values amongst staff & students.
	 Inclusion of topics like Professionalism and Doctor-Patient relationship. MGMIHS got prestigious Heartfulness Organization Award, selected from 1200
	participating organisation by Heartful ness international institute at Hydera bad for promoting

	wellbeing of staff and students.
	6. Health Determinants: Biological, Physical, Behavioural& Sociocultural, Environment,
	socioeconomic condition and Health services are an integral part of curriculum in
	Community Medicine, Paediatrics, General Medicine courses.
	7. Right to Health: These issues are addressed in the curriculum and implemented during
	clinical postings and internships. Patient charter, Hippocratic Oath and white coat ceremony
	activities are added features.
	8. Emergingdemographicchanges: Population pyramid with a geands exdistribution is taught
	Importance of sex ratio, PCPNDT act and increasing geriatric population is stressed.
	9. Professional Ethics: MGMIHS has established the Bioethics Unit of UNESCO Chair in
	Bioethics in 2016. It has incorporated Bioethics in undergraduate & postgraduate curriculum.
1.3.4	Students undertake field visits / research projects / Industry internship / visits/Community
	postings as part of curriculum enrichment
	Response in 500 words
QIM	
	Professional courses training aims at equipping graduates with skills necessary for working at the
	ground level with the patients in the community. Curriculum is enriched by incorporating field
	work, research projects, community settings and industry interfaces.
	• Field Visit: Field visits are mandatory activity of the curriculum.
	There is defined rural postings at Yusuf Mehrally Center, TARA and PHC, Nere in Raigad
	District and urban postings at CBD Belapur MGM Hospital, and UHTC, Khopoli for Navi
	Mumbai campus. For Aurangabad campus, UHTC is at Ajabnagar and RHTC is at PHC
	Ellora in Aurangabad District.
	Under Unnat Bharat Abhiyan, a flagship program of MHRD, the Institute has adopted 5
	villages- Dhamani, Dodhani, Dehrang, WaghachiWadi, Tower Wadi, and their hamletswhich
	are under Maldunge group Gram Panchayat of Raigad District in Navi Mumbai and 5
	villages- Sindon, Bhindon, Shastramuli, Shivgadtanda, PardariTanda in Aurangabad campus
	in collaboration with the Government of Maharashtra. Baseline Survey has been
	doneinbothcampusesandfutureplanofactivitieshasbeenprepared.WaterandSanitation
	beingthepriority, existing to illess the second support for the repairs was provided to community. Now the groups have been formed in the villages and they are being
	to community. Youth groups have been formed in the villages and they are being
	assisted in approaching the training opportunities for income generating schemes. The focus is on
	maternal and child health activities.
	School Health checkup is carried out by Medical students.
	Visits to Healthcare delivery centres: PHC, District Tuberculosis Centre, ART Centre,
	HFWTC, DHO and Public Health laboratory helps in familiarizing with prevention of
	disease, practical insight, and actual implementation of National health programs.
	Visits to water purification plant, sewage treatment plant, medical camps to understand the
	role of environment, and importance of its preservation for sustainable growth and
	development.
	Research Projects:
	• MGMIHS inculcates spirit of enquiry, curiosity in student's mind and provides scientific
	• MGMIHS inculcates spirit of enquiry, curiosity in student's mind and provides scientific

	method for exploring.
0	UG Students have taken 42 research projects under ICMR-STS. "Plexus" a National le research conference is being organized by the Students every year.
0	Research methodology workshops are part of mandatory induction program for postgradu students. Students are trained to formulate a research hypothesis, conduct a literature revie arrive at a logical conclusion and write a scientific research paper. Their projects are to approved by Institutional, Scientific, Ethics and Animal Ethics Committees.
0	Innovative idea competitions are held every year by Incubation and innovation centre.
•	Industry visits : Students are visiting different government/private industries like N CCMB,Glaxo-smithkline, Apollo Hospital to get exposed to real work equipments/operations. Thus, bridging the gap of academics and industries.
•	Community Postings : Students are posted in community settings – rural/urban setups. The do health check-up and maintain family health folders. They learn social, economic environmental aspects of health and disease in family setup.
•	Internship: Internship is inbuilt feature for UG programs for acquisition of skills. The students are actively involved in treating the patients under supervision. Students maintained logbooks containing skills to be achieved and reflect upon their experiences in field, indust and community visits & postings.

Remarks of Committee:

The curricula are prepared in tune with the health care needs. The Program and Course Outcomes are well-defined. The initiative to start PG programs: MS Traumatology and Surgery and MD Family Medicine is noteworthy. The University has the distinction of having the Prosthotics and Orthotics Unit catering to rehabilitative needs of patients. The Nurse Practitioner In Critical Care initiative deserves special mention. Gender Sensitization activities are an integral part of the curriculum. Inclusion of community engagement for students is appreciated.

Criterion 2: Response of University:

Response of University.		
Key Indicator - 2.3 Teaching - Learning Process (25)		
Metri c No.		
2.3.1	Student-centric methods are used for enhancing learning experiences by:	
	 Experiential learning Integrated/Inter-disciplinary learning 	
Q _I M	 Participatory learning Problem-solving methodologies 	
	• Self-directed learning	
	Patient-centric and Evidence-based learning	
	The Humanities	
	Project-based learning	

• Role play

Response to be provided within 500 words

• Experiential learning:

- Allstudentsaregroomedtobecomecompetenthealthcarepersonnelsothattheyareableto practice independently. The training consists of practical applications and patient-centric learning experiences through live case presentations, history taking, physical examination, evidence-based discussions on diagnosis and management. New teaching-learning methods like Peer-assisted learning, Think-Pair-Share, scientific projects, research discussions are inregular practice.
- All constituent units follow Outcome Based or Competency Based Learning. Most faculty members have been trained at MCI nodal center and Medical Education Unit (MEU) of respective colleges under MGMIHS.

• Integrated / inter-disciplinary learning:

• Entire curriculum has been designed for vertical and horizontal teaching from formative years. Topics are identified with inputs from internal and external experts in all subjects. Centralized clinical meetings, mortality audits, Clinico- Pathological Correlation meetings are routinely held.

• Participatory learning:

- In addition to didactic lectures, Problem-Based-Learning, Think-Pair-Share and feed-back attheendofsessionshaveaddedmuchvalue.StudentsLedObjectiveTutorials(SLOT)and Team-Based-Learning made tutorials interesting. Group discussions, clinical meetings, ward rounds, seminars, quizzes, microteaching, role plays and case discussions, community out-reach activities, health camps, disaster management rescue missions in accidents, floods, cyclones, blood donation and 'Swachh Bharat Abhiyan' are regular features.
- Problem-solving methodologies:
- Students present topics on advances in medicine and scientific papers from journals, discussed in presence teachers in small groups. Problem-Based-Learning (PBL) and Case- Based-Learning (CBL) are conducted at OPD and at bed sides.

• Self-directed learning (SDL):

• All students maintain log-books on assignments. Procedural skills are taught under directly observed procedural skill (DOPS). They are encouraged for SDL through literature search from e-resources in all streams. MOOC programmes like research methodology and institutional LMS are examples.

• Patient-centric and Evidence - based learning:

• Students are rotated in clinical departments and are exposed to OPD, IPD, OT, emergency, traumacare,BLS,ACLS,simulationsandpathologicallaboratories.Topicdiscussions,bed-side clinics, clinical meetings, post call meet, CPC, journal clubs and grand rounds are regular features.

• The Humanities:

• All are trained in communication skills, Professionalism, value-based education by incorporating topics of Bioethics like Patient privacy, Autonomy, Confidentiality, Right to

	healthincurriculum.Theyaresensitizedongenderequity,stressmanagementhumanrights and
	health-awareness through community visits.
	Project-based learning: Students write erroll research projects and short term projects under supert feaulties and also
	• Students write small research projects and short term projects under expert faculties and also
	seek ICMR grants. Every year our students are awarded with number of ICMR-STS projects.
	Those who miss out, but have interesting proposals or are received from other disciplines get
	funded by MGMIHS. Total 42 ICMR-STS projects have been completed.
	Role Play:
	• It is an effective method to inculcate and learn the clinical concepts which helps to promote
	active learning, critical thinking and communication skills. 'Resident as a teacher' workshops
	are held for PG students to teach innovative pedagogical practices. Doctor Patient
	relationships, informed consent, breaking bad news are taught. All our institutions
	observeWorldbreast-feedingweek,ORSweek,Tuberculosisday,SwachhBharatAbhiyan, World
	Mental health Day, Cerebral palsy day, National nutrition week and adolescent health
	awareness day are few examples.
2.3.3	Teachers use ICT-enabled tools for effective teaching and learning process, including online e-
2.3.3	
	resources
	Response to be provided within 500 words
QIM	
	• Teachersinconstituentunitsinmedical, nursing, physiotherapy, BPO, biomedical sciences are well
	versed in applying appropriate information technology in their teaching.
	• All are getting trained through the health profession educational units and Medical
	EducationUnits in place at both campuses in making own slides for power point presentation
	in all courses.
	• Faculty members are technology savvy in IT at their personal level.
	• Class rooms and seminar halls are ICT-enabled. The entire campus is Wi-Fi and broad band
	internet enabled.
	• During presentations, teachers utilize appropriate links to show live videos of demonstration
	and procedures. All use CDs and DVDs for teaching which are available at respective
	departments as well as central library.
	• Inter-active boards in smart class rooms are in place at all institutions. Provision for video
	conferencing through Skype is also available. Computer-assisted-learning (CAL) for
	interesting case-discussions, clinical work, animal experiments is noteworthy.
	• The Institution has a webinar system which is a boon in teaching-learning process. Students
	and faculty benefit from short-term programs of various reputed institutes in country and
	abroad.
	They see various online cloud based MOOC programs at their leisure. The MRCP
	Edinburgh and Massive Open Online Course (MOOC) such as - like coursera.org,
	SWAYAM, OMNICURIS,
	Docmode, MCI, INC, UGC resources are popular among students and faculty. Students and faculty the standard st

2.5.4	 researchscholars for data analysis. All PG students undergo short training in biostatistics during their induction program soon after admission to respective institutions. There are 28 E-databases for students and teachers at the central libraries of both campus: African Index Medicus database, BioMed Central, Cochrane Library Databases, Directory of open access Journals (DOAJ), DOCLINE databases, Electronic Journals Library, Freebooks4Doctors, E-Books Directory, Free Medical Journals, Glossary of HIV/AIDS-related Terms, HighWire Press Stanford University, IMEMR database, Medline-Plus, Digital library, MUHS Nashik, NLM Gateway, OMICS International, POPLINE, PubMed, PubMed Central (PMC), Science.gov, Scientific Research, Springer Open, UGC INFLIBNET & Annual Reviews, WHO Library Database (WHOLIS), e- ShodhSindhu, National Digital Library of India (NDL, India), Shodhganga (Digital Repository of Indian Electronic Theses and Dissertations) and Access medicine Key Indicator - 2.5 Evaluation Process and Reforms (40) Reforms in the process and procedure in the conduct of evaluation/examination; including Continuous Internal Assessment to improve the examination system. Describe examination reforms implemented by the University during the last 5 years with
QIM	 reference to the following within 500 words MGMIHS has introduced reforms in the examination process (Formative as well as Summative assessment) in a phased manner. A. Examination Procedures On-line Paper Setting and moderation Descention of Unfoir means by Students: 4C Jaccency CCTV corners installed in and
	MGMIHS has introduced reforms in the examination process (Formative as well as Summative assessment) in a phased manner. A. Examination Procedures

ideal answers.Teachersdiscussanswerscriptsofinternalexaminationswithspecificfeed- back.Xeroxcopiesof answerbooksareprovidedforthepurposeonrequestinUniversityexaminations.Studentsareencou
 F. Self-Assessment: Verbal and MCQs administered to students at end of lectures, discussing ideal answers. Teachersdiscussanswerscriptsofinternalexaminationswithspecificfeed back. Xeroxcopiesof answerbooks are provided for the purpose on requestin University examinations. Students are encour raged for self-analysis continually from their own logbooks regularly which are perused by the head of the department and institutional heads. G. OSCE / OSPE: OSCE, OSPE helped students to improve cognitive function and professional competency. Directly observed procedure skills (DOSP) are practiced in skill training such as BLS, ACLS, NALS, PALS and NRP, internship and induction programs.
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F. Self-Assessment: Verbal and MCQs administered to students at end of lectures, discussing
posted in OPD, wards, casualty, laboratories, OT, skill laboratories, blood banks and dialysis
E. Work Place-Based Assessment: Students are assessed on site by their supervisors while
CE, OSPE are adopted to make students competent and fit to practice independently
statistical correlation and feedback is presented before Board of examination. D. CompetencyBasedAssessment: Clinical/practicalskillstrainingmethodse.g.DOPS,OSVE,OS
• Marks secured in formative and summative examinations continuously analyzed for statistical correlation and feedback is presented before Roard of examination
heads.
their parents, at Parents-teacher meetings by the respective departments and institutional
 Students' improvement is continuously monitored by their mentors and also intimated to
• Summative assessment marks are digitally fed by Head of departments which are transmitted directly to university from Dean's office.
supervision of the institutional heads.
• Formative (Internal) examinations are conducted by respective departments under the
C. Continuous Internal Assessment and their correlation in Summative assessments:
URKUNDsoftwareisinplaceatbothcampusestoscreenPhDandPG dissertations and research papers before submission.
CheckingPlagiarism:
directly from answer books to University server online.
evaluated at CAP centers, using unique software to automatically digitize and upload marks
 Digital entry of marks at Centralized Paper Assessment Centre: Answer paper
with secured maximum security features - logo, students' photo, parents' names, Date o Birth, water marks, QR codes, verifiable from anywhere online.
In-house printing of all certificates on high quality, tamper proof, durable, imported papers

QIM	Provide details of the stated learning outcomes for each programme / course as stipulated by the
	appropriate Regulatory body and the methods followed by the Institution for assessment of the
	same within 500 words.
	• The Institution has clearly stated POs and COs for all its academic programmes department-
	wise which is uploaded on the institute website. They are instrumental in achieving the
	vision, mission and strategic objectives of the university.
	• TheCourseOutcomesaredesignedaspertheguidelinesofrespectiveStatutoryCouncilsinrespect of Medical courses, Nursing, Physiotherapy, BPO and other biomedical sciences.
	• Concrete mechanisms have been designed and adopted to ensure that the desired outcomes
	are achievedaccordinglytothedefinedoutcomes,programcurriculum,teaching-
	learningmethodology and the supporting facilities are designed.
	Assessment methodology/ tools are decided keeping in mind of the parameters/ learning
	outcomes to be measured and due emphasis during delivery of programs as prescribed in
	course curriculum. Before commencement of academic year, faculty meetings are conducted
	by each institutions and decisions are taken on the mode of teaching-learning in perspective of POs &COs.
	 Induction and orientation programmes are conducted for the newly enrolled students at beginning of each academic session.
	 Course Outcomes and objectives are printed in student handbooks and syllabus in respect of
	each subject.
	 Students and teachers are provided with academic calendar, wherein plan for
	implementation of entire curriculum is specified, providing all learning objectives and
	outcomes at various levels.
	$\bullet The medical Graduates attributes areas per MCI norms to be come a locally competent and globally$
	responsible clinician, leader and a member of the inter-disciplinary health care team, through
	life- long learning process that is altruistic, ethical and committed to excellence.
	• The MGMIHS graduate attributes include 1) Dynamic Professionalism 2) Exemplary
	leadership 3) Effective communication skills 4) Scholarly attitude 5) Element of critical
	thinking 6) Enthusiasm for research 7) Social commitment and 8) Global competencies.
	• The Course Outcomes are formulated to make students competent with respect to all
	domains of learning (Cognitive, Affective, Psychomotor domains). Their assessment is done
	in formative domain at department level and summative at university level.
	• Formative assessment methods include internal examinations, preliminary examinations which consisting written (MCQs, SAQs, & LAQs), Viva-voce and practical examinations.
	Other assessment methods included Quiz competitions, Seminars, Problem based learning,
	assignments, portfolios and journals.
	 The students are initiated to scientific research through compulsory dissertation related to
	their respective fields of expertise under the guidance of their teachers. Also various projects
	in thrust areas are undertaken.
	• The students participate at state, national and international levels competitions, debates,
	paper presentations and quizzes.

	• Institutional IQAC and its constituent's units play crucial roles in communicating curricular changes and the mode of implementation through meetings with the departmental coordinators continuously.
	• Students are provided with work books, Journals & log books stating the attainment of outcomes and objectives of respective courses.
	The passing out graduates in various streams are made fit to practice independently with due
	confidence and skills. Besides professional knowledge they are groomed to play leadership roles
	in the community, not only in health sector but also in social issues such as gender equity,
	environmental protection, disaster management and sensitizing people at large on their right to
	health.
Remark	s of Committee:
	versity has been proactive in introducing innovative pedagogies. Various T-L methods
including	g PBL, Integrated Teaching, are being conducted across all Units. Use of role plays
fortrainir	ng indifferent facets of Humanities is appreciated. The University focuses on blended form of
teaching	I-learning. The IQAC has played a key role in defining the Graduate Attributes. The

University has taken cognizance of the feedback given by different stakeholders and introduced relevant examination reforms.

Criterion 3:

Response of University:

Key Indicator - 3.1 Promotion of Research and Facilities (30)

Metric	
No.	
3.1.1	The Institution has a well-defined Research promotion policy and the same is uploaded on
QIM	the Institutional website
	Provide details within 500 words on the Institutional research promotion policy, assigned
	budget for research and its utilization, methods for implementation and monitoring.

Key Indicator - 3.3 Innovation Ecosystem (20)

Metric No.	
3.3.1	Institution has created an ecosystem for innovations and entrepreneurship with an Incubation centre, entrepreneurship cell
QıM	Enumerate the initiatives of the Institution on innovation and entrepreneurship and their output (start-ups, incubatees, entrepreneurs) and the available facilities within 500 words
	Response: MGMIHS has created an "MGMIHS Incubation and Innovation Centre" (MGMIHS-IIC in the year

2018. This Centre focuses upon unmet needs and imparts thrust to innovation and fulfils the needs of building Entrepreneurial mindset among various stakeholders including students and faculty members.

Vision: Profitable, Low Cost India Specific Technology, Sustainable and Affordable Incubation and Entrepreneurship center.

Mission: Nurture in-house mentors and innovators for promoting research, business and social impact of entrepreneurship.

Institutions Innovation Council (IIC):

- Recognized by Ministry of Human Resource Development (MHRD), Govt. of India.
- Council takes up the activities prescribed by MHRD's Innovation Cell (MIC) with a view to inspire encourage and nurture young students by supporting them to work with new ideas.
- Keeping up with the theme, MGMIHS-IIC organized Atal Ranking of Institutions on Innovation and Achievements (ARIIA) Face book live interaction@MHRD'S Innovation on 30th October 2018

Innovation Mela:

As an innovation-integrity activity, MGMIHS organized innovation Mela. Providing an opportunityfor the students and faculty to showcase their innovative ideas/design/proof of concept/prototypedevelopment.

In par with schedule MGMIHS-IIC conducted workshop on IPR, Idea (51 entries) & Design (28 entries) Competition under various themes. Successful students received award and meritcertificates.

Incubates/Startups through MGMIHS:

Keeping in line with the national policy, institute actively promotes the concept of selfemployment amongthe students. To promote the entrepreneur spirit among students and encourage them to be **job provider**

rather than job seekers. This Centre is well connected with various laboratories of Institutes for basic andapplied work with facilities with latest instruments and software is in place. Institute has provision forICT/e-learning resources/e-journals and high speed internet. Consultancy/Training/Potential Business

Facilitation, Network of mentors are also part of center functioning. To promote innovative ideas, grantsare provided by the institute to test the concept and ideas which the students and faculty conceive.

This initiative has resulted in 9 startups within a span of 3 years in the first phase, namely: MGM Centre of Human Movement Science: Scientific validation, Training and clinical servicein human *movement science*

Gait and full body motion analysis system

Cardiopulmonary fitness testing system

Pedobarography system

Balance Performance Testing Center

MGM Analytical - affordable biomedical devices like

MGM Vacuum Dressing

Portable Biosafety Cabinet

	Biomol Separator.
	MGM O & P care
	Life-Biotech-Technology for Biosciences like MGM Fish Feed Tech, Moringaoleifera Leaf based
	health drink, anti-diabetic tablet.
	MGM Fish feed tech
	Innovation based collaborative product / process developing projects:
	MGMIHS has collaborated with <i>JugaadFunda LLP</i> for Innovation incubation management
	platform thatenables to establish technology commercialization ecosystem on the campus. It is
	supporting to buildnetwork that is essential for accelerating startups and innovative ideas.
	Apart from this Samruddhi TBI
	foundation is knowledge partner incubator (Industry initiated Sec 8 company) with proven
	success story of nurturing startups. It supports in establishing policies and process driven
	incubator on campus.
	In addition, various SOPs/Policies have been developed by the Institute to encourage student
	and faculty for IPR filing to facilitate credit entitlement for innovation.
3.3.2	Workshops/seminars conducted on Intellectual Property Rights (IPR) Research methodology,
	Good clinical Practice, Laboratory, Pharmacy and Collection practices, Research Grant writing
QIM	and Industry-Academia Collaborations during the last five years
	Response to be given within 500 words
	MGMIHS has an institutional IPR policy in place which is a prerequisite for successful
	collaborationbetween academia and commercialization partners. In order to safeguard the IP
	and its ownership and tocontinuously encourage the development of such IP, the Institute has
	drafted its own intellectual property
	rights policy. The objective of the Policy is to provide the researchers an atmosphere
	favourable forresearch and set forth the guidelines for ownership and commercialization of the IP.
	Various workshops and talks were organized on the themes of:
	Intellectual Property Rights (18)
	Research methodology (21)
	Good clinical Practice (45)
	Research Grant writing (4)
	Industry-Academia Collaborations (26)
	To strengthen student knowledge by inviting senior industry/health professional to share their
	richexperience with students& faculties. Faculties and students who in turn are encouraged to
	participate and attend such workshops in other institutes.
	Research and Innovation implementation/monitoring:
	1.Research Methodology/IPR/Bioethics course
	The institute has incorporated these courses as a part of their curriculum to emphasize & train
	young professionals/faculty / student's/research scholars who will be able to design
	and implement research projects that are relevant in the Indian context.
	2.SPSS training
	To foster the research mind-set for UG/PG/PhD students, the constitute units of
	MGMIHSconducts induction program which includes a session on Research Methodology and
	we areconducting special sessions for SPSS software. So far 7 batches of 20 PG students each

	have completed the SPSS training.
	3.Linkages, Mou's& Collaborations
	Networking with the public/hospital/industry for research and innovation purposes,
	hasresulted in 108 linkages, MoU's& collaborations and approx. 230 externships and
	multipleIndustry Academia workshops/Industrial visits were conducted for
	students/researchers inthe last 5 years.
	4.Extramural projects by students
	At UG level, our Institute encourages Mini-projects/Innovative experiments with anobjective to
	nurture the innovative mind-set of the students and produce future generationresearchers. 42 students have received STS projects from ICMR.
	With all the awareness created by conducting various workshops and seminars with reference
	toIPR/Copyright/Trademarks/Design, we have 1 patent granted, 9 published patents, 3 filed
	and 8 Copyrightspublished to our credit.
	In addition MGMIHS has organized following:
	State level - Good Clinical Practice Workshop was organized at MGM Aurangabad on 19th Jan
	2017.
	National Conference: Quality Benchmarks in Health Science Education was conducted by MGMMC NM on 17-18 Feb 2018
	Workshop on Intellectual Property Rights conducted by MGM MC Aurangabad on 28th Sept2018
	Research Methodology Workshop conducted by MGMNBCON, NM conducted on 08-13 Oct 18
	National Level Competition For Life Sciences Students conducted by SBS, NM on 20-21
	Dec2018
	All the above seminars/workshops were framed based on the guidelines given by regulatory
	councils likeMCI/INC & UGC. Accreditations connected with good clinical practice and also
	quality and effectivenessof healthcare, etc. were also obtained like NABH accreditation of
	hospital, NABL Accreditation of
	Laboratory services, SIRO for Central Research Facility.
1	Key Indicator- 3.5 Consultancy (15)

Key Indicator- 3.5 Consultancy (15)

Metric No.	
3.5.1	Institution has a policy on IPR and consultancy including revenue sharing between the Institution and the individual, besides a training cum capacity building programme for teachers, students and staff for undertaking consultancy.
QıM	Describe the Institutional policy on IPR and consultancy, implementation strategies (publicizing the expertise, available facilities, training for consultancyetc.) including the revenue sharing formula. The structured training cum capacity building programme with appropriate fund allocation details also to be provided. Response to be given within 500 words
	Response MGMIHS is dedicated to research, teaching and extension of knowledge for the Healthcare sector. One of the missions is to develop the human intellectual capability and competency
	through consultancy. Ultimateobjective is to evolve research culture at the institute and foster

-	research to contribute towards societalbenefits.
	In view of the ever-changing scenario of research, the efforts undertaken, and the resources
	expended onthe same, MGMIHS has adopted a Policy on Intellectual Property Rights (IPR)
	and ConsultancyPolicy approved under BOM-53/2018 dtd 19.05.2018.
	IPR Policy:
	IPR policy relates to the ownership, protection, process of making application for protection
	IP and therights therein, commercial exploitation of IP created by MGMIHS. The share of
	revenues fromPatent/Trademark/Copyrights shall be as per mutual discussion between the
	concerned parties. In cases
	where there is more than one Inventor, the Inventor's share is divided between the Inventor
	in aproportion which reflects their respective contributions as provided in the signed Invent
	DisclosureForm. This Policy is in effect since year 2018 however the revenue sharing of pate
	aftercommercialization will be effective from 2019 onwards given as Institution
	(50%)Investigator (40%),
	Departmental Development (10%)
	Consultancy Policy:
	Encourages staff to undertake consultancy work that shall complement their
	teaching/research and associated responsibilities. MGMIHS has put in place required
	consultancy policy and processes for itssmooth operation and execution. The Consultant /
	Principal Investigator of the parent Institute with support from consultancy partner will dire
	deal for satisfactory completion of the terms and conditions.
	The revenue sharing formula for consultancy will be as per below mentioned heads:
	Head Institute % Inventor %
	Human Resource 50 50
	Infrastructure Resource 70 30
	Laboratory/Instrument/Equipment 70 30
	Miscellaneous 70 30
	The structured training cum capacity building program for IPR is in place. Sanction of Func
	for IPR
	specific awareness workshops promoting innovation and entrepreneurship will be supported
	under thescheme as per details given below:Institute publicizes the available expertise in
	terms of Human resource, Infrastructure resource & Laboratory/instrument/equipment etc
	its website and updates it regularly. Allthe researchers/ faculties are encouraged to showca
	these facilities at various forums to expand the clientbase.
	Event category Duration Expenses per event
	Awareness Campaign 1-2 hours
	1-2 days
	Rs.10,000/-
	Rs. 25000/-
	IP Training and SensitizationProgramme
	1-2 hours
	1-2 days
	Rs.10,000/-
	Rs. 25000/-

	Training of Trainers / IP1-2 days AwarenessProgramme (Proposed)
	Up to Rs. 50,000/-
	Support for awareness programmes in the constituent units will be limited to Rs. 25,000 per
	Programme. Incase more funds are required, separate sanctions shall be obtained. (For
	program duration minimum 2hours)
	All costs related to logistics and speakers including their TA/DA and honorarium will be borne
	by theinstitution/organization. The Institute will provide venue/hall in the academic
	institution. If this has to bearranged by the partnering institution/organization, then additional
	budget should be requested as peractuals
	Our endeavors aim to enhance IP & consultancy culture among staffs and students to dissipate
	knowledge which will spread to a greater interdisciplinary platform.
	Key Indicators - 3.6 Extension Activities (45)
Metric	
No.	
3.6.3	Number of awards and recognitions received for extension and outreach activities from
	Government / other recognized bodies during the last five years
QIM	Describe the nature and basis of awards /recognitions received for extension and outreach
	activities of the Institution year-wise from Government /other recognised bodies during the
	last five years within 500 words
	Response
	MGMIHS is instrumental in inculcating values and commitment to society through learning
	activities. Thisis visible through health screening, multidiagnostic camps, health awareness,
	cleanliness drives throughneighborhood community adoption programs, NSS activities and
	rallies & walkathons. In additionMGMIHS has always stood up to help the needy during any
	natural calamities like the recent Kerala andKolhapur floods. In all MGMIHS has organized 2550
	community based extension activities within the last
	5 years with the participation of staff and students. The various initiatives were recognized on
	variousplatforms by government and non-governmental agencies with several awards:
	1.MGMIHS received First rank for Swachh Campus Ranking 2019 of HEI's by MHRD.
	2. Research and contribution to community services in the field of Tuberculosis Programme
	hasbeen recognized by Directorate of Health Services of Government of Maharashtra in 2019.
	3.MGM Medical college was awarded "Excellence in Community Engagement" by Association
	ofHealth Care Provider, India (AHPI) in Global Conclave in 2019
	4.Awards Received for Best Hospital and Medical College at Raigad district by Lokmat in 2019.
	5.Cleft-lip and cleft palate free Raigad initiative: Recognition of our faculty by
	HarwardUniversity and Chigaco University as a visiting faculty for exemplary work in plastic
	surgery.
	6.MGM Medical College, Navi Mumbai have achieved 3rd Rank in National Swachh
	CampusRanking 2018 of HEI's for maintaining, promoting and encouraging the culture
	of'SWACHHATA' by MHRD.
	7.Outstanding contribution by the institution in Kerala flood relief mission was recognized by
	StateGovernment of Kerala.
	8. World Health Organization selected 2 PG students for improving quality of Measles-

	Pubellacampaign in Paigad as monitors in 2019	Г
	Rubellacampaign in Raigad as monitors in 2018.	ĺ
	9.Participation of students in SwachhataSarvekshan in 2018 is also recognized by Panvel	
	MunicipalCorporation. Students of Aurangabad campus have participated in Swachh Bharat	
	Internship toamplify mass awareness on cleanliness and cement the people's movement and	ĺ
	clinched 4 bestintern awards by the MHRD, Government of India.	ĺ
	10.National prizes awarded to several students including 1st and 6th ranks in survey on	ĺ
	Gandhian Values by Delhi based NGO "Re Think India" in 2018 on the occasion of 150th	ĺ
	BirthAnniversary Year of father of the Nation Mahatma Gandhi.	ĺ
	11. MGM hospital conferred PanvelBhushan awarded at various forums.	ĺ
	12.Awards Received for Best Hospital and Medical College at Raigad district by Shree	ĺ
	RamsethThakur SamajikVikas Mandal in 2016.	ĺ
	13. The Institute got empanelled in 2012 for MJPJAY , a social security scheme in both the	ĺ
	campuses and reached to several thousand referred patients from all Maharashtra districts.	ĺ
	Recognizingstandards of services being provided to poor patients, state scheme society	ĺ
	awarded the 'A1category' based on select NABH criteria in 2015.	ĺ
	14. MGMIHS is being considered as " Green Instituion Mentor " for exemplary performace in	ĺ
	waterand sanitation management by Mahatma Gandhi National Council of Rural Education,	ĺ
	Hyderabad, MHRD, GOI.	ĺ
	To sum up, MGMIHS being a Medical and Health Science institute, has received high credibility	ĺ
		ĺ
	among the public, government and non-government organizations for their selfless	ĺ
	contribution at national andstate level extension/outreach activities.	
3.6.4	Institutional social responsibility activities in the neighborhood community in terms of	ĺ
	education, environmental issues like SwachhBharath, health and hygiene awareness, delivery of	ĺ
Q _I M	free/ subsidized health care and socio economic development issues carried out by the students	ĺ
	and staff, including the amount of expenditure incurred during the last five years	ĺ
	Describe the impact of extension activities in sensitizing students to social issues and holistic	ĺ
	development within 500 words	ĺ
	Response:	ĺ
	The institute is having liaison with the community for various programmes among students and	ĺ
	facultymembers by promoting their participation in extension / outreach activities.	ĺ
	Community Education	ĺ
	The medical colleges at both the campuses are having field practice area in Urban settings	ĺ
	(UHTC) and Rural settings (RHTC). We are expanding the possibilities for participation and	ĺ
	incorporating communityideas through various health camps such as Eye camps, Dental camps,	ĺ
	Multi diagnostic, school screening,etc.	ĺ
	National Service Scheme:	ĺ
	Various awareness camps and health checkup camps for hygiene/sanitation and environmental	ĺ
	protectionare taken up under the NSS scheme, Swachh Bharat Abhiyan which is implemented	ĺ
	through its 2 NSSunits at both campuses since 2018. As an Institute Social Responsibility, we	ĺ
	are participating in the	ĺ
		ĺ
11	T AMOITIOUS DIOIPCT OF IVINKU, UNDAT BOARAT ADDIVAD, AND DAVE ADODIED 5 INTERIOR FURDI DOD	1
	ambitious project of MHRD 'Unnat Bharat Abhiyan' and have adopted 5 interior rural and tribalvillages in both campuses for the overall development with efforts of faculties and	ļ
	tribalvillages in both campuses for the overall development with efforts of faculties and	

	are of environment. The activenenticipation in Swachh Dhevet Abbiven Activultural training
	are of environment. The activeparticipation in Swachh Bharat Abhiyan, Agricultural training, ree plantation drive (10,000 samplings)planted on hill at Phanaswadi, Panvel&Gandheli
	nills, Aurangabad in collaboration with NGO's havenot only created awareness in
	ommunities but also a sense of belonging among the students
	ree/Subsidized Health Care
	he medical college hospitals are committed to provide charity to needy and poor patients and
	part from itprovide benefit of social security schemes too. With intension of providing Social
	ecurity to communitythe institute got empanelled in 2012 for Mahatma Jyotiba Phule Jan
	ArogyaYojanain both the
С	ampuses and treated several thousand referred patients from all the districts of Maharashtra
n n	naintainingthe high standard of services. During last year we have been empanelled for the
fl	lagship program of Central Government Ayushman Bharat.
S	ocio-Economic Development Issues
E	xposure to extension and outreach activities sensitize the students towards social issues like
g	endersensitization, domestic violence, dowry, child abuse, beggars, female child, victims of
v	iolence, etc.
N	AGMIHS has conducted 2550 extension and outreach activities over the last five years with
t	he help ofan average of 100 students per year.
P	hilanthropic initiatives:
	<i>Disaster relief</i> : Students of MGMIHS in the wake of unprecedented floods in Kerala
	ndMaharashtra. MGMIHS provided relief for the disaster stricken state of Kerala
	Kolhapur, Maharashtra with the help of a team of doctors, nurses and paramedical staff.
	.Dr. Dikshit camps, MGM-Aurangabad hospital conducts regular Free Plastic Surgery Camp
	orcleft lips/pallet etc. Beneficiaries on an average being 500-600 per year .
	Cleft-lip and cleft palate free Raigad initiative: Recognition of our faculty by
	larwardUniversity and Chigaco University as a visiting faculty for exemplary work in plastic
	urgery.
	Free camps for children suffering with Thalassemia : More than 50 children from rural and
	ribalareas suffering from Thalassemia are receiving regular treatment and guidance free of
	ost at MGM Navi Mumbai.
	o implement various social schemes under Institutional social responsibility, MGMIHS has
	pent Rs.
3	• 9.8 crore during last 5 years.
Remarks of	Committee:
	mittees related to Research are in place and functioning effectively. There is a scope
	in number of publications related to education. The Innovation and incubation Centre
	significant number of activities. However, the research Cell should have a critical follow-
	ne for an optimal outcome. The participation of the University in Swacch Bharat Abhiyan
	ong with other social responsibilities is noteworthy.

Criterion 4: Response of University:

			L Physical Facilities (<u> </u>			
Metric							
No	The Institution has adequate physical facilities for teaching –learning, skills acquisition etc.						
4.1.1 Q _I M	, classrooms, ICT-ena ing in the communit pries, Skills labs etc. a	abled ty, AYUSH-					
	the appropriate Regu	• •		,			
	Response:						
	MGMIHS is a two cam acresand Aurangabad college andhospital an Sciences, MGM Schoo Physiotherapy, MGM	44 acres. At Navi N nd other allied units ol of	Aumbai campus the s / departments are	constituent units are MGM school of Bion	e MGM Medica nedical		
	ofProsthetics & Ortho						
	and otherallied units,	/ departments are I	MGM School of Phys	iotherapy,and MGN	1 School of		
	Biomedical Sciences.						
	All the constituent un			Art infrastructure& p	ohysical		
	All the constituent un facilities as per norms			Art infrastructure& p	ohysical –		
		of respective Statu Navi Mumbai (Bu	itory Councils. ilt <mark>Aurangabad(Built</mark>	Total Built up area	ohysical		
	facilities as per norms	of respective Statu Navi Mumbai (Bu up Area in sq.m)	itory Councils. ilt Aurangabad(Built up Area in sq.m)	Total Built up area in sq.m	ohysical		
	facilities as per norms Name of Institute Medical college &	of respective Statu Navi Mumbai (Bu	itory Councils. ilt <mark>Aurangabad(Built</mark>	Total Built up area	ohysical		
	facilities as per norms	of respective Statu Navi Mumbai (Bu up Area in sq.m)	itory Councils. ilt Aurangabad(Built up Area in sq.m)	Total Built up area in sq.m	ohysical		
	facilities as per norms Name of Institute Medical college & hospital School of Physiotherapy New Bombay College of Nursing	of respective Statu Navi Mumbai (Bui up Area in sq.m) 53231.30 1670.63	itory Councils. ilt Aurangabad(Built up Area in sq.m) 50050.87	Total Built up area in sq.m 103282.17	ohysical		
	facilities as per norms Name of Institute Medical college & hospital School of Physiotherapy New Bombay College	of respective Statu Navi Mumbai (Bui up Area in sq.m) 53231.30 1670.63	itory Councils. ilt Aurangabad(Built up Area in sq.m) 50050.87 4533.98	Total Built up area in sq.m 103282.17 6204.61	ohysical		
	facilities as per norms Name of Institute Medical college & hospital School of Physiotherapy New Bombay College of Nursing School of Biomedical	Sof respective Statu Navi Mumbai (Bui up Area in sq.m) 53231.30 1670.63 2696.40 1630.09	itory Councils. ilt Aurangabad(Built up Area in sq.m) 50050.87 4533.98 NA	Total Built up area in sq.m 103282.17 6204.61 2696.40	ohysical		
	facilities as per norms Name of Institute Medical college & hospital School of Physiotherapy New Bombay College of Nursing School of Biomedical Science Dept. of Prosthetics &	Sof respective Statu Navi Mumbai (Bui up Area in sq.m) 53231.30 1670.63 2696.40 1630.09	itory Councils. ilt Aurangabad(Built up Area in sq.m) 50050.87 4533.98 NA 1072.38	Total Built up area in sq.m 103282.17 6204.61 2696.40 2702.47	ohysical		
	facilities as per norms Name of Institute Medical college & hospital School of Physiotherapy New Bombay College of Nursing School of Biomedical Science Dept. of Prosthetics & Orthotics	Sof respective Statu Navi Mumbai (Bui up Area in sq.m) 53231.30 1670.63 2696.40 1630.09 516.93	itory Councils. ilt Aurangabad(Built up Area in sq.m) 50050.87 4533.98 NA 1072.38 NA	Total Built up area in sq.m 103282.17 6204.61 2696.40 2702.47 516.93	ohysical		
	facilities as per norms Name of Institute Medical college & hospital School of Physiotherapy New Bombay College of Nursing School of Biomedical Science Dept. of Prosthetics & Orthotics Arogyam	Sof respective Statu Navi Mumbai (Bui up Area in sq.m) 53231.30 1670.63 2696.40 1630.09 516.93 NA	itory Councils. ilt Aurangabad(Built up Area in sq.m) 50050.87 4533.98 NA 1072.38 NA 1354.19	Total Built up area in sq.m 103282.17 6204.61 2696.40 2702.47 516.93 1354.19	ohysical		

Learning Resources:				
Facilities	No.	Area (Sq mt)		
Classrooms	35	3829.01		
Demonstration rooms	35	2215.01		
Seminar halls	57	593.84		
Total	127	6637.86		

Learning resources: All classrooms, demonstration rooms, seminar halls. bed side teaching rooms are well-furnished and ventilated with all required facilities. Facilities like LAN, LCD, OHP projectors, Interactive Boards, Smart Classrooms and sound system are used regularly. The ICT enabled classrooms and learning spaces are available in individual constituent colleges with additional portable facilities to enhance mobility, multiple interaction modes and collaboration. They are optimally utilized not only for routine teaching- learning activities but also for conducting webinars & video conferencing. These physical learning spaces are expanded with wireless connection to access online resources. 53 bedside teaching rooms are available for clinical learning

Facilities for Clinical learning:

Both campuses have fully equipped NABH accreditated hospitals. OPD services with adequate patients

for clinical learning are available in all specialties & superspecialties. There are 2004 beds for bed sideclinical teaching- learning, with 53bed side teaching rooms in hospitals. The hospitals have well equippedsurgical suites for minor and complex surgeries & students get opportunities to learn various types of

surgeries.

Learning in Community:

The Department of Community Medicine provides exposure to medical students to the Community settingbyadopting familyin rural area as well as organizing education visits to different public health department& social Institutes like, Primary Health Centre, SubCentres, DOTs Centre, Shantivan, Leprosy Rehab

Centre in Panvel, Disha Paraplegic Centre in Vashi, District Malaria Office, Health & Family WelfareCentre,District Tuberculosis Office, Public Health Laboratory,Old age Home, observationHome,**KrushiVidyan Kendra**, Water Treatment plants, Sewage Treatment plants etc.RHTC and UHTC atNavi Mumbai (Nere, Khopoli) andAurangabad (Ellora, Daulatabad and Ajabnagar) have all required

facilities for community learning. Both the campuses have adopted five villages under **Unnat BharatAbhiyan (UBA)** which enables students to engage in learning comprehensive social development in therural settings. (Navi Mumbai –Dhamni, Dhodani, Dehrang, Tawarwadi, Waghachiwadi) (Aurangabad-Sindon, Bhindon, Sahastramuli, Shivgadtanda, Pardari) **AYUSH-related learning cum therapy center:**

Naturopathy- Mahatma Gandhi Mission's Arogyam (1354.19 sq.m) is a holistic health center atAurangabad campus, having unique facility for prevention, rehabilitation & cure of lifestylediseases by integrated therapies of Naturopathy, Yoga and Ayurveda.

Arogyam perpetuates positive health and ancient Indian culture and values. 23000 patients havebeen benefitted by integrated therapies. There is dedicated OPD services of Indian Medicine inthe centre.

Arogyam has state of art therapies, facilities and infrastructure for treatment of diseases, wellnessand fitness of individuals. Students learn various methods of alternative therapy in centre. CCRYN (Central council for research yoga and naturopathy) under ministry of AYUSH haspermitted to start bachelors program in Naturopathy and yogic sciences (BNYS). Laboratories-There are total 71 laboratories out of which 42 are student labs, 16 diagnostic/clinical labs & 13 areresearch labs. Total 18 museums are there in both the campuses.All the laboratories are wellequipped with adequate infrastructure to address special challenges in research & advanced training of health professionals. There are fully equipped NABL accredited labs(Navi Mumbai- 525.05 sq. m., Aurangabad-139.84sg.mt) -with 24 hours' services in both campuses. Air conditioned Animal lab(as per CPCSEA norms), Central research lab are available in bothcampuses. Advanced Sleep lab (703.80 sq.m.) with facilities is available in Navi Mumbai campus. OMICS Research Center of Navi Mumbai(435. 81sq.m) is SIRO accredited. Research thrustarea is advanced knowledge of protein science, enzymology, metabolic network, natural productschemistry, green synthesis etc. MGM Centre of Human Movement Science(196.5 sq.m) is an advanced lab, established withsupport from International Society of Biomechanics, Bio Engineering and Technology Incubation Centre, IIT Mumbai and Cardiff University, UK. MGM School of Physiotherapy at both the campuses have fully equipped Electro-Therapy&Electro-diagnostic Lab, Therapeutic Gymnasium &Kinesiotherapy Lab, Exercise physiology, Fitness lab and YogaAurangabad campus has ADR reporting centre recognized by Indian Pharmacopoeiacommission for pharmacovigilance. **Nursing Foundation Laboratory** is equipped with different types of mannequins, simulators andessential articles. Maternal & Child Health Nursing Laboratory equipped with adult,

andessential articles. Maternal & Child Health Nursing Laborator pediatricand new born mannequins.

Nutrition Laboratory has all required facilities.

Community Health Nursing Laboratory comprises of articles required for home visiting and community field activities.

Skill Lab- Both the campuses have well equipped **skill labs** (Navi Mumbai -169.22 sq.mAurangabad-372.48 sq.mt) with CPR, Automated External Defibrillator and other advancedmannequins. CPR mannequins are available for BLS training and ALS mannequins, ECGsimulators& rhythm generators for ACLS. **AHA &Indian Resuscitation council accredited BLS,ATLS, PALS& ACLS** courses are regularly held for faculty, students, nursing & paramedicalstaff.

MGMIHS Incubation and Innovation Centre (171.14sq.m) foster the entrepreneurial spiritamong students, faculty & other stakeholders**Institutional Innovation council(IIC)** has beenrecognized by **MHRD**.

Medical education unit: Both campuses have Medical education unit (MEU (Navi Mumbai-169.22 sq.m, Aurangabad -372.48 sq.m.) which is converted into departments in 2017 withseparate infrastructure & trained faculty.

4.1.2	The Institution has adequate facilities to support physical and recreational requirements of students and staff- sports, games (indoor, outdoor), gymnasium, auditorium, yoga centre etc.
QIM	and for cultural activities
	Describe the facilities available for sports, games and cultural activities including specifications about area/size, year of establishment and user rate etc., within 500 words
	Response:
	MGMIHS nurtures recreational & sports talent amongst staff & students & to achieve this both campuseshave excellent infrastructure.
	Sport complexes are available for indoor (Carom, Chess & Table-Tennis) and
	outdoor(badminton,cricket, foot-ball, hockeyand volleyball)games in both campuses along with athletictrack.
	Olympic size swimming pool is available at Aurangabad campus

• Gymnasium with modern amenities is available.

MGM Aurangabad has signed MOU with Sports Authority of India for training of masters of sports Physiotherapy students. Their expertise is utilized in treatment and rehabilitation of injured students of the campus.

MGMIHS Navi Mumbai Campus

Sr.	Name of Sports Facility	Year	ofSize / Area	User Rate/day
No.		Establishment	(sq.m)	
1	Sports ground	1993	8490.56	150
2.	Gymnasiums	2006	100	100
3.	Basketball court	2018	420	30
4.	Volleyball court	2018	162	30
5.	Yoga center	2010	201.59	60

MGMIHS Aurangabad Campus

Sr.	Name of Sports Facility	Year	ofSize / Area	User
No.		Establishment	(sq.m)	Rate/day
1	Olympic Size Swimming	2012	7076.61	51
2	Pool Complex (3 in number)			
3				
4	Gymnastic hall	2015	223.27	85
5	Badminton Courts	1999	829.98	32
6	Cricket Stadium & ground	1991	38409.26	95
7	Rifle Shooting	2004	433.02	35
8	MGM Golf Club	2012	129499 (with 9	96
			holes)	
9	Lawn Tennis	2012	4230.62	72
10	Football	1991	4050.00	22
11	Table Tennis	1999	245.28	45
12	Basketball	1999	512.75	80
13	Kabaddi Ground	1991	260.00	65
14	Kho kho	1991	342.89	70
15	Volleyball court	1991	324.00	77
16	Fencing Court	2015	36	3
17	Judo	2015	260	4
18	Yoga Centre	2013	408.95	100

Facilities for cultural activities-Auditorium-

Navi Mumbai- Air Conditioned Auditorium with state- of -art Audio visual facilities are availablein campus. Open theatre is available for cultural activities.

Aurangabad- Aurangabad has two auditoriums and one open theater with state of art Audio Visualfacilities. Rukmini and Dyotan auditoriums are well equipped with required facilities.

	Auditorium	Area (sq.m)	Seating capacity	
	Rukmini (Aurangabad Campus)	975.48	852	
	Dyotan (Aurangabad Campus)	334.45	350	_
	Auditorium (Navi Mumbai Campus)	464.51	300	
	Open theatre (Navi Mumbai Campus)	471.39	300	
	Open theatre (Aurangabad Campus)	343.87	300	
	 center, (Arogyam)is being develop Aurangabad campus spread over are 4 Training in traditional dances like MAHAGAMI and training in Vocal, The state of the art facilities as show organize tournaments and cultura Transmissions Dalabin Summing G 	1402 sq. feet. Kathak , Bharatnatya instrumental music and da yn above are also used b l events like Endress	m and folk dances are d ance are available at RHYTH y other universities /associat Hauser Flow Tech Ltd,	one in M. ions to
4.1.3	Transmissions, Dolphin Swimming C Availability and adequacy of ge	•	-	all ambience:
QIM	Describe the availability and ad	equacy of camp nk, roads and sig	us facilities such a gnage, topography	
	Response: General facilities and overall an Hostels: There are total 15 host inthese. Each room has an area areavailable.	els (Intake capa	city = 3502 studer	nts) with 1216 students residing
	Medical Facilities: 2004 bedded hospitals with fac intensive care units,& pharmac clock. Toilets	-	•	
	1120 toilets (Navi Mumbai-376)	AU-744) and w	ashbasins are avai	lable with separatefacilities for

girls, boys and staff. These are well lit, clean and ventilated with 24 hoursrunning water. Facilities are also available for physically challenged persons (7 no.) Canteen: Canteen with total seating capacity of 700 (including both campuses) which remainsopen from 7.45 am to 10 pm **Courier** services. Banking services: At Aurangabad campus Standard urban cooperative bank is available. **ATM** facility is available at both the campuses. **Signage's** & topographical maps are available. Campuses are barrier free for Divyangjan (Specially abled) in the form of ramps, railings, lifts etc Greenery 50% of total area is green with gardens, lawns and plant nursery. Green Campus award wasreceived by Aurangabad campus.MGM Medical College Navi Mumbai was awarded, 3rd rank at National level Swacchcampus Ranking 2018 and 1st position in 2019 by MHRD. Interns from Aurangabad campus received Award for Best Interns under Swacch Bharat Summer Internship programme by the MHRD. Alternate sources of energy: Solar system is installed (Units generated Navi Mumbai -51083.60 Aurangabad -61980.66) catering to around 35% of electricity requirement. Generator facility is available as a backup. Sewage treatment Plant has facilities for Solid & Liquid waste management. Solid waste management Solid waste is managed as per Solid Waste Management Rules, 2016. At both campuses, solid waste is collected as per standard protocol and segregated into biodegradable and non-biodegradable waste. Biodegradable waste is treated in the compost plant and the compost produced is utilized for maintaining greenvegetation in the campus. The non-biodegradable waste is collected by the localMunicipal Corporation for safe disposal. Liquid waste management At both campuses, liquid waste generated from hostels, hospital and Medical College is treated in Sewage Treatment Plants with output of 2 lac litres/day (Navi Mumbai) and 6 lac litres/day (Aurangabad). The treated water is reused for gardening and sanitary purposes. Water Purification Plant (Chlorination) A unique automatic Water Treatment Plant that converts grey water (domestically used water) into potable water has been established at Navi Mumbai campus, with minimal space and energy requirement and an output of 80 kilolitres/day. Additional chlorination is done by fully automatic chlorine dosing system installedin main pump house at both the campuses Specific parking area is available at both the campuses; additionally, multilevel parking isavailable at Aurangabad campus. **Day care** facility. The campus is safe and secured under 24 hours **CCTV surveillance** with well trained security staff. Fire extinguishers are installed. Transport facility is available to the nearest station.

Khadicenter is in place at Aurangabad	\square
	_
Key Indicator - 4.2 Clinical, Equipment and Laboratory Learning Resources (30)	

Metric	
No.	
4.2.1	Teaching Hospital/s, Equipments, Laboratory and clinical teaching-learning facilities
	including equipment as per the norms of the respective Regulatory Bodies.
QIM	Describe the adequacy of facilities for clinical teaching learning within 1000 words
	Response:
	Teaching hospitals in both campuses are equipped with all facilities for patient care & clinical
	teaching -learning as per the norms of Statutory Council.
	MGM Hospitals
	MGM Hospital Aurangabad is NABH accredited with 927 beds & MGM Hospital Navi Mumbaiis in process of NABH accreditation with 1077 beds (Total 2004 beds) with 85% bed occupancy. B asic specialty services like General Medicine, Pediatrics, Respiratory
	Medicine, Dermatology, Psychiatry, General Surgery, Orthopedics, Obstetrics & Gynecology,
	ENT,Ophthalmology withSuper specialty like, Cardiology, Neurology, Nephrology,
	Endocrinology,Cardiovascular ThoracicSurgery,Urology, Paediatric Surgery, Neurosurgery,
	Plastic surgery, gastroenterology.70 speciality clinics in both campusesGeriatric OPD & IPD
	services
	Well equipped surgical suites for minor/complex surgeries. Total Operation Theatres are 33 out ofwhich 3 are modular. Average of about 1500 major & minor surgeries are being carried out everymonth. There are two Central Sterile Service Departments.
	Medical, Surgical, Pediatric, Neonatal, Respiratory & Coronary care ICUs are well equipped
	withmulti-para monitors, ventilators, defibrillators, central oxygen, suction, IABP and facility fordialysis inside ICU.
	Dialysis unit with total 16 machines functions round the clock.
	ART and ICTC center is in collaboration with NACO.
	Pharmacy is open round the clock with generic drugs.MGM Hospital, Aurangabad is registered
	with Director of Health Services, Maharashtra for
	renal transplant & has done 113 renal-transplants successfully. The centre has performed
	3Liver Transplant and 8 bone marrow transplantsDept of Respiratory Medicine is having
	Specialized services through the DOTS center.
	Dept of Dermatology -specialized treatments facility: Platelet rich plasma therapy forhair,
	Autologous serum skin test & Autologous serum therapy for urticarial, Cryotherapy- forwarts,
	keloid Phototherapy- whole body UVA and UVB for Vitiligo, Psoriasis and various otherskin diseases.
	Department of Neurology - Successful thrombolysis has resulted 90 % recovery in more than 80
	bepartment of Neurology Successful thrombolysis has resulted 50 % recovery in more than 80

%of cases with acute stroke.

Department of Radiology- Apart from Interventional radiological procedures some specialprocedures are carotid artery stenting, cerebral sinus thrombolysis, aneurysm clipping, cerebral &peripheral DSAs, CT guided biopsies. Post graduate students assist in procedures & get trainedunder supervision.

Dept of Orthopaedics- Dept is developing a centre of excellence for treatment of degenerativespine disorders by minimal invasive technique. Dept is also doing microvascular surgeries forplexus repair. Advanced arthroplasty for knee & hip replacement is an asset of Dept.

Dept of Emergency Medicine-MGM Hospital, Navi Mumbai being located on busy highway, getsmass casualty of trauma patients with multiple injuries due to road traffic accidents. Dept has treated more than one lakh of these patients successfully.

MGM Department of Physiotherapy at both the campuses is giving services for treatment &rehabilitation of the patients for patients with musculoskeletal, neurological, community and cardiopulmonary conditions with a well-equipped specialized OPD (Ortho, elctro, Neuro, cardio,community & sports). Dept is also running specialized sports physiotherapy unit **MGM Department of Prosthetics and Orthotics** have been playing pivotal role in providing aidsand appliances to "DIVYANGJAN" Prosthetic and Orthotic Professional provides service forneuromusculoskeletal disorder, general health and work related disorder such as foot disorders,fractures, sports injuries, disorders due to aging, aesthetic restoration etc. Specialty

services like

-Pedorthic, Mobility aids, Cerebral palsy clinic are also there. There is a central fabrication unit inDepartment with lab for appliances.

Helping hand: a well-known Self-help groups is functional at hospital premises for needy and specially abled patients.

Equipments

Radiology deptis well equipped with all basic radiology services. There are 2CTmachines in NaviMumbai campus (16 slice & single slice) & 2 CT machine at Aurangabad campus (64 & 128 slice),2 MRI machines (1.5 & 0.3 Tesla,), Digital Subtraction Angiography lab, Mammography (3000Nova) & Sono-mammography machines.

Cath lab has 2 Philips FD machines.

Respiratory medicine is well equipped with 2 master screen PFT machine and Pentax videobronchoscopes

Ophthalmology department is equipped with high end equipments- posterior chamber like OCT(Optical color tomography), Carl Zeiss Automated Perimetery,OERTLIPhaco,

Emulsification(OT), Fundus Camera(Zeiss), Green Laser (Zeiss), OCT (Zeiss), IOL Master (Zeiss), A-Scan,Synoptophore, Applanation, Tonometer, Indirect Ophthalmoscope wireless, Pachymeter, Slit Lamp

(Zeiss), Surgical Operating Microscope (Zeiss) Autorefractometer (Zeiss)

ENT department has 45 degree Rigid Endoscope, Microscope, Pure tone Audiometer, ImpedanceAudiometer, OAE Machine (Otoacoustic Emission), BERA Machine (Brainstem evoked responseAudiometer), Operating Microscope, O degree Rigid Endoscope, High Defination Camera, RigidPediatric Ventilating Bronchoscope, Microlaryngoscope **Physiotherapy Outpatient Department** has electrotherapy equipment like LASER,

Combotherapy Unit inclusive of ultra sound and interferential current therapy, cycle ergometer, stepper, metabolic cart Fitmate, Med Oxygen analyser, Acapella, PEFR meter and Micro respiratory musclestrength meter. Sleep lab: PSG software: Sandman device (EMBLA S4500), Resmed VPAP (CPAP, AutoCPAP, BILEVEL, ASV). Laboratories in teaching hospitals: Fully equipped NABL accredited labs with 24 hours services like Flow cytometry (CytomicsFc500), Chemiluminesence (Cobas e11), Dry chemistry analyser (Vitros 5600) and BacT/Alert 3D60 for blood culture. FDA approved & NABH accredited blood bank has a part from blood Products Random DonorPlatelets, Single Donor Platelet, Fresh Frozen Plasma, Cryoprecipitate are available. Blood bankalso providesspecialized services like therapeutic Plasma Exchange, Plateletpheresis **Clinical Skill and Simulation Labs** with mannequins & simulators **Sleep Medicine and Research lab:** This center is in collaboration with the sleep professionals atPenn Medicine, University of Pennsylvania Health System, USA, recognized as one of the leadingSleep Medicine Institutes in the world. Center offers Sleep Physician services, diagnostic testingand treatment options to ensure the best possible patient care. World Spine Care lab at Navi Mumbai campus has been set up in collaboration with worldSpine Europe for treating patients at globally competent level. MGM Center for Human Movement Science at MGM Hospital, Sanpada, Navi Mumbai isequipped with 12 high end 240 fps optical cameras (Vicon, UK) and three force platforms (AMTI,USA) to measure kinetics and kinematics associated with human movements, plantar pressure analysis system (novel emed and pedar) and 8 channel EMG apparatus to measure muscle activity and step activity monitors. **Clinical teaching-learning facilities-**OPD block: There are 75 cabins for faculty, post graduate students along with separate demonstrationrooms for clinical teaching. Each OPD cabin has view box, where students can be shown x rays forlearning radiological findings. There are speciality OPDs as well. Clinical demonstration room is attached to each ward for regular bed side teaching. There are 2004 beds for inpatient care. Average daily IPD is250 with 80 to 85 % occupancy in various wards.

4.2.2 QIM	Describe the adequacy of both outpatients and inpatients in the teaching hospital during the last five years vis–a–vis the number of students trained and programmes offered (based on HIMS / EMR) within 500 words.
	 HIMS / EMR) within 500 words. Response: The hospitals are equipped with state of the art diagnostic and therapeutic services and are giving efficientservices to community. Outpatient services are available daily from 8.30 am to 4. 30 pm. Each OPD has separate cabins forfaculty members & teaching rooms for clinical teaching-learning in broad & Superspecialities.Highly qualified, committed and competent doctors deliver patient care at most affordable rates. The population below poverty line and other non-affording patients are treated free of cost. DailyOPDs average is 3500 patients. Students posted in OPD get excellent exposure of patient management. There are Speciality OPDs (70) run by each department which allow the students to get insight in special problems. The super specialty services in Cardiology, Neurology, Nephrology, Endocrinology,Cardiovascular Thoracic Surgery, Urology, Paediatric Surgery, Neurosurgery, Plastic surgery,Interventional Pain Management provide training to students in higher skills. School of physiotherapy has separate OPD (Average daily patients 80 – 100) services in hospitalcatering to Physiotherapy services & teaching learning of students. Geriatric OPD caters to need of patients above 60 years. Students get exposure in geriatric care inboth OPD & IPD of Dept. There are 2004 beds for inpatient care as per requirement of Statutory Council. Average inpatientoccupancy is 80 to 85 %. Clinical bed side teaching takes place in various wards in bed sideteaching rooms attached to wards to inculcate clinical skills in students. Active participation of postgraduates in management of ward patients round the clock, not only improves their clinical skills also helps in refining professionalism. The hospitals have well equipped surgical suites for minor and complex surgeries. Total OperationTheatres are 33 out of which 3 are modular. Average of about 1500 major & minor surgeries arebeing carried out in both hospitals
	 There are 200 beds in ICUs with 100% occupancy providing adequate learning for students inmanagement of acutely ill patients. Post graduate students get hands on training in bed sideprocedures like central line insertion, endotracheal intubation, mechanical ventilation in these units. They also learn to communicate with relatives of critically ill patients. Average 4000 Pathology, Biochemistry and Microbiology investigations and 1000
	radiologicalinvestigations take place daily basis. Nursing students -Clinical experience is the core component of nursing education. The students arerotated in different inpatient and outpatient departments of the hospital under the supervision of theirfaculty. The variety in settings helps nursing students to assess patients,

carry out clinical nursing

procedures, assist in various Preventive/diagnostic/ therapeutic procedures, educate patients and theirfamilies at the outpatient departments.

The clinical posting allows the students to appreciate the patient as a holistic individual to providecomprehensive nursing care and develop skill to function as a competent Nurse. It further enables thestudent to learn the ethical, legal, political and economic aspects of health care delivery and nursing practice.

Apart from clinical competence the Post graduate nursing students also learn the organization of health andnursing services which enables them to learn planning, supervision, process of quality assurance andmanagement of nursing workforce for various health care settings during their posting in the hospital.

MGM School of Physiotherapy offers Physiotherapy care to average of 86 patients per day in Out PatientDepartment (OPD) and 17 patients per day in inpatient department (IPD). Through the clinical postings atvarious levels of health care system students receive comprehensive clinical training ranging from earlydetection, prevention of disabilities and management of wide range of musculoskeletal disorders, neurological disorders, cardiovascular and respiratory disorders, women's health related conditions, sportsinjuries, geriatric health related conditions.

School of biomedical sciences- Students from allied health sciences get adequate exposure during theirposting in various Depts of hospital. Dialysis units at both campuses have 24 hours running service for maintenance& emergency dialysis. On an average 80 dialysis (bothcampuses) take place daily Studentsassess these patients & also assist in hemodialysisprocedures, which enhances their skills. More than 1000radiological investigations take place daily. Students of radiology technician course get hands onexperience of all theses to face challenges of practice as technician in future. Cardiac cath lab & CVTS OTare well equipped with high end machines. Various procedures like angiography, angioplasty, CABG, repair of valvular lesions & repair of congenital heart lesions are done regularly in cath lab & CVTS OT.Average of 7 to 8 procedures per day take place in cath lab. Average 5 cardiac surgery & 5 to 8 A V fistulain a week take place. The students of perfusion technology get trained in all these procedures undersupervision of senior faculty members.

All Optometry Intern students and 3 rdyr students are posted in OPD. Every day they examineapproximately 55-65 patients and perform various procedures like Vision Assessment, Objectiverefraction, Subjective refraction, Measurement of Intra Ocular Pressure, Sac Syringing, Operation theatre management, Low vision patient assessment, Squint evaluation, Contact lens assessment, Spectacle

dispensing. Perimetry, OCT (Optical Coherence Tomography), Fundus hotography, A Scan, theseprocedures are observed

 Average yearly student- patient ratio is 1:316 for OPD & 1:29 for IPD patients for various UG &PG (Medical Courses). The teaching hospital has consistently seen an increase in

					patient	and out	patient.	
• 0PD 0	x IPD Sta	itistics of	last 5 ye	ars-				
Navi Mumbai	1							
ivavi iviumba	L							
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Key Indicator - 4.3 Library as a Learning Resource (20)

Metric	
No.	
4.3.1	Library is automated using Integrated Library Management System (ILMS)
	Describe the Management System of the Library within 500 words
QIM	

Response:				
The library is automated u	sing the Integrated Libra	ary Manager	nent System (ILMS)	
KOHA: An Integrated Lib automation software acquire			a widely used open source 1	ibrary
Name of the ILMS software	Nature of automatic (fully or partially)	onVersion	Year of automation	
KOHA: Open Source Integrated Library Management System (ILMS)		18.05	Switch over from Libsys to KOHA:2016	
			OPAC weblink 14.139.125.221:81	
Features of KOHA				
& MARC-21 Standa Administer. The sys creating dynamic w Barcode,RFID& ED (Optional) with LDA Central and Cloud se	ards. No Limitation of D tem has In-built Z-39.5 eb-portal. It is compatil I. It is fully Customizab P integration & Mature gl rvers.	Data, Users, 1 Cataloguing ble with H7 le & UTF-8 obal support.	Standards with World-wide accep Fully Web-based Easy to Learr Server & OPAC with capabil CML 5 and CSS. No vendor Compliant. Email & SMS n The system can be deployed on 1 per the preference and requirement	I-Use- ity of r-lock, iotices Local,
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management.				· · · · · · · · · · · · · · · · · · ·
	s the potential t	o genera	ate qualitative metad	data. It uses a full-text
indexingengine to al	•	-	•	
Automated overdue	notice: Overdu	e notice	s are either provided	d by email or SMS.
	/IS can work as r	nulti-bra	anch or single-branch	n mode in the consortia
model.		• • • • •		
Offline circulation:	•			
			•	n, check-out machines.
Faceted search: KOH users.	ra provides the	aceleu		
Nature and Extent of	f Automation: 7	bo Libra	ny is fully automator	ducing KOHA · ILMS
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i.3.2 QıM	such as; this soft types of patron n reserves Year of commen Libsys. Kohasoft automation. <i>Total number of manuscripts, Du from ancient Ir library enrichm</i> Provide details	ecome textbo ware, t work i nanage , etc. h nceme ware v of book igitaliz ndian l ent esp of the p	possib boks,re he use nvolve ement, have bo nt anc was ins cs and ed tra angua beciall numbe	le to a feren er inte ed in t , an ac een fu den fu d com stallec <i>refer</i> dition ages, s y with er of t	autom ce, an erface he libr cquisit illy au pletio d in 20 ence a <i>m</i> <i>m</i> <i>m</i> <i>m</i> <i>m</i> <i>m</i> <i>m</i> <i>m</i> <i>m</i> <i>m</i>	ate a d anc iscon rary s ion sy toma n of a 16 wi n of a 16 wi n of a n o o o n o o o o o o o o o o o o o o o o o o o	II the a ient b figural uch as ystem, ted. nutom ith imp nes as ripts, I orts of to tra	available phys ooks, journals ble and adapt ;cataloguing, and circulation ation: Library olementation well as colle Discipline-spe r any other k ditional syste	ical co incluc able w search on: issu was p of com ction of con ction of com ction of com ction of com ction of com com	llection of ling CDs/D ith the res ing, meml ues, return rovided w plete of ancient arning res dge resou medicines	books DVDs. In sult, all ber s, and ith books, sources urce for
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English Translation of the SushrutaSamhita, (1911), 3 vols. set, Antiquity of Hindu
Medicine (1937); and Charaka Sanhita (1877).
Manuscripts: During this phase of 2nd cycle, the library has added 733 copies of manuscripts.
Repository on literature related to Mahatma Gandhi: Institutes under the umbrella of
Mahatma GandhiMission trust always promotes Gandhian philosophy at all levels. Keeping in mind the Gandhian thoughts, the Library has more than 300 books on Mahatma Gandhi which are, treasure troves and rare collection. Afew books entitled (i) India of my Dreams; (ii) My Non-Violence; (iii) Satyagraha in South Africa; (iv)What is Hinduism; (v) Way to Communal Harmony; and (vi) An Autobiography or the Story of MyExperiments with Truth, etc. are in library holdings. Library also has multilingual collection on Mahatma Gandhi. (27 books, each in Hindi and Gujarati, 42 in Marathi and 181 in English).
The collection on Mahatma Gandhi can be accessed through OPAC (Online Public Access Catalogue).Since the Library has <i>Open Access System</i> as well, the Collection on Mahatma Gandhi has been organizedin separate section.
Bone Library: The unique feature of the library is, bone library which has been developed exclusively forundergraduates to provide them an opportunity for borrowing the parts of human bones for SDL. TheLibrary has 4418 disarticulated bones (axial and appendicular).
Key Indicator – 4.4 IT Infrastructure (20)

Key Indicator – 4.4 11 Intrastructure (20)			
Metric No.		Weig htage	
4.4.2	Institution frequently updates its computer availability for students and IT facilities including Wi-Fi	5	
QIM			
	Describe computer availability for students and IT facilities including Wi-Fi with the date(s) and nature of updation within 500 words		
	Response:		
	MGMIHS continuously upgrades its IT infrastructure to facilitate timely and accurate information to all itsstakeholders. Salient features of the IT upgrades done in last 5 yerars are as follows:		
	 MGMIHS is well-equipped, connected with Computers/IT for enhancement of the student learningprocess. Backed with 1 Gbps Broadband Line from National Knowledge Network (NKN), theinstitute has been provided round the clock Internet facility with high-speed Optical Fiber and Wi-Fi. All computers and audio-visual equipment are supported by UPS. 		
	• The Internet Leased Line of 1 Gbps from NKN gets terminated in the Data Centre. The network isprotected and controlled by Cyberoam CR1500ia Firewall. From the Data Center, the network isdistributed to all constituent units of		

-1		
	 MGMIHS via 1 GbpsFiber Uplinks. The students are provided with computer facilities for undertaking the academic and co-curricularactivities, project and research activities, community outreach programs, collaborative, administrative and financial evaluation activities. The computer facility has been provided to each Department/Unit with peripherals and areconnected through LAN/Wi-Fi. To make T/L effective, Smart Class Rooms have been made equipped with Interactive White Board+ high-end acoustics and AC. 	
	 LCD projectors interfaced with computers have been installed in all the Lecture Halls/Class Roomsto undertake Computer-Aided Teaching/Learning as well as for presentations. The admission and examination modules have been made automated. Modules 	
•	 of the ExaminationManagement System is hosted on an in-house dedicated server. The theory/practical evaluationprocess is automated. Training programs are conducted for faculty and postgraduates to make them familiar in theoperation of IBM-SPSS installed in MGM Central Library. The 	
•	program is organized regularly incoordination with the Department of Community Medicine, MGM Medical College, Navi Mumbai.	
	 and sufficiently good processors(minimum configuration dual-core processors). All OT's are connected to the AV rooms. The entire campus is under CCTV Surveillance System. 	
	 collaboration of RelianceJIO. Biometric Attendance system is maintained. The library and information services activities have been made fully automated 	
•	 using KOHA:ILMS with integrated In/Out system. The Web Committee is responsible for the regular maintenance of the Dynamic Website of theInstitute as well as its administration. The Institution deploys and upgrades the IT infrastructure and associated 	
	facilities wheneverrequired. IT Department maintains the record of requirements received from Heads of Departmentsfor implementation according to the budgetary allocations. After seeking the financial approval,quotations are invited followed by their scrutiny based on the configurations, cost, service, etc. Theorder for procurement is finalized and approved. Routine maintenance of computers, peripherals network devices, servers, etc. are carried out by the staff members of the department of IT	

.4.4	Facilities for e-content development such as Media centre, audio visual centre, Lecture Capturing System (LCS), etc.
Ν	
~	Describe the facilities for e-content development such as Media centre, audio visual centre, Lecture Capturing System (LCS) and their optimum usage, etc. (within 500 words).
	Response:
	MGMIHS has state of the art media centre with inbuilt Audio-visual facility at its Aurangabad campus. The Media Centre is designed to encourage collaborative learning and interaction & has the resources for developing e-content. The infrastructure includes:
	 Dedicated PC for designing & editing,
	 High configuration computer system (APPLE) for video editing, Chroma Studio with Teleprompter,
	Radio recording studio,
	 High Definition video cameras with Tripod and other related resources. Video and Audio Content in an organized form is made available to the media center for e- content development. Center maintains highest Audio/Video quality
	required for the production of e-content.Centre also provides the Transcription (Text)
	out of the video spoken by the Teacher and making the textavailable to the students.
	Computer is made available to students for research purposes and to gather
	information from various siteson the internet, online videos and discussion groups.
	Specialized class rooms with projectors have beendesigned for "brain-storming"
	sessions for the students. Details of the infrastructure are as follows-
	Chroma TV Studio: The chroma TV studio with a production floor area of 10m x 15m and comesfully equipped with:
	• 7 high-definition (HD) video cameras and still cameras for photography.
	 Teleprompter lighting rig that is capable of running up to 20kW of lighting units
	Radio studio: Radio studio at CJMC helps to record audio lectures. Community Radio
	also helpsto deliver the recorded lectures in the form of programme to the masses.
	 Radio studio is equipped with the following equipments: Mixer and Consoler desk, multiple input sources for CD, computer, telephone,
	andmicrophones.
	 Playback studio and Recording studio,
	 Transmitter with a capacity of 50 kw
	Multimadia Laboratory

Multimedia Laboratory:

 There are 22 Microsoft Windows PCs in the multimedia production space that are used forboth teaching and individual production work. All computers are equipped with the latest software for print, graphics, and web, audio and simple video production. 	
The Apple I- Mac Lab:	
The Apple I-Mac Lab is constantly evolving software collection includes Adobe	
ProductionSuite, Dreamweaver along with AVID, Final Cut X and Premiere Pro.	
Preview Theater	
The Preview Theater can be used for the projection of recorded lectures and	
also for thevideo conferencing of the lectures. It includes 4K Projection, 9.2.1 Sound and 125 Seats	

Key Indicator - 4.5 Maintenance of Campus Infrastructure (10)		
Metric No.		Wei htag
4.5.2 Q _I M	Thereareestablisheds y s t e m sa n dprocessesformaintainingphysicalandacademicsupportfacilities:(laboratory,library,sportsfacilities, computers, classrooms, etc.)	5
	Describe policy details of systems and processes for maintaining physical and academic support facilities within 500 words.	
Response: The institute has an effective system & process for maintenance of physical & academic support facilities. The infrastructure is well maintained by implementing Standard Operating Procedures for maintenance of physical facilities. There is dedicated Maintenance Department with expert staff for biomedical, electrical, civil mechanical, carpentry and plumbing section. Regular scheduling of work with log books ensureoptimum usage of facilities.		
	The Maintenance Committee oversees the maintenance and utilization of physical, academic and supportfacilities -laboratory, library, sports complex, computers, classrooms & other facilities. It is headed by theHead of the Institution who in turn monitors the work of the Supervisor at the next level. The Incharge of maintenance	

committee has primary responsibility in planning, purchasing, condemning and controllingthe use of physical resources under the guidance of the Head of the institution and also conducts periodic checks to ensure the efficiency / working condition of the infrastructure.

Maintenance of infrastructure- Site Office team looks after the regular maintenance of civil works suchas furniture repairs, masonry and plaster works, painting, carpentry, plumbing maintenance of rest rooms, approach roads and neatness of the entire premises.

Cleanliness of campus- Adequate in - house staff is employed to thoroughly maintain hygiene, cleanlinessof the campus to provide a congenial learning environment. Classrooms, Staffrooms, Seminar halls, Hospital and Laboratories, etc. are cleaned and maintained regularly by Non - teaching staff assigned foreach floor. Wash rooms and rest rooms are well maintained. Dustbins are placed at strategic locations. TheGreen Cover of the campus is well maintained by full time maintenance staff.

Equipements- Optimum working condition of all properties/ equipment in the campus is ensured throughannual maintenance contracts (AMC). The AMC purview includes maintenance of Generator, AirConditioners, CCTV cameras and Water Purifiers.

- Under Warranty equipment's are maintained by residential engineer of vendors.
- For maintenance of high-end equipment's such as CT Scan, MRI etc. an annual maintenancecontract is signed with the authorized agencies/manufacturer only.
- Maintenance labels are placed on equipments, such as date of service & due date of next service.
- Every department maintains a stock register & log book for the available equipment. Properinspection is done and verification of stock takes place at the end of every year.

Laboratories- All medical equipements are taken care by Bio medical dept& engineers through AMC.Periodic reporting on requirements of repairs and maintenance are submitted by the HODs to the Head ofInstitution.

Computers- The IT Department of institutes take care of technical issues related to computers. There isfrequent updation of IT facilities. Standard operating procedures are in place for maintenance of IT infrastructure

Safety committee- Maintenance of the campus is monitored through surveillance Cameras

The budget allocated is optimally utilized by staff appointed for maintenance and repairs of civil works.System for proactive planning is in place with Head of the Institute, Maintenance Committee & IQACworking in collaboration for proper maintenance of infrastructure.checks to ensure the efficiency / working condition	
of the infrastructure.	

Remarks of Committee:

The University has adequate facilities for teaching-learning and good quality clinical material. Students are satisfied with the extra-curricular platforms available in the campus. The IQAC should clearly reflect the utility analysis for various facilities in the campus including the Learning Resource Centre, Museums, Gymnasium, etc.

Criterion 5:

Response of	f University:		
Key Indicator - 5.1 Student Support (30)			
Metric No.			
5.1.4	The Institutionhasan activeinternationalstudentcell of the preceding academic year		
	Describe the international student cell activities within 500 words		
QIM	Response:		
	International Student Cell of MGMIHS provides opportunities of exposure and experience in		
	Indianuniversities and hospitals to students moving in from foreign varsities for Global		
	Health experience. Thefriendly atmosphere in our campus makes it easy for International Students to settle fast into a homogenous		
	and cosmopolitan culture. Many students from Europe and Asia have benefitted during their		
	training inbiomedical sciences and medicine, both in regular programs as well as on short- term observership. The		
	Cell is headed by Director, Staff and Students' Welfare affairs at MGM Institute of Health Sciences, NaviMumbai.		
	Objectives:		
	1.To support desirous students of over-seas universities through on-line process of		
	application forshort term training and observerships in our hospitals and laboratories.		
	2.To offer optimal support to these students for visa processing, pay tuition fees and		
	complete policeverification process (Registration with Foreign Registration Office: FRO).		
	3.To provide support through mentorship, language support, accommodations, food, local		
	transportand community participation in health care through our well structured out-reach services.		
	4.To promote our indigenous students' interest for visiting outside universities for short-		
	term trainingprograms in health science institutions and hospitals.		
	The Process:		
	1. The Student Welfare Cell co-ordinates activities pertaining to International Students for		
	their to andfro movement and co-ordinates with respective constituent institutes both at		

Navi Mumbai andAurangabad campuses.		
2.There is tie-up with a private agency 'World Unite' (https://www.world-		
unite.de/en/internshipsvolunteering/		
india-mumbai/electives-final-year-rotation-nursing-hospitals.html) to 3.The MGMIHS		
students' Alumni members abroad have been instrumental in extending informationtheir		
over-sea peers.		
Activities:		
 The Cell provides support to the students to apply online for varieties of programs and patients carefacilities under MGMIHS. There is provision to provide 		
accommodation to needy students in ownGuest House at MGM CBD Belapur campus Navi Mumbai and at international students hostel atAurangabad campus.		
2. Ongoing mentor support, along with the Students Cell helps the international		
students to blend withthe rest of the students and makes their stay on the campus comfortable and enjoyable.		
3. The MGM Institutes of Health Sciences International Students Cell disseminated		
requiredinformation through website, pamphlets, railway concession forms, maps of Navi Mumbai, canteenfood coupons, bank account forms, etc.		
 MGM Institutes of Health Sciences has a Language facility which is designed to develop languageskills of International students in National language Hindi and Local language Marathi. 		
 The Cell encourages students Council on the campus to integrate with oversea students, with truespirit of globalization. 		
6. A student exchange program in Physiotherapy exists between MGM School of Physiotherapy, NaviMumbai and School of Allied Health Sciences of University of		
Sydney, Australia for BPT and MPT students of both Universities.		
7. A MoU also exists with Kyungpook National University Medical Centre, Korea,		
ShastriFoundation, Canada and MGMIHS. These linkages contribute to faculty and		
student developmentin research and competency skills.facilitatecompletion of visa formalities, police NOC and Registration as foreign students while in India.		

5.3.2	Presence of Student Council and its activities for Institutional development and student welfare.
Q₁M	
	Describe the Student Council activities and students' role in Institutional development and student welfare within 500 words
	Response:
	Student Councils are constituted in each constituent unit of MGMIHS. The representatives of
	each councilis elected by student voting.
	Composition of Student Council
	General Secretary,
	Cultural secretary,

 Sports secretary, 	•	Sports s	ecretary,
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• Class Representatives (Male & Female) etc.

Objectives:

- To enhance communication between students and parents and institution staff.
- To promote an environment conducive to educational and personal development.
- To promote friendship and harmony among students.
- To represent views of the students on matters of general concern to institution.
- To Contribute in development and design of curriculum

Functions:

- To officially represent all the students in the Institute.
- To identify and help solve problems encountered by students in the Institute.
- To promote and encourage the involvement of students in organizing Institute activities.
- To represent students in all relevant institute committees as like hostel committee, mess committee, IQAC, college council etc.
- To Contribute / Participate in camps / Medical Check-ups to inculcate social values in students.
- To organize Sports and Cultural events for students.
- To celebrate days of importance and participate in various extension activities in coordination withNSS

The Student Councils make efforts to connect with the Alumni Association to ensure that the alumni stayconnected to the college using social media networking for the development of institute.

Curricular & Extra – Curricular Activities:

•	With the guidance from the faculty the Student Council conducts various activities for
	studentwelfare such as welcome to incoming students every year, annual art and cultural
	programs, sportsmeet, farewell to outgoing students, alumni meet, etc. which also builds
	peer support and integrityamongst all students.

- All the constituent units conduct an annual festival (Gathering) on both campuses (viz. Anubhuti,Athena, Exstasy, Exuberance etc.) and also a National Undergraduate Scientific ResearchConference (Plexus)
- The Council plays an important role to obtain student feedback, adhering to the code of discipline, maintaining hygiene and green environment on the campus and participate in activities of social cause.
- Leading such activities of the Council throughout the year grooms the student personality to evolveas socially responsible, environmentally, economically and culturally sensitive global citizens whocan work effectively in a team.
- The Student Councils have toiled to compile the creative abilities of the students by releasing aStudent Magazine, which presents student's creative arts e.g. Shodh and Mosaic.
- In addition to planning various cultural and sports events, the student council also

	 activelyparticipates in activities of Community welfare such as Swach Bharat Abhiyan, Unnat BharatAbhiyan, Blood donation drives, Disaster response etc. The student council also functions as an active member of the Bioethics committee and help infunctioning of the Internal quality assurance cell. The cohesion amongst the students and between the student, faculty and staff members brought about by the Student Council is highly conducive in building the overall healthy atmosphere at MGM Institute of Health Sciences
	Key Indicator - 5.4 Alumni Engagement (10)
Metric No.	
5.4.1 QıM	TheAlumniAssociation/Chapter (registered and functional) hascontributedsignificantlytothe developmentoftheInstitution through financial and other support services during the last five years
	Describe the contribution of Alumni Association to the Institution within 500 words
	Response: Alumni Association of MGMIHS is registered with Assistant Charity Commissioner (302/2018/ Raigad). Itis an integral component of MGM Institute of Health Sciences which contributes to overall development in academic, research and patient care. It has 7 Chapters, 4 at Navi Mumbai and 3 at Aurangabad campus.
	VISION: To nurture the culture of participative management through involving all alumni of MGMIHS
	 OBJECTIVES: Build an engaged alumni community Create opportunities for the students Building a smooth channel to facilitate flow of resources and opportunities within community Attaining global recognition and exposure for Institute Obtaining alumni insights and feedback in curriculum development
	 Major activities: Alumni registrations: Till now 3364 alumni registered with association who are spread nationally and internationally in top ranking Universities and in different capacities in health care sectorthroughout world. The Alumni Association of MGMIHS has collaborated with 'AlmaShines' TechnologiesPvt. Ltd for maintaining activities of collaborative learning and growth through

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	sharingopportunities with alumni and students of MGMIHS on a common platform.
	Contribution by Alumni:
	 Alumni have donated an amount of INR 16.45 Lac to association.
	 The Alumni Association has donated INR 1,33,000.00 to MGMIHS, out of
	thisINR1,00,000.00 is made fixed deposit in University bank account. The interest over this
	FDis used for awarding Gold medals for M.S General Surgery and M.D Pediatrics at
	MGMIHSconvocation.
	 The remaining INR of 33,000.00 is being used for development of skills laboratory
	atMGMIHS Navi Mumbai.
	 Alumni have donated 2045 books to MGMIHS library. Various other contributions include donations of speakers, mikes, printer, dinner set etc.
	todepartments.
	 Student placement and student exchange through alumni guidance has been an
	integralcontribution of Alumni association.
	Competitive exams and career guidance: Alumni help in curriculum enrichment by providingtheir
	valuable feedback and many guide students on competitive exams and career guidancethrough
	guest lectures and one to one interaction during Alumni meets.
	 Dr. Nikhil Bhuskute, started Tele-learning for Department of Radiology as PG
	teachingprogram on "Musculoskeletal Radiology" and a workshop was conducted
	on"Musculoskeletal sonography" in February 2018.
	 Dr.Anand Singh eminent radiologist from Harvard Medical School, Boston, USA
	deliveredguest lecture on topic "New Advance in Radiology and Cancer Imaging: Towards
	PrecisionMedicine", in February 2017.
	 Dr.SiddharthBadve guided UG and PG Students of Medical College.
	 Dr.SohamRanade and Dr.TusharRanade have conducted Guest Lecture for PG
	NEETAspirants and USMLE for undergraduate students respectively.
	 Dr. Abhishek Sawant(PT), Physiotherapist associated with BCCI - Conducted Seminar an (Gauge of Superto Physiotherapy) an 21st Schwarer 2010.
	on'Scope of Sports Physiotherapy' on 21st February 2018.
	 Dr.ShamitaRane(PT), Physiotherapist in USA conducted guest lecture on 'Scope ofPhysiotherapy in India and USA' on 15th Oct 2017.
	 Dr. Pooja Dogra (PT), Assistant Professor, Yerla Physiotherapy College, Navi
	Mumbaiinteracted with BPT students on Profession and teaching learning experience on
	21st Feb2019
	 Mr. Panikar Surya conducted a lecture on dialysis technology for BSc students in 2018.
	The Alumni serve as Ambassadors of Institute and the Institute feels a sense of pride in their
	achievements
Remark	s of Committee:
	versity has a vibrant Student Council. There is adequate representation of students on IQAC
	as other Institutional Committees. The international participation of students of MGMIHS is
	ated. The award winning performances of students and encouragement for co-curricular and
extra-cu	rricular activities reflects the organization culture. The alumni activities can be strengthened.

Criterion 6:

Response of University:

Key Indicator – 6.1Institutional Visionand Leadership (10)

Metric	
No.	
6.1.1	The Institution has clearly stated vision and mission which are reflected in its academic and administrative governance
QıM	Describe the vision and mission of the Institution; nature of governance, perspective plans and stakeholders' participation in the decision-making bodies highlighting the activities leading to Institutional excellence. Response to be provided within 500 words Response:
	Vision:
	MGM Institute of Health Sciences (MGMIHS) aims to be a top ranking Centre of Excellence in HealthScience Education, Health Care and Health Research.
	Mission:
	 Students graduating from the Institute will have the required skills to deliver quality health care toall sections of the society with compassion and benevolence, without prejudice or discrimination, atan affordable cost.
	 As a Research Center, it shall focus on finding better, safer and affordable ways of diagnosing, treating and preventing diseases. In doing so, it will maintain highest ethical standards.
	The motto of the Trust is based on Gandhian philosophy, <i>"To wipe every tear from every eye"</i> .
	Academic governance:
	MGMIHS has a decentralized and participative structure for governance. The statutory bodies of MGMIHSensured functional autonomy to achieve the excellence in education, research and quality health care.
	The academic and administrative Governance is functioning through participatory system with statutorybodies like:
	Board of Management
	Academic Council
	Board of Studies
	Planning & Monitoring Board
	Finance Committee
	Along with non-statutory bodies like
	Faculties
	Board of Examination
	Internal Quality Assurance Cell

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Research and Recognition Committee	
Academic and Administrative Committee	
Grievance Redressal Committee	
Unfair Means Committee	
The statutory bodies are comprised of University Officers, Academician and Students. There are EightBoard of Studies and Three Faculties. In addition to this looking at two campuses	
(350 KM apart) nature has been institute 'Academic and Administrative Committee' has been formulated which takes review of activities each month.	
At college level following committees for academic and administrative Governance are	
constituted:	
College Council	
Anti-Ragging	
 Prevention of sexual Harassment (ICC) 	
College Ethical	
Institutional Animal Ethical	
IQAC	
Grievance Redressal Cell	
Guidance and career Counselling Cell	
Library	
 Pharmaco-vigilance 	
Student Welfare Cell	
Scientific	
Hostel	
Website	
Research Cell	
Medical Education Unit	
Gender Champion	
Major Achievements (2014-2019)	
 MGMIHS accredited as Grade 'A' by NAAC. 	
NABL Accredited laboratories	
SIRO Accredited Research Laboratories	
 NABH Accredited Blood Banks and Hospital. 	
 NIRF 2019 (University Rank Band 151-200) 	
UNESCO Chair of Bioethics Unit (2016).	
• MGM Medical College (NM) received 3 rd rank Swachh Campus ranking 2018 by MHRD.	
 Medical College (NM) received 1st rank in Swachh Campus Ranking 2019 by MHRD. 	
• The students won 1 st position as well as various rankings in national level online	
survey onGandhian values by ReThink India Organisation on 150 th birth anniversary of	
Mahatma Gandhi.	
Medical College, Aurangabad is among the top 30 medical college (India Today Survey	

	2016).
	It has been conferred the status of Corporate Counsel for Leadership and Awareness
	Award for itsExcellence in Education.
6.1.2	Effective leadership is reflected in various Institutional practices such as decentralization
	and participative management etc.
QıM	Describe a case study on decentralization and participative management and its outcomes in Institutional governance within 500 words
	Response:
	MGMIHS is an institute based on Quality in Education, Research and Health care. To achieve
	these goals, the institute has created a system of decentralizing the governance structure for
	facilitation of decision
	making for effective outcome.
	The stakeholders have direct access to participate in the decision making process through
	various statutorybodies and committees at institute levels, which support the participative
	management and ownership in all
	the processes and motivation of the positive outcomes to each of the stakeholder and the
	sense of involvement prevails at various levels.
	One of such system on decentralization and participative management at MGMIHS is:
	Academic and Administrative Committee
	The MGMIHS has two campuses Navi Mumbai &Aurangabad, which are 350 km from each
	other. Toensure proper communication between the constituent colleges, learning from each
	other's experience, getting inspired by best practices adopted by any unit, MGMIHS
	constituted Academic and Administrative(AA) Committee with the following members:
	Vice Chancellor (Chairperson)
	Heads of constituent Units
	Registrar (Member Secretary)
	Controller of Examinations
	Finance Officer
	Medical Director
	Director (Research)
	 Director (Student Welfare)
	IQAC Coordinator
	Hospital Superintendents
	 Hospital superintendents University Librarian
	 Administrative staff of both campuses Student representatives
1	Student representatives

-	
	The said Committee meets on the third Monday of every month and serves as a common
	platform for bothcampuses to discuss key issues. Members participate in the meeting and
	interact via Videoconferencing.
	The Vice Chancellor and Registrar, conduct the meeting alternately from Navi Mumbai and
	Aurangabad.
	Agenda:
	The agenda for AA Committee meeting is comprised of key issues pertaining to
	Academic, Administration, Research, Student welfare, Infrastructure, Community
	Engagement, Patient Care etc. of
	university and constituent units.
	Outcome in Institutional governance:
	The AA meeting provides a unique opportunity to all constituent units of MGMIHS (5 at Navi
	Mumbaiand 3 at Aurangabad) as an administrative bridge between the two campuses,
	thereby fostering a true sense
	of healthy competition amongst the Faculty, staff and students with an element of
	constructive criticism. Some of the positive outcomes of AA Committee meetings are:
	1. Successful completion of AISHE and NIRF by all constituent colleges of MGMIHS.
	2. Successful completion of NABH Inspection of MGM Hospitals.
	3. NAAC SSR and AQAR preparation and coordination
	4. Effectiveness of Anti Ragging and Internal Complaint Committee
	5. Feedbacks Analysis all stakeholders
	6. Tree Plantation and Green Audit
	7. Installation of KOHA at both campuses
	8. Increase in number of Value Added Courses
	9. AECC (Ability Enhancement Compulsory Courses)
	10. Research methodology and SPSS workshops
	11. PG Log book and Six monthly progress report
	12. Induction program for all UG/PG Program
	13. Alumni Engagement
	14. Kerala relief operation during calamities
	15. Adoption of Villages under UBA and activities
	16. Implementation of UGC quality mandate
	The administrative challenge have been converted into a unique opportunity for a dynamic,
	transparentwork culture, fostering a sense of belonging amongst faculty and students

	Key Indicator – 6.2Strategy Developments and Deployment (15)
Metric	
No.	

Т	6.2.1	The Institutional Strategie al	an is offertively dealer	ad	
	6.2.1	<i>The Institutional Strategic pla</i> Describe the methodology adoption	•• • • • •		anisms for its donloymont
	0.14	and the monitoring and assessm			
	QIM	and the monitoring and assessin			
		MGMIHS strives to reach the	oinnacle of excellence i	n health science edu	cation through realistic
		planningand implementation			-
		objectives as per Visionand M			ig the gould that
		Strategic Plan: The strategic p	lan developed by the ur	niversity IOAC incorp	orates
		Academics, Administration, Re			
		domains with followinggoals:	···· , ···· · · · ·	-,	-,
		• Short-term (3 Years)			
		 Intermediate (7 years) 			
		 Long-term (12 years) 			
		It takes into consideration, the	e suggestions given by t	he faculty and other	stakeholders at the
		departmentlevel, Heads of De			
		committees. These committee	•	-	
		stakeholders and have expert			-
		which has resulted in Strategie			,
		IQAC has also taken inputs fro		tutory bodies, NAAC	Peer Team Report
		(2014) andits recommendatio	ns, AAA Committee rec	ommendations (201	8), UGC Review
		Committee (2017),3/18/2020	85/119 Sustainable Dev	velopment Goals (Ur	nited Nations), Planning
		and Monitoring Boardrecomm	nendations and Nationa	I policies. All the pro	posals in the plan were
		scrutinized for their necessity,	feasibility and cost effe	ectiveness for the stu	dents as well as the
		society by the Board of Manag	gement andthen they w	vere approved.	
		Effective Deployment of Strate	egic Plan		
		3 years	7 years	12 years	
			Cadaveric Laboratory	Increase the	
		Fitness, Yoga, Diet, Exercise		quantum of collaboration with ICMR, DBT, DST and	
			•	other national health	
				programs	
		Starting of M.Sc. Nursing program with specialty like Child Health, Mental Health,	Sport Physiology Centre.	To enter into MOUs with the health care industry	
		Community Health, and Gynecological		regarding research projects.	
		nursing			

		MCI Nodal Centre	Creating a central registry for Nav. Mumbai for Cerebral palsy, Parkinson's disease, Stroke, Respiratory conditions	Add villages and adjunct tribal areas and provide them comprehensive health care free of cost	
		To enhance research publication in MEU	Integration with Pre and Para clinical departments and the department of Pediatric Surgery. Satellite OPD's in identified villages periodically	Partner with National Rural Health Mission to collectively plan and execute health policies within Raigad and Aurangabad district through UBA	
		Value added courses on BLS, ACLS, ATLS, PALS & NALS	To develop a training centre for Sport Medicine	Expansion of NSS volunteers base for increase penetration in community	
		Making complete Raigad district avail abl for Prosthetic and Orthotic Aids and appliances	e Initiate MPO Program with specialized branches like Pedorthic, Lower extremity orthotic, spinal orthotic, upper extrimity orthotics and prosthetics	To develop super specialty in Plastic surgery, Urology, GI surgery, Neurosurgery, Nephrology	
		All B.Sc. courses to be upgraded to PG level.	MOU with NGOs, for strengthening welfare activities.	Facilitate student and faculty creativity by fine tuning the ecosystem required to transform ideas into much needed innovations	
		MD (Lab Medicine)	Establish virtual reality units.	Utilize IT tools to enhance efficiency in consistent manner	
	OTIN				Board and Board
6.2.2 Q _I M	adr Des	<i>ectiveness and efficiency of ministrative setup, appoint</i> scribe how the Institution en horities within 500 words	ment and service rules	stitutional bodies , procedures etc.	ic plan periodically as evidenced by policies,
	adı Des aut	ectiveness and efficiency of ministrative setup, appoint scribe how the Institution e	f functioning of the In ment and service rules nsures effective and ef	<i>stitutional bodies</i> <i>procedures etc.</i> ficient functioning	ic plan periodically as evidenced by policies, of its bodies and
	adr Des aut MG The Fac Exa Aca Eth stri	ectiveness and efficiency of ministrative setup, appoint scribe how the Institution en horities within 500 words	f functioning of the In ment and service rules nsures effective and ef bodies as per the provi ry committees like Boa nce Committee, Internal t, nd Recognition Commit Statutory requirements	stitutional bodies s, procedures etc. ficient functioning sions of the UGC re rd of Management ng and Monitoring Quality Assurance	ic plan periodically as evidenced by policies, of its bodies and egulations/MoA. Academic Council, Board, Board of Cell, Anti Ragging, sory Committee etc. are

The evidence of the effectiveness in the functioning of institutional bodies are reflected					
following Outcomes Institutional level:					
Category	Committees	Efficiency / Outcome	7		
Academics	 Curriculum Timetable Library MEU 	 Graduate Attributes Program/Course Outcomes defined Learner-centric T-L methods Communication Skills Value-Based Education 			

		 Participation in Swacch Bharat (duly appreciated by Govt. of India) and Unnat Bharat Abhiyan Participation in Swachh Bharat Summer Internship & received third Prize at state level. 	
Hospital	 Infection Control Blood Transfusion Diet Mortality Meets Patient Safety Pharmacovigilance Sentinel event Fire Safety Radiation Safety 	 Patient Charter Prescription and Mortality Audits Daily emergency services Audit Safe Laboratory Practices Accredited MJPJAY scheme for patients 	

Key Indicator – 6.3 Faculty and Staff Empowerment Strategies (25)

Metri c No.	
6.3.1	The Institution has effective welfare measures for teaching and non-teaching staff and other beneficiaries.
QıM	Describe the existing welfare measures for teaching and non-teaching staff and other beneficiaries, within 500 words
	Response:
	MGMIHS has a well formulated staff welfare policy in place for awareness and effective implementationof welfare measures at workplace.
	1. Campus accommodation: The Provision of accommodation on campus is made to ensure
	theavailability of emergency services to medical staff and trainees. Doctors, Nurses,
	Physiotherapistand maintenance staff are given accommodation for their availability in the campus.
	2. Transport facilities: University vehicle (Cars = 17/Buses = 12) facility from nearby local
	railwaystations/bus stand to campus is available.
	3. Leaves: The employees are given leaves as per the regulations. Employee are entitled all kinds
	ofleaves as per UGC Norms along with special leaves as mentioned below:
	Maternity leave
	Paternity leave
	 Special leaves like On-duty leaves, academic leaves for faculties for research
	presentation, attending conferences or guest lecture.

• Sabbatical leaves.

4.Health care facilities:

- The Free health-care to all employees in Hospitals alongwith family members is given.
- Free diagnostic investigations like MRI, Angiography, CT SCAN & experts consultation to employees & his family members is given

5.Financial support

- Provident Fund and Gratuity.
- Financial assistance for attending conferences / workshops
- Free-ships and concessions for sons/daughters/wards of MGM employees.
- Interest Free Loan
- Advanced salary facility
- Facilitation of procurement of loans

6. Recreation facilities: The campus is equipped with recreational facilities as follows:

- Cafeterias
- Traditional dance class MAHAGAMI
- Music institute –RHYTHM
- Recreational social outings like Hurda party.
- Crèche facility for children of all employees
- All sports complex facilities.

7.**Research and Training opportunities:** The MGMIHS is a research driven organization whereclinical care and teaching learning process go hand in hand.

- Employees are given not only support but also Incentives and Rewards for researchers.
- Other than the teaching staff non-teaching staff are also given orientation and training forcomputer literacy, accounts, soft skills and lifesaving skills.

8.**Appraisal linked incentives:** It appreciates the hard work through timely promotions for deservingteaching and non-teaching staff to create a healthy competition among the employees. The annual

performance appraisal is taken and the performance of employees is evaluated. The deservingcandidates are promoted with suitable appreciation.

9. Miscellaneous:

- Dress code for class IV employees
- Fully equipped Sports complex and Gymnasium
- Facilities for Yoga
- Subsidized rates for Khadi products at MGM Khadi Centre

(6.3.5	Institution has Performance Appraisal System for teaching and non-teaching staff
		Describe the Performance Appraisal System adopted for teaching and non-teaching staff, within
	QIM	500 words

Response:

The Performance Appraisal policy of MGMIHS is designed for assessing annual performance of all theteaching and non-teaching staff. The appraisal process is conducted during July to October every year

using standardized formats.

Parameters for Teaching Faculty:

- Teaching assignments
- Participation in Education Technology activities
- Contribution to improvement in teaching-learning process through Board of Studies
- Research Projects
- Research Publications
- Books published
- Guest Lectures delivered
- Presentations at Conferences
- Resource person for Workshops / CME / Seminar / Symposium
- Awards / Medals
- Additional responsibilities
- Workload: Teaching (UG and PG), Patient Care, preparation of Learning Resource Material
- Membership / Office Bearer of Professional Bodies
- Any special training undertaken

Parameters for Non-teaching:

- Technical adequacy: Application, Initiative, Punctuality, Neatness, Accuracy
- Leave record
- Relations with superiors, colleagues, society
- Leadership qualities
- Knowledge level
- Work efficiency
- Recommendations

Process of Performance Appraisal:

The performance appraisal process starts with the employee assessing his/her performance (Selfappraisal)and culminates with assessment by Head of Institute. The process is depicted below:

- Self Appraisal (Part A)
- Head of Unit/Section (Part B)
- Head of Department (Part C)
- Head of Institute/Vice Chancellor (Part D)

The System helps in:

1. **Performance linked incentives**: The incentives are given to the good performance of employee beit teaching or non- teaching. The incentives can be either as promotion or

	better profile for theemployee.
2.	Incentives for research facilities: The MGMIHS research policy is defined and promulgated
	to allteaching employees. Faculty who publish or present a paper or write book and publish,
	is given thefinancial support.
3.	Institution of Awards: The faculty who perform best in his/her respective discipline
	isacknowledged and given the appropriate award for his/her contribution to the institute.
4.	Involvement in decision making based on proven competencies: The MGMIHS believes
	inempowering faculties and its employees for better decision making and wisdom.
	Employees aregiven the profile and freedom to express their ideas and support the
	management for upgrading theon-going process of academic, research, administration,
	patient care etc. The various committees atinstitute and university level have the
	representation of employees from different domain anddiscipline. These employees are
	selected for these opportunities based on their performances.
5.	Assignment of administrative responsibilities to deserving Faculty: Many employees are
	giventhe administrative profile in addition to their current profile because of their
	administrative skills.
6.	Monitoring and review of recruitment policies: The performance appraisal system helps
	tounderstand the competencies required for employees at different level.
7.	Strengthening of teaching-learning strategies: The performance appraisal is also helpful
	instrengthening the teaching-learning strategies because during the assessment process,
	the feedbackis given for self improvement. The head of institute and Head of department
	pass these feedbacks has been concerned employee. Moreover, the salient features of the
	best performer are also serving asgood case study.
8.	Disincentives ranging from mild penalties like verbal warnings, memo, paycut to severe
	penaltieslike no promotion, demotion, termination

	Key Indicator – 6.4 Financial Management and Resource Mobilization (20)	
	,	1
Metri		
c No.		
6.4.1	Institutional strategies for 57treamlined57 of funds and the optimal 57treamlined of resources	
	Describe the resource 57treamlined57 policy and procedures for optimal utilization of resources	
QIM	within 500 words	
~,		
	Response:	
	Funds Mobilization	
	MGMIHS is a self-financing Institution.	
	• The Institute generates adequate funds from internal revenue sources for its operational	
	and capital expenses including expansion.	
	 The major sources of Income are student tuition fees and hospital charges. 	
	 Research and Consultancy Funding from external agencies 	
	 Extra mural funding through research projects from National/Government funding 	
	agencieslike ICMR, DST, DBT, BRNS, etc.	

r	
	 Industry linkages by way of various MoUs signed
	 Incentives for faculty have been initiated for taking up research activities and for research funding.
	 Applying for funding assistance from alumni as well as from philanthropists will be judiciouslytaken up while ensuring that their vision and mission are in line with that of the Institute.
	•
	Optimum Utilization of Resources
	 Budgeting process: All items of revenue and expenditure are judiciously budgeted for eachupcoming year. The budget is prepared based on the actual expenditure of previous years and alsothe expansion requirements. Budget Monitoring: Internal and external audits, Finance Committee and BoM effectively monitorthe optimum utilization of resources. Planned budgets is monitored at the level of Heads, Deans, Finance Officer, Registrar and VC and deviations if any are discussed at the
	FC and BoM meetings.
	Central Purchase Department (CPD):
	 The Institute follows a purchase policy by which procurements of materials and services aredone through various tendering modes, for which purchase committees are constituted forall Units. In both campuses all purchases of Stationery / Consumables / Cleaning Materials /Chemicals / glassware / surgical material etc. are done centrally through Central PurchaseDepartment. The CPD does the tendering and finalizes both the rates and vendors for eachitem of material. Individual Units need not now do purchasing thereby saving on
	purchasecosts and time.
	 Justification and approval are required before any purchase.
	Cost effective measures:
	 Being a two-campus Institute located at Navi Mumbai and Aurangabad, 80% of allmeetings are conducted via video-conferencing. This ensures that man-hours as well astravel cost and accommodation cost are saved in a big way. This also helps in making available the concerned staff and officers at their work place for a much larger time.
	 Air-travel is limited to Post-Graduate Examiners.
	 Central scheduling of activites: Careful planning and scheduling is done so that allResearch labs, Class room facilities and Sports facilities are shared by all the Units of thecampus thereby ensuring that they are utilized to the fullest extent.
	• Old items to be disposed of or given under buy-back would require condemnation.
	 University guest house is utilized for the accommodation of external examiners.
	 Taxi-sharing is promoted for examiners and staff of both campuses.
	 Fleet taxi services are promoted for airport drop and pick-up.
6.4.3	Institutionconducts internalandexternalfinancial audits regularly
QıM	Describe the mechanism for internal and external financial audits conducted by the Institution during the last five years (within 500 words)

Respo The In	nse: stitute has both Internal and external financial audit mechanism in place.
Intern	al audit is carried out by a Chartered Accountant firm M/s. V.S. Rasal& Associates,
	gabad 59treamlined59 by the Board of Management.
•	They conduct Compliance Audit of the institution. The internal audit ensures that the overallsystem of internal control is working effectively. Weaknesses noticed are reported
•	for necessarycorrection. They conduct an assessment of the adequacy of internal controls in the system. This include aspects web as:
0	include aspectssuch as:- Proper books of accounts and operation of accounting software are being maintained fortimely and accurate reporting.
0	An adequate system is in place to ensure that logistics, works and services are beingprocured in accordance with proper procurement procedures.
0	An appropriate system of accounting and financial reporting exists, on the basis of which claims are prepared and submitted for reimbursement.
0	Adequate records are maintained regarding assets acquired including details of cost, identification and location of assets.
•	It ensures various financial norms are followed in payments made and expenditure incurred.
	nal audit is carried out by an External Audit Agency (Chartered Accountant Firm) as nted bythe Board of Management.
•••••••••••••••••••••••••••••••••••••••	It is carried out twice in a year (October /April) and it checks the
	 Expenditure has been incurred in accordance with the framed guidelines, as per established procedures/system;
	 Funds have been utilized within the budgetary provisions and for the purpose for which they were meant;
	 Strong internal controls/checks/systems are in place for monitoring the expenditure;
	 Applicable statutory requirements have been complied with;
	 Proper records have been maintained and documents have been kept in the secured form;
	 All discrepancies/suggestions made in the previous audit report has been compli- with;
•	The Final Account statements for each financial year are audited by the external auditor.
The Fi	nance Committee considers the audited annual accounts statements, annual and revised
budge	testimates of consolidated and individual constituent Units and submits its mendations to the Boardof Management for approval.

Key Indicator – 6.5 Internal Quality Assurance System (30)

Metri	
c No.	
6.5.1	Instituion has a streamlined Internal Quality Assurance Mechanism Describe the Internal Quality Assurance Mechanism in the Institution and the activies of IQAC
QIM	within 1000 words
	Response: The IQAC of MGMIHS was established on 21 st November 2013 and a full time IQAC Coordinator has been appointed. It has well documented Standard Operating Procedures, with the objective of continuousquality improvement with stakeholder satisfaction.
	Objectives:
	To foster a conducive teaching-learning environment with outcome-based benchmarks for improvement of academic and administrative performance of MGMIHS and its constituent institutions.
	 Structure: MGMIHS has evolved a three tiered structure of IQAC: University IQAC College level IQAC (8) and
	• Departmental level IQAC (34) Flow of information: Department IQAC submits the data on a monthly basis to the college IQAC. Aftersuitable compilation by College IQAC, the report in the prescribed NAAC format is submitted toUniversity IQAC on a quarterly basis. Univesrity IQAC inturn prepares the quarterly report of Universitywhich is presented to Board of Management. Recommednations of BOM are sent back to colleges throughUniversity IQAC.
	 MGMIHS IQAC composition is as per NAAC Guidelines: Vice Chancellor (Chairperson)
	 Members from Management (1) Faculty (7)
	Academic / Administrative Officers (6)
	 UG students (2) PG Students (2)
	 Alumni (2) Society (2)
	 External Members (2) IQAC Coordinator
	Activities :
	Development and application of quality benchmarks/parameters for various academic

 andadministrative activities. Dissemination of information on various quality Organization of workshop/seminars on quality circles Documentation of various programmes/ activit Preparation of AQAR and submission on time Collection of feedbacks from the stakeholders, taken. All events in the institution are undertaken on a Compliance on the recommendations of the N/ All these activities are undertaken by the MGMIHS IQA withrespective IQAC at institutional level under the do Welfare,Administration, Extension activities and Hospi It has worked extensively to 61tream the recommendation Fostering a culture of Gandhian philosophy am Initiation of new academic programs Initiatives/Outcomes: The Initiatives and Outcomes of quality initiatives of the	elated themes and promotion of quality es including promotion of quality analysed there on along with the action he advice of IQAC AC Peer team C. MGMIHS IQAC works in close liaison nains: Academics, Research, Student al services.
 Organization of workshop/seminars on quality circles Documentation of various programmes/ activit Preparation of AQAR and submission on time Collection of feedbacks from the stakeholders, taken. All events in the institution are undertaken on Compliance on the recommendations of the N/ All these activities are undertaken by the MGMIHS IQA withrespective IQAC at institutional level under the do Welfare, Administration, Extension activities and Hospi It has worked extensively to 61tream the recommendations of the Statement in infrastructure facilities, resear Fostering a culture of Gandhian philosophy am Initiatives/Outcomes: 	elated themes and promotion of quality es including promotion of quality analysed there on along with the action he advice of IQAC AC Peer team C. MGMIHS IQAC works in close liaison nains: Academics, Research, Student al services.
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Initiation of new academic programs Initiatives/Outcomes:	h output
Initiatives/Outcomes:	ngst faculty and students
-	
The Initiatives and Outcomes of quality initiatives of th	
	e IQAC are:
Initiatives/Outcomes:	
The Initiatives and Outcomes of quality initiatives of the IQAC are:	
Domain Initiatives/Outcomes	
Academic • Initiation of new Programs	
 Innovative pedagogies 	
 Formulation of Graduate Attributes 	

	Administrative Student Welfare	 Six monthly progress reports for postgraduates MGMIHS Bioethics Unit of UNESCO chair established and Bioethics is included in both UG and PG curricula. 42 value added courses 17 Fellowship programs Academic and Administrative Audit (AAA) conducted Workshop on Pathways to Surgical Excellence and Skills Lab modules Integrated Teaching ICT-enabled Governance Green initiatives Grievance Redressal Mechanism (SOPs) Gender sensitization Feedback analysis Student Representation on various Committees Student Charter Structured Induction Programs Mentorship Training in Communication Skills Establishment of Placement Cell Counseling Cell Resident as Teacher workshops 			
		tives in relation to Patient Welfare, Faculty Development , activities have been materialzed in last 5 years due to 62treamlined IQAC			
6.5.3 QıM	Impact analysis of the various initiatives carried out and used for quality improvement Describe the process and outcome of the impact analysis, carried out with reference to student performance, teaching learning, assessment process and learning outcomes, research, students and other stakeholder feedback, administrative reforms, financial management etc. within 500 words				

Response:

IQAC has identified domains for quality improvment and undertaken quality initiatives/activities. summary of the impact analysis of these initiatives is depicted in the following table:

Domain	Issue	Activity/Initiatives	Impact
Student	 Slow performers and 	Remedial measures Mentorphin	 Improved 98%
performance	performers and high achievers	 Mentorship Peer-Assisted Learning Parent-Teacher meetings Student feedback Co-curricular opportunities. 	 Improved Participation at conferences / workshops / events
Teaching –Learning	 Mode of content delivery Attendance Recent trends in T-L process Psychomotor skills 	 Workshops for Faculty: innovative T L methods Induction programs for students Bioethics into curricula Skill-Lab activities Academic Audit Feedbacks from stakeholders 	 CBCS Curriculum Implementation of student-centric T-L methods Opportunities for hands-on training
Assessment Process	• Examination	 Workshops on 	 Comprehensive

and learning outcomes	Pattem Objectivity in assessment Defining learning outcomes	 mechanics of paper setting SOPs for Formative Assessment Defining Program and Course Outcomes Paper discussion sessions for students 	academic schedules as per defined program / course outcomes • Feedback mechanism for student performance • OSCE / OSPE, Portfolios, DOPS • Improved scores due to objectivity • Improved communication skills
Research	 Effective research output in terms of relevance and quality Extramural funding Collaborations 	 Workshops on Research Methodology, IPR, Industry-academia lectures Sessions on Plagiarism Policy Guest lectures on scientific writing Establishment of Innovation Incubation council (IIC) Promotion of UG/PG research culture Upgraded research laboratories 	 Identification of thrust areas for research Inter-disciplinary research 1 Grant, 9 published patents, 8 copyrights Increase in number of indexed research publications Initiation of start- ups Increase in extramural grants Effective industry- academia collabo rations/MOUs More participation of UG students in ICMR-STS program (41) University resear ch policy Awards and recognitions received by stude nts/faculties/depa rtments.
Administration	Automation Grievance	 Library and examination section 	E-governance Improved library

	redressal • Staff Appraisals • Governance reforms • Team-building • Upgradation of infrastructure	automation • Go Green initiatives • Online portal for grievance • Revisions in appraisal policy • Administrative Audit • Smart Classrooms	user rate • Lesser time for declaration of university examination results • Increased participation of stakeholders in governance • Accreditations and NIRF participation
Finance	 Bank reconciliation Purchase procedures Payments and receipts Statutory payments 	 Bank reconciliation mandatory – monthly and weekly Purchase procedures (SOPs) Online Fee collections Software is installed for payment of all taxes. 	 Errors and omissions are immediately traced. All purchases are streamlined Clean accounting, transparency and easy tracking of receipts and payments Tax payments are on time, interest and penalties are avoided and current dues are up-to-date
Patient Care	 Diverse patient population Patient satisfaction 	 Citizen/Patient Chart er Daily audit of emergency services Prescription and Mortality Audits Effective Antibiotic policy Patients' Feedback 	 Improved patient satisfaction Accreditations: NABH, NABL, MJPJAY scheme Increased opportunities for patient care and learning.

Remarks of Committee:

The Committee appreciates the decentralized system of Governance. The monthly academic and administrative meetings are a good initiative. The appraisal system is in place. The IQAC established in 2013, has complied with all the recommendations given by the NAAC Peer team in 2014, UGC Review Committee in 2017. Its role in formulating the Vision Document 2030 is noteworthy. The IQAC conducts Academic and Administrative Audits periodically.

Criterion 7:

Response of University:

Key Indicator - 7.1 Institutional Values and Social Responsibilities (50)

Metric			
No.			
	Gender Equity		
7.1.1	Measures initiated by the Institution for the promotion of gender equity during the last five		
	years.		
QıM	Describe gender equity & sensitization in curricular and co-curricular activities, facilities for women on campus etc., within 500 words		
	Response:		
	MGMIHS has a conducive environment for gender equity, amply reflected in composition of		
	students{Male/Female(M/F) ratio-1:1.75}, teachers (M/F-1:1) and other staff (M/F-1:1.43).		
	 There is no gender discrimination in curricular and co-curricular activities. 		
	 Equal opportunities are given to both genders; ability and performance are the only criteria forselection to governance committees. 		
	• MGM Aurangabad has secured 5th position for gender parity in IndiaTodaySurvey.		
	Gender sensitization through:		
	1.Curricular activities:		
	 Admissions: There is no gender discrimination shown in selecting students to any of thePrograms. 		
	• Academic: Topics on gender-related issues and sexuality included in Curricula.		
	 UG curriculum: Modules for integrating gender in medical education prepared byCEHAT, MUHS, DMER and MGMIHS have been adopted in medical subjects. 		
	 PG Curriculum: 11 disciplines (Physiology, Paediatrics, Emergency 		
	Medicine, Dermatology, Respiratory Medicine, Orthopaedics, Radiology, Forensic		
	Medicine, Obstetrics & Gynaecology, Psychiatry, Community Medicine)		
	• Value-added courses on Gender Sensitization and Emotional Intelligence.		
	• PhD: PhD is awarded for studies based on Women and child specific initiatives.		
	2.Co-curricular activities:		
	 Gender Champions 		
	 Gender Champions (students) are responsible leaders who facilitate a 		
	gendersensitiveenvironment within the institute. They are selected by Institute Head		
	fromvarious programmes for a one-year term. Various gender sensitization		
	programs arearranged regularly through the Gender Champion Committee.		

• Gender equity promotion activities`

 40 promotional activities were organized by constituent units including Workshops,Essay-writing, Skits, Role-plays etc. Every year, interactive sessions on womanempowerment are organized for students, faculty, staff and public.

Facilities for women on campus:

a) Safety and security

- Both campuses of MGMIHS are well-demarcated, closed campuses with boundary fencing, wellprotected and monitored by security guards and CCTV cameras at strategic locations including hostels.
- Internal corridors are well-lit. Public announcement system exists for emergency communications. Helpline numbers for reporting sexual harassment are displayed on notice boards.
- Separate secured hostels exist for girls and boys with full-time Wardens. Female security personnelare deployed at girls' hostels.
- Anti-Ragging Committee contact details are displayed at appropriate locations. These campuses are proved as zero tolerance for ragging.

b) Counseling

- Expert Lectures and workshops on Gender sensitization, and Self-defense training programs are regularly conducted.
- Students are sensitized about Protection of Children from Sexual Offences (POCSO) Act.
- Each student receives personal attention and advice on gender issues through counselling cell.

c) Common Rooms

• There are separate Common Rooms for boys and girls, which are equipped with lockers, anddrinking water facilities and washrooms with female security personals for girls' common room.

d) Day care Centre for young children

- Day Care crèche services are available for children of teaching and non-teaching staff.
- Well trained & qualified (pre-school teachers) staff is appointed after police verification and undergo periodic medical & psychiatric check-up.

e) Any other relevant information

- International Women's Day (8th March) & International Day of the Girl Child (11th October) arecelebrated.
- Grievance Redressal, Gender Sensitization and Internal Complaints /Prevention of SexualHarassment Committees are active.
- Faculty and staff are trained in implementation of Vishaka Guidelines.
- Liquor/other addictive substances are prohibited on campus

	Environmental Consciousness and Sustainability			
7.1.3	Describe the facilities in the Institution for the management of the following types of			
Q _I M	degradable and non-degradable waste (within 500 words)			
	Solid waste management			
	Liquid waste management			
	Biomedical waste management			
	E-waste management			
	Waste recycling system			
	 Hazardous chemicals and radioactive waste management 			
	Response:			
	MGMIHS follows standard guidelines for management of degradable and non-degradable waste			
	mentionedas under:			
	Solid waste management			
	Solid waste is managed as per Solid Waste Management Rules, 2016. At Navi Mumbai and Aurangabad campuses, solid waste is collected as per standard protocol andsegregated into biodegradable and non-biodegradable waste. Biodegradable waste is treated in the compostplant and the compost produced is utilized for maintaining green vegetation in the campus. The no biodegradable waste is collected by the local Municipal Corporation for safe disposal.			
	Liquid waste management			
	 At both campuses, liquid waste generated from hostels, hospital and Medical College is treated inSewage Treatment Plants with output of 2 lac litres/day (Navi Mumbai) and 6 lac litres/day(Aurangabad). The treated water is reused for gardening and sanitary purposes. 			
	Bio-Medical Waste management			
	 Bio-medical waste is managed as per the Bio-medical Waste Management Rules, 2016. MGM Medical College, Navi Mumbai is registered with Mumbai Waste Management Limited fordisposal of biomedical waste (Registration No: MWM-BMW PAN-1069). Biomedical waste iscollected in colour-coded bags and disposed of in accordance with Maharashtra Pollution ControlBoard standards. MGM Medical College, Aurangabad is a member of a common Biomedical Waste facility(Registration No WGP/BMW/AMC/03/2017). Maharashtra Pollution Control Board has issued anauthorization letter for operating a facility for reception, collection, 			
	segregation, and transport of biomedical waste.			
	E-waste management			

	 E waste is managed as per the E-Waste Management Rules, 2016. At the Navi Mumbai campus, E-Waste (computer accessories, servers, printers, batteries, ACs, refrigerators, telephones, EPABX, Xerox machines, etc.) is segregated as per Institutional orderswith a confirmatory disclosure by IT department that items are for disposal. E-waste is disposed ofby <i>Envirocare Recycling Limited</i> with whom an MOU has been signed. At the Aurangabad campus, E-waste is handled under an agreement with <i>Green e-bin electronicwaste solutions</i> company which disposes of E-waste in an environment-friendly way. E-waste isdisposed as per SOP for condemnation and disposal of items to registered E-waste recycling companies. Waste re-cycling system
	 Liquid waste is processed in Sewage Treatment Plant and the treated water is reused for gardeningand toilet flush tanks.
	 Biodegradable waste is processed for composting and the compost produced is used for gardening.
	 A unique automatic Water Treatment Plant that converts grey water (domestically used water) intopotable water has been established at Navi Mumbai campus, with minimal space and energyrequirement and an output of 80 kilolitres/day. The Incubation and Innovation Centre of the Institution is working on a project to
	develop livestockfeed from fruit and vegetable waste. Hazardous chemicals and radioactive waste management
	 Hazardous chemicals from laboratories that cannot be reused or recycled are disposed of in anenvironmentally sound manner as per the standard operating procedure. At Aurangabad campus, Effluent Treatment Plant (ETP) for treatment and safe disposal ofhazardous chemicals from laboratories is available No radioactive waste is generated in campus. Radiation levels in Radiology department are monitored and certified to be within permissiblelimits by authorized Government agency as per the Radiation Protection
	Rules, 2004. Inclusion and Situatedness
7.1.8	Describe the Institutional efforts/initiatives in providing an inclusive environment i.e.,
Q _I M	tolerance and harmony towards cultural, regional, linguistic, communal socioeconomic and other diversities (within 500 words).
	Response:
	MGMIHS advocates Gandhian principles of tolerance and harmony in keeping with the words of MahatmaGandhi to ' <i>Wipe every tear from every eye'</i> . It aims to produce graduates who deliver

quality health care toall sections of society with compassion.

MGMIHS has a multicultural, multilingual student and faculty base hailing from different parts of thecountry and from different socioeconomic backgrounds. Students hail from 24 Indian states and 6 othercountries.

Initiatives for an inclusive environment for students/staff include:

- 1. Annual student fests and gatherings: Students of different communities and backgrounds cometogether for these activities. Students organise annual Freshers' party for new students, Exuberance, Athena and Xtasy (Navi Mumbai) and Anubhuti (Aurangabad) which are Sports and Cultural Fests, as well as PLEXUS (inter-collegiate National-level Academic conference), MGMOlympiad (sports), Sharang Dev festival (organised by Mahagami dance academy), and establishment of MGM Rhythm Academy, Navi Mumbai. On Trust Foundation Day (20thDecember), students and staff celebrate the motto 'Aaoujjalakarein'
- 2. **Cultural and Religious festivals** are celebrated by students and staff, cutting across all faiths and communities. Diwali, Dussehra, Ganesh Chaturthi, Eid, Christmas, Holi, Onam, Navratri and Haldikumkum (Women's celebration) are celebrated.
- 3. **Patriotic Initiatives:** Republic Day and Independence Day are celebrated by students and staff. The National Anthem is sung at every major function. On "Surgical Strike Day" celebrated on 29Sep 2018, veterans shared experiences of Kargil and Bangladesh wars. MGMIHS madecontribution to *Bharat Ke Veer* Fund, Home Ministry.
- 4. National Service Scheme (NSS) activities expose students to problems of socioeconomicallydeprived populations and serve as a bridge between Institution and community.
- 5. Unnat Bharat Abhiyan (UBA) programme of HRD Ministry: MGMIHS adopted 5 villages eachunder Navi Mumbai and Aurangabad, affording students an opportunity to work for underprivilegedtribal populations. The aim is to alleviate the problems of Water shortage, sanitation, livelihood generation, education and health, with a focus on reducing maternal and neonatalmorbidity.
- 6. **Optional holidays** are availed by employees for unlisted community festivals, based on individualrequirements.
- 7. **MatruBhashaDiwas:** Celebrated to provide platform for expression in Local language/mothertongue and promote community interaction.
- 8. International Day of Yoga (21st June) is celebrated.
- 9. Language classes in Hindi, English and Marathi overcome communication barriers.
- 10. Health care and Educational Activities for underprivileged sections: Active participation bystudents/staff in the following activities promotes harmony and tolerance towards cultural, regional, linguistic, and socioeconomic diversities.
- 11. Regular healthcare camps and educational/counselling sessions for underprivileged in semi urbanand rural areas including schools
- 12. Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) and Pradhan Mantri SurakshitMatritva Abhiyanprovide free health care.

	13. Community services: DOTS PLUS District Drug-resistant Tuberculosis centre (Navi			
	Mumbai), Thalassemia Day Care Centre (Navi Mumbai) and Tulip Centre (Aurangabad) for			
	breast diseases.			
	14. Collaborations for community benefit:			
	Sports Authority of India, National Training Centre			
	Aarambh Autistic Centre & Swayamsiddha-governed Viveksingh Special School			
	GeBBS Foundation, (Cervical Cancer)			
	NAAM & Yashaswini Foundation: free healthcare to families of farmers who			
	committedsuicide.			
	 District Blindness Control Society: eye donation and cataract surgery. 			
	Maya Foundation: cleft lip and cleft palate			
	Human Values and Professional Ethics			
7.1.9	Sensitization of students and employees of the Institution to the constitutional obligations:			
	values, rights, duties and responsibilities of citizens			
Q _I M	Describe the various activities in the Institution for inculcating values for being responsible			
	citizens as reflected in the Constitution of India within 500 words.			
	Deserves			
	Response:			
	MGMIHS follows constitutional obligations both in letter and in spirit. The name and emblem			
	ofMGMIHS represent dedication to Gandhian values. 'Social Commitment' and 'Exemplary			
	<i>leadership</i> ' areidentified as Graduate Attributes to be achieved by MGMIHS students.			
	reaction protocol and a structure rection be achieved by monthly structures.			
	Initiatives for sensitization to rights and duties and inculcating values:			
	1. Cultural harmony			
	 Major cultural/religious festivals such as Dussehra, Ganesh Chaturthi, Eid, 			
	Diwali,Christmas, Holi, Onam and Navratri are celebrated by students and staff of all			
	faiths.			
	 Students of different backgrounds join to organise festivals including cultural events, 			
	sportsand academic activities.			
	2. Respect to National Flag, National Anthem, symbols of Indian freedom struggle and			
	NationalIntegrity			
	National Flag is hoisted on Independence Day and Republic Day. Tributes to Gandhiji			
	aremade and patriotic songs sung.			
	 Gandhian thoughts are displayed on campus. On Gandhi Jayanti, functions and 			
	photoexhibitions are held.			
	 On Gandhiji's 150th birth anniversary, MGMIHS student secured first All-India position 			
	inSurvey on Gandhian Values by Re-Think India Foundation.			
	 National Unity Divas, Maharashtra Din, Matru Raj Bhasha Divas, National Integration 			
	dayand Teachers day are celebrated.			
	3. Service to the Nation			
	 Free health camps, blood donation camps and IEC activities sensitize students 			

	tocommunity health problems. Supportive appliances were distributed to 520 differentlyabledindividuals. Contribution to <i>Bharat Ke Veer</i> Fund, Home Ministry was made.
	 MGM Kerala Flood Relief Mission conducted 11 health camps, screened 1246 patients, andvisited houses for medicine distribution. Appreciations were received from
	 DistrictCollector, Alappuzha and Sevabharati Trust. Five MGIMHS students held officer posts in Medical Students Association of India inPublic Health; Reproductive Health; Human Rights and Peace; and Professional Such and Section 2010.
	 Exchange. NSS unit of MGMIHS follows the motto 'Not me but you' of selfless community serviceand has 500 student members.
	 MGMIHS has adopted 10 villages under Unnat Bharat Abhiyan (UBA) programme of HRDMinistry, to work with tribal populations.
	4. Environmental Preservation
	 Both campuses have won Swachhta awards from MHRD.
	 Students participate in tree plantation drives and Swachh Bharat Abhiyan, and
	receivedawards from MHRD for Swachh summer internship.
	MGMIHS encourages carpooling and use of public transport. Daily bus shuttle
	forstudents/faculty plies between campus and local railway station.
	Campus is a plastic-restricted zone.
	 64-hour Ability Enhancement Compulsory Course module on Environment incorporated inUG Curriculum.
	5. Developing ethical & scientific approach
	 Students are trained to handle patients ethically, maintaining confidentiality and integrity.
	 MGMIHS Bioethics Unit of UNESCO chair was established in 2016. Bioethics is includedin UG and PG curricula.
	 Workshop on Census data dessemination for faculty and students in 2015.
	6. Right to Equality & Freedom, Protection against Exploitation, and Constitutional Remedies.
	 Student Gender Champions and Gender Champion Committee are active. Gendersensitisation programmes are held.
	 Internal Complaint Cell, Grievance Redressal Cell, Anti-Ragging Committee and StudentCouncil are functional.
	7. Right to Freedom, Freedom of Religion, Culture and Education
	 Student Council provides a platform for students to communicate with faculty/management.
	 Students are members of IQAC at University level and other committees.
	All employees are treated equally irrespective of faith/community. Optional holidays are granted
	forcultural festivals.
7.1.11	Institution celebrates / organizes national and international commemorative days, events and
QIM	festivals

Describe the efforts of the Institution in celebrating /organizing national and international commemorative days, events and festivals during the last five years within 500 words

Response:

MGMIHS strongly believes that it is paramount to preserve and protect our national identity and culture byincreasing awareness in young students about our glorious heritage. The leaders of the Indian freedomstruggle played a great role in developing national strength and unity and left us the invaluable legacy of afree, democratic India. Our country has several eminent personalities whose vision has propelled us intobecoming a nation which is hospitable to all communities and religions, setting an example to the rest of the world for Unity in Diversity.

At MGMIHS, students are sensitized about significant landmarks in Indian history to inculcate a sense ofnational pride and patriotism. International days of significance are also celebrated to produce studentswho are responsible and conscientious world citizens.

For all the following commemorative days and festivals, **celebratory functions with speeches and talksare held** by students and staff. Additional activities are indicated as relevant.

- Independence Day (15th August)
- Republic Day (26th January)
- **Birth anniversary of Mahatma Gandhi (2nd October):** Tributes are offered to the statue of Mahatma Gandhi. Students conducted an exhibition and skit and made a movie on Gandhian values which was sent to HRD Ministry.
- National Unity Divas (RashtriyaEktaDiwas) (31st October): Outreach activities includingeducation of Anganwadi staff, Healthy Baby & Mother competitions, screening camps, and exhibitions.
- National Festivals: Diwali, Pongal, Navratri, Guru Purnima, Christmas are celebrated by constituent institutions.
- Teacher's Day (5th September)
- AmbedkarJayanthi (14th April)
- International Women's Day (8th March) & International Day of the Girl Child (11thOctober)
- **Children's Day (Bal Diwas) (14th November):** Functions include Healthy Baby competitions.
- World Health Day (7th April): Quiz for students, walkathon, talks on WHO theme of the year.
- World Physiotherapy day (8th September): Rally, poster presentation and seminars.
- Lamp lighting ceremony for nurses is a tribute to Florence Nightingale and formally declaresgraduating students' entry into the nursing profession.
- National Science day (28th February): Celebrated in the memory of Dr. C. V. Raman.
- International Day of Yoga (21st June): Yoga demonstration and training session, and Communitycounselling on Yoga at local Health Training Centre.
- Other International Commemorative Days/Weeks:

	 Eye Donation Week (4th-6th September)
	 World Tuberculosis Day (24th March)
	 World Diabetes day (14th November)
	 World AIDS day (1st December)
	 World Immunisation Week (24th – 30th April)
	 Breastfeeding Week (1st – 7th August)
	 World Cerebral Palsy Day (6th October): student rally in the community
	 World Suicide Prevention Day (10th September): CME progammes
	• World Mental Health Day (10th October): patient and caregiver felicitation, CME,
	freecamp and quiz for undergraduates.
	 International Day of Persons with Disabilities (3rd December)
	 International Leprosy Day (30th January)
	 World Breast Cancer Day (4th February)
	 World Sight Day (8th October)
	 World Heart Day (29th September)
	 World No Tobacco Day (31st May)
	 World Hospice & Palliative Care Day (10th October)
	 World Cancer Day (4th February)
	 World Thalassemia Day (8th May)
	Key Indicator - 7.2 Best Practices (30)
Metri	
c No.	
: No. 7.2.1	Describe two best practices successfully implemented by the Institution as per NAAC format
: No. 7.2.1	Describe two best practices successfully implemented by the Institution as per NAAC format provided in the Manual.
: No. 7.2.1	provided in the Manual.
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No. 7.2.1	provided in the Manual.
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: No. 7.2.1	provided in the Manual. BEST PRACTICE 1 Title of Best practice Innovative practice for enhancement of water conservation and sanitation management. Objectives of the practice
c No. 7.2.1	provided in the Manual. BEST PRACTICE 1 Title of Best practice Innovative practice for enhancement of water conservation and sanitation management. Objectives of the practice • To create a "water-secure" campus at MGMIHS
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farme	r livelihoodand economic development.
 The ca 	impus is dependent for water supply on CIDCO, which is limited. Total water
requir	ement ofcampus is app. 600 KLD out of which CIDCO supplies 450 KLD. Shortage of
150 KI	D is beingmet by purchasing water from outside (Water tankers). This costs app. 11
	per year. Due toincrease in student strength scarcity is proportionally increasing.
-	decided to achieve a "water-secure" MGM campus to meet the entire requirement
	erthrough in-house resources.
	ition, solid waste on campus needs to be handled in an eco-friendly manner.
	villages adopted by MGMIHS were found during sanitation survey, to have
	encies insanitation and water management, including practice of open defecation.
	HS took the initiative of setting in place processes to improve water management
andsa	nitation in concerned villages under UBA and SAP.
The Practice	
• Water	conservation and Sanitation activities on campus
0	· · · · · · · · · · · · · · · · · · ·
0	A Water Treatment Plant (WTP) has been established to convert rain water (from
-	theexisting pond) and grey water (domestic used non-flush waste water which ha
	beendiverted into the pond) into potable water fit for human consumption. The
	processingcapacity is 80 Kilolitres per day (KLD).
0	
0	This WTP is unique in many respects and is the first of its kind in India,
Ũ	incorporatingenergy-saving and space-saving technology with safe and highly
	efficient processes:
0	The vertical structure of the plant utilises gravity for the flow of unprocessed
0	water.
0	The plant has been designed for automatic operation, requiring only minimal
Ũ	humanintervention.
0	For disinfection, instead of Chlorine, it uses AOP (Advanced Oxidizing Process)
0	which is acombination of very high intensity UV radiation with chemical dosing to
	magnify UVpotential in the disinfection process.
0	For residual disinfection, CL02 is used (instead of chlorine) thereby avoiding the
0	generation of harmful by-products like THM and HAA.
0	Space-saving design allows the plant to occupy only 7.5 metres x 11 metres plinth
0	area.
0	Processing cost is only Rs. 0.03 to Rs. 0.035 per litre.
0	This method at WTP is being patented
0	•
0	A second plant is being installed to treat an additional 100 KLD.
0	Biodegradable waste is treated by composting.
0	Campus Sanitation Committee monitors water treatment and sanitation activities
• Water	conservation and Sanitation activities in Dhamni, Dherang, Choti-

	Dhamani&Houshachi-Wadi villages (under UBA and SAP)
	 A door-to-door toilet survey
	 Counselling of open defecators
	 Intensive awareness campaign against open defecation
	 Awareness talk on open defecation, hand-washing habit and sanitation.
	 Skit on open air defecation by MGM interns
	 Workshop on waste management for Anganwadi/ASHA workers/village
	leaders
	 Sanitation pledge for Anganwadi/ASHA workers/youth group members
	 Sanitation rally by medical students
	 Demonstration of Hand-washing for school/Anganwadi children
	 Drawing competition on 'Swachha Bharat' for school children
	 MGM team helped in successful completion/repair of semi-constructed
	toilets and renovation of school toilets.
	 Assisted Gram Panchayat to develop nallah system for waste water.
	 Master plan for providing potable water and repurposing of grey water made
	withhelp of water recycling consultant.
	 Survey at Choti-Dhamani and Houshachi-Wadi for water resource
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Evider • • •	sustainability. Ance of success Water requirements of campus: Deficit of water requirement is 150 KLD out of which first WTPmeets 80 KLD and second upcoming WTP will meet 100 KLD. Total requirement of campus wateris 600 KLD of which CIDCO supplies 450 KLD (shortage of 150 KLD). Reduction of water tanker requirement and saving of Rs 60 lakhs/annum which will furtherincrease. Saving of life cycle energy cost: The WTP utilises a pump of only 1.5 HP to lift the water. Saving of man-hours: Processing parameters are standardized and automated, with the humanoperator task limited to filling dosing vessels with processing chemicals. Potable quality water: reports of Government laboratory.
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Problems Encountered and Resources Required

- Allocation of resources and meticulous planning was required for construction of WTP.
- Coordination for sanitation related activities in outlying villages.
- Inculcating correct attitude among local villagers for community involvement in sanitation activities.

BEST PRACTICE 2

Title of the practice

Inculcating research, innovation and entrepreneurship among students and staff at MGMIHS.

Objectives of the practice

MGMIHS is focusing on research in areas ranging from drug discovery to patient care. The majorobjectives are:

- To foster research environment, innovation and entrepreneurial spirit among students, faculties and stakeholders.
- To provide basic, advanced and applied training in research.
- To explore the potential of interdisciplinary research for finding better, safer and more affordableways of diagnosing, treating and preventing disease.
- To boost advanced research so as to produce high impact factor publications, high value IPRs, commercialization of R&D outputs, technology transfer and entrepreneurship.
- To create research-driven skilled manpower.
- To support start-ups including mentoring and infrastructure.

The context

- Global disease burden is showing a worrying trend. Several factors are responsible for diseasedevelopment including poor sanitation, lack of clean water, interaction with infectious agents, errors in genetic makeup etc
- Modern dietary patterns and physical activity patterns are risk behaviours that travel acrosscountries, are transferable and affect disease patterns globally.
- Several factors such as disease detection techniques, availability of wide range of vaccines andactive pharmaceutical/ bio- pharmaceuticals, improved sanitation, availability of adequate food andsafe drinking water, and environmental consciousness contribute to better disease management.
- Nevertheless, a basic understanding of disease aetiology and interdisciplinary scientific interventionare needed for present-day disease management.
- With advancements in research, interdisciplinary scientific platforms can be expanded to harnessknowledge for disease management. Using such platforms, many diseases can be diagnosed, curedor predicted well in advance. Innovation plays a vital role in this domain.

The Practice

• To place emphasis on interdisciplinary scientific platforms, MGMIHS has carried out

		т
	studentcentricand innovation-driven research initiatives.	ļ
•	Several policies have been framed such as Incubation policy, Consultancy policy,	
	IntellectualProperty Rights (IPR) policy, etc.	
•	Innovation drive is focused on interdisciplinary research in the areas of Tuberculosis,	
	Malaria, Diabetes, Cardiovascular, Obesity, Ocular diseases etc.	
Infra	structure facilities	
•	MGMIHS has established MGMIHS OMICS Research Center and MGM Centre for	
	HumanMovement Science. MGMIHS OMICS Research Center as a part of Central Research	
	Laboratory,MGM Medical College is SIRO recognized.	
	 MGMIHS OMICS Research Center: Centre is focused on drug discovery and 	
	moleculardiagnostics. The Centre has integrated advanced knowledge of protein	
	science, enzymology, metabolic network, natural product chemistry, green	
	synthesis etc. under interdisciplinaryresearch.	
	 MGM Centre of Human Movement Science: established in collaboration with 	
	IndianInstitute of Technology, Bombay and International Society of Biomechanics	
	(USA) (ISB) toaddress an urgent need for integration of clinical biomechanics in	
	Indian healthcare.	
٠	MGM Central Research Laboratory: is well established to promote interdisciplinary	
	work. Zebrafish facility is in use.	
٠	Centre/Council to facilitate innovation	
	 MGMIHS established <i>MGMIHS Incubation and Innovation Centre</i> and 	
	Institution'sInnovation Council, to boost innovation ecosystem in campus.	
•	MGMIHS Incubation and Innovation Centre:	
	 Motto of the Centre is 'Discover, Develop And Deliver'. 	
	• Activities integrate multiple disciplines such as medical sciences, physiotherapy,	
	prostheticsand orthotics, nursing, biomedical sciences etc. This Centre is well	
	connected with variouslaboratories of MGMIHS for basic/applied work with	
	facilities of library, technical/ITSupport, laboratory, workshop & testing, research	
	mentoring etc.	
	 In the ideation stage, fourteen projects were proposed by faculties in domains 	
	such asbioprocesses, bioproducts, biomedical device, nutraceuticals,	
	pharmaceuticals, diagnostics, waste management and health care products. The	l
	outcome of the proposed projects targetsthe development of innovative novel	l
	product, process and technology	
	• For sensitization on innovation, the Centre has organised guest lecture on IPR,	
	Workshopon "Innovation and Intellectual Property Rights", Idea Competition and	
	Designcompetition.	
•	MGMIHS Institution Innovation Council (IIC):	

calendaractivities, MHRD Innovation Cell (MIC) and self-driven activities. • The Council has sensitized students, faculty and other stakeholders in the area of IPR, mainly patents. Evidence of success Ongoing interdisciplinary research has significantly boosted the domain of IPR. • Patents One patent awarded: (Quantum dot powered IP-10 antibody based kit for latent TB and TBantigen) has been granted by Govt. of India. 9 patents published Students have been involved in the process of patent grant from the stage of idea toinvention. • Copyrights: 8 copyrights have been published • Awards/Appreciation: Govt. of Maharashtra Award for excellence in medical education and contribution in field of National TB Program. MGMIHS faculty and students received 41 awards/ recognition for research. • **Publications:** • 2175 publications in peer-reviewed journals. • Funded research: 158 projects funded by external agencies including consultancy amounting to 391.41 lakhs. • Start-Ups Following nine start-ups incubated Gait and full body motion analysis system Cardiopulmonary fitness testing system Pedobarography system MGM Vaccum Dressing • Balance Performance Testing Center • Portable Biosafety cabinet • MGM 0 & P care MGM Fish feed technology Collaborative activities 108 collaborations/MOUs for research, faculty and student exchange, and industryinternship have been promoted. Job Placements o 74 Ph. D. students are placed for jobs in various colleges and companies. Activities of Institution's Innovation Council, MGMIHS Students were sensitized about diverse applications of research and were motivated

 Students were sensitized about diverse applications of research and were motivated in thefields of entrepreneurship and IPR. The total attendance for these events was

	797.
Prob	ems Encountered and Resources Required
0	Time is an important factor for interdisciplinary research and innovation.
0	All stakeholders need to dedicate a good amount of time to get the best output.
0	Faculty of various disciplines were required to adjust their academic/clinical responsibilities toparticipate in joint efforts.
0	More efforts to sensitise faculty & students of various disciplines for collaborative research work.
0	Needed more efforts to enhance the extramural funding to promote research & innovation fromgovernment & non-government agencies.
0	Enhance the international research collaborations for quality research output for the benefit of thecommon community.

Metric No.	
7.3.1	Portray the performance of the Institution in one area distinctive to its priority and thrustwithin 1000 words
QIM	Response:
	Integration of clinical biomechanics in Indian healthcare
	MGMIHS has identified the "Integration of clinical biomechanics in Indian healthcare' as area of distinctiveness of priority & thrust of institute.
	MGM Centre of Human Movement Science(MGMCHMS) was established by MGM School ofPhysiotherapy, Navi Mumbai in 2015 with support from International Society of Biomechanics,Pennsylvania, USA and Biomedical Engineering and Technology (incubation) Centre (BETiC)-IITBombayto address an urgent need of integration of clinical biomechanics in Indian healthcare.Clinical Biomechanics is a science of human movement in normal and pathological conditions, which isapplied in healthcare for diagnosis, clinical decision making for planning, measurement and monitoringtreatment outcome.The aim is to generate a task force within the country to undertake research & develop the science ofmovement analysis in India by conducting integrated training for clinicians & health care professionalswithin India to develop movement science for health promotion; reduction of rising burden of noncommunicable-diseases(NCDs) for e.g. diabetes, arthritis, Parkinson's, cerebral palsy, etc. and technologydesign for rehabilitation of movement disorders.The mission is to provide people with comprehensive movement-analysis facilities followinginjury/disorder at an affordable cost for precise clinical-decision-making. Infrastructure and manpower:
	MGM CHMS is spread over 2116 sq feet, equipped with robust state of art technology for comprehensiveevaluation of human motion; including 12-camera-system (Vicon,UK) for

Key Indicator - 7.3 Institutional Distinctiveness (20)

kinematic; three forceplatforms (AMTI,USA) for kinetics; FitmateMed (COSMED, Italy) for metabolic cost and Surface-EMGSystem (Delsys, USA) to measure muscle activity during motion. A pressure platform (novel,emed,Germany)evaluates foot-geometry and plantar-pressure distribution and Step-Watch-Activity-Monitor(USA) records daily walking performance. A core team of 4 Physiotherapy faculty members, 2research fellows and 2 master's students in Physiotherapy contribute to academic, clinical and researchactivities of MGMCHMS.

Activities:

Academic: The Centre has offered exclusive live-training in Human Movement Science/Kinesiology/Clinical Biomechanics-particularly-3DGait Testing as curricular activity to over 1000students of MGMIHS, including BPT,MPT,P&O, M.S.(Ortho)programs. Additionally, 9 Value Added Courses were offered; including 6 in 2D/3D Gait-Analysis and 3 in ClinicalBiomechanics which benefitted health and engineering students and research scholars across India andguided tours to spread knowledge and awareness of biomechanics. Clinical:MGMCHMS has offered exclusive gait/running/balance/foot geometry/dance movement/sporttesting/squat analysis to a wide spectrum of over 500 patients following injury/disorders e.g. cerebralpalsy/knee-OA/amputation/knee-arthroplasty/stroke/diabeticfoot/Parkinson's-disease/sportsinjuries/dance- injuries for precise treatment planning and performance enhancement.

Research:

The thrust of inter-disciplinary collaborative research at MGMCHMS resonates with India's nationalhealth priority to reduce rising burden of NCDs by exploring simple, life-style modification solutions forhealth-promotion.Projects designed for biomechanical exploration of Yogasanase.g.Suryanamaskar; ground-level-activitye.g. squatting; classical dance-forms-e.g.Bharatnatyam and traditional sports-e.g. skipping are funded intramurally.Research efforts continue to maximize function in cerebral palsy children, people withOsteoarthritis, early detection of risk to foot-injury in diabetic-neuropathy; design simple tool to reduce fatigue of spine muscles among mathadi (labourers)-workers

fatigue of spine muscles among mathadi (labourers)-workers.

- National interdisciplinary project with Mechanical Engineering Dept.-**IIT Bombay** to develop apowered trans-tibial-prosthesis for people with below-knee-amputation is funded by Departmentof-Biotechnology.
- International interdisciplinary project with Mechanical-Material Engineering Dept., QueensUniversity, Canada was funded by NSERC, Canada and Shastri-Indo-Canadian Institute toevaluate birthing positions in non-pregnant women.
- Additionally, complementary research in healthcare conducted by PhD scholars and postgraduate students of Physiotherapy and Engineering has resulted in 13 scientific publications till date.

Validation of Technology:

The Centre has validated 5 devices in motion-technology; out of which two were awarded for scientificinnovation at national and international level respectively.

Start-ups:

Four Start-ups are being incubated based on original research output generated by MGMCHMS. **IPR: 02 Patents filed & testing data are copyright.**

Interdisciplinary collaborative research work has led to **two patents** titled-'A device for measurement ofproperties of a body part'(2015) & 'A Device for Screening of a Diabetic Foot'(2018) which are filed.Indigenous data and testing reports(6) are filed for copy-right and 1 tool is copyrighted (2018).

Collaborations and Linkages:

MGMCHMS works with distinguished researchers from health and engineering disciplines nationally and internationally from Government and Non-Government-Organizations to integrate clinical biomechanics in Indian healthcare to address unmet needs. Collaborations:

- IIT-Bombay
- IIT-Madras
- Cardiff University-UK
- International Society of Biomechanics-Pennsylvania-USA
- University of Sydney-Australia
- World Spine Care
- KaivalyaDhama Yoga-Institute, Lonavala, Sancheti College of Physiotherapy, Pune; RatnanidhiCharitable Trust-Mumbai etc.

The Centre is actively linked with India Institute of Science(IISc), Bangalore; SVYASA, Bangalore; BARC Mumbai etc in projects of mutual interest.

Uniqueness:

One of the exclusive feature of MGMCHMS is it's interdisciplinary approach adopted to trainstudents(MPT, MTech) and research scholars(PhD) of national premier Government engineering andtechnology institutes (e.g. IITs,NITs,BARC) and clinicians and provide them a conducive platform toundertake collaborative research; despite being a self-funded Centre. MGMCHMS is the only Center in India, offering clinical-services in India along with Bangladesh and Germany and validates technologies developed by industries.

Eminent Visitors:

The Centre has benefitted from input provided by eminent personalities:

- Padma-Vibhushan Dr.AnilKakodkar, Chairman Rajiv Gandhi Science & Technology, Govt. ofIndia, Ex-Chairman BARC, Mumbai;
- Dr.PrabhatRanjan, Executive Director, Technology Information, Forecasting and AssessmentCouncil (TIFAC);
- PadmashriDr.Kanak Rele Founder-Director, Nalanda Dance Research Centre, Mumbai;
- Dr.Manohar Panjabi, Dr Margareta Nordin-Vice President, World Spine Care & Professor, NewYork University-USA;
- Dr.DH Dastoor, Ex-HOD, Physiotherapy, Seth GSMC& KEM Hospital, Mumbai;

٠	Dr.John Reid, President Indo- Canadian-Shastri-Institute;
•	Dr.Roshan Wania, Senior Neuro-Physiotherapist, Bombay Hospital;
•	Dr.Robert VanDeursen,Professor, RehabilitationScience,Cardiff University-UK;
•	Dr.KathrynRefshauge,Chair of Physiotherapy &Dean,Faculty of Health Sciences, University of Sydney, Australia;
•	Dr.Genieve Dumas, Professor, Dept.Mechanical& Material Engineering, Queens
•	University,Canada;
•	Dr.AndreaHemmerich, Affiliate-Societies-Officer, International Society of Biomechanics;
•	Dr.ScottHaldeman,President, Global Spine Care Initiative,USA;
٠	Dr.Brian Kennedy Sports Journalist-Writer, California, USA; etc.
Futur	e plan:
•	To develop MGMCHMS as an international Centre of Excellence in Human Movement Science;
•	Recognition of MGMCHMS as a National & international Centre for Validation of Technologypertinent to motion;
•	Development of much-needed health care solutions for early detection and management
•	of neuromusculo-skeletal and cardio-pulmonary conditions for reduction of burden of
	NCDs.
	NCDS.

Remarks of Committee:

Several measures for gender equity promotion have been undertaken by the University. The inclusive environment of the Institution is well reflected. The stakeholders have been sensitized to the constitutional obligations. The culture of Gandhian Philosophy is unique and internalized as a cultural value in the true sense. The initiative of integration of Biomechanics in Health care is highly appreciated.

Final Remarks of the Academic and Administrative Committee:

- 1. Curricular revisions have been done periodically, in line with guidelines given by respective Statutory Councils, including innovative pedagogies.
- 2. The University is in process of having a full time Director for the Internal Quality Assurance Cell.
- 3. It is desirable to have an Industry expert in the Internal Quality Assurance Cell of the University.
- 4. The outcomes of the workshops / CME related to quality enhancement / faculty development, should be critically analysed by the IQAC.
- 5. The Skills Laboratory has state-of-art infrastructure. Its role in Curricular Governance needs to be clearly reflected, especially with reference to implementation of the Competency-Based Curriculum for undergraduate students.
- The Medical Education Units have been proactive in training of Faculty for CBME Curriculum. They have a great potential to formulate module-based sessions for selected teaching skills for postgraduate students.
- 7. The Innovation and Incubation Centre of the University has been instrumental in (initiating start-ups. There is a scope for more initiatives. The Research Cell should have a close follow-up on progress / outcomes of various activities of the Centre.)
- 8. University can initiate more theme-based national and international collaborations.
- 9. The initiative to start programs of MS Traumatology and Surgery and MD Family Medicine is highly appreciated. However, the concerned Departments need to mature over time. The concept of Department Mentoring for new departments needs to be in place.
- 10. The Action Taken Report needs to be available at department level as well.
- 11. Alumni participation in academic activities could be strengthened.
- 12. There is a great scope for Department of Geriatrics to undertake Quality of Life studies.

13 The Institution can identify Departments with a 'potential for Centre of Excellence'

14 All departments will keep the IQAC in loop for all activities like a hub and spook model.

Name and Signatures of Committee Members:

- 1. Dr. Narinder Kumar Aggarwal (Chairperson):
- 2. Dr. Siddharth P. Dubhashi (Member):

3. Dr. Savita Ravindra (Member): Ravindra

4. Dr. Sudha Raddi (Member):

Sudha

M

MBBS, MD. M

Disector Prof (Dr.) N K Aggarwal MD. M / WHO FELLOW: FICEMIT FLAME

Head Dep/ Forensic Medicine & Torensic UCMS & GTB Hospital Dilshad Garden Com/25 (university Of Delhi)

Date: 9th February 2021 Place: Navi Mumbai

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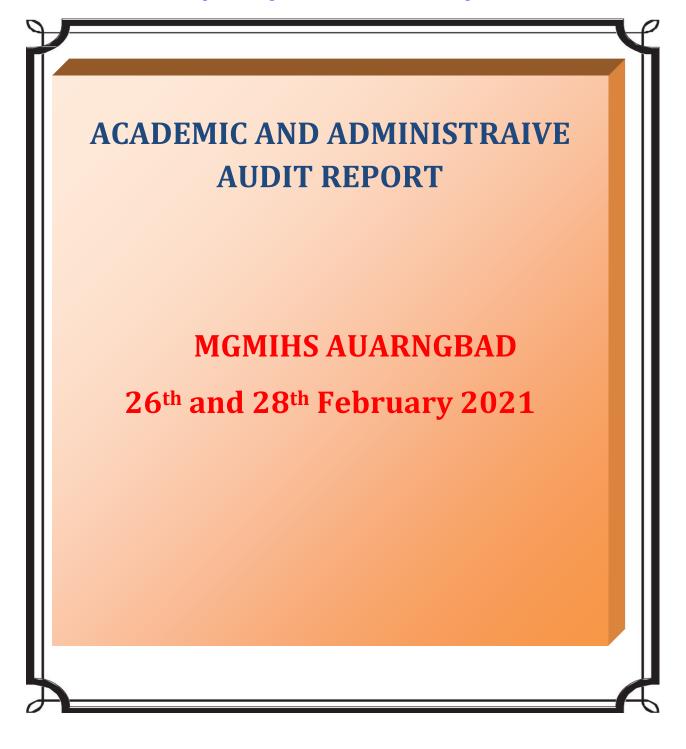
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MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956) Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai -410 209 Tel 022-27432471, 022-27432994, Fax 022 -27431094 E-mail: <u>registrar@mgmuhs.com</u> ; Website : <u>www.mgmuhs.com</u>



Report of the Academic and Administrative Audit Committee

Name of the University: MGM Institute of Health Sciences, Navi Mumbai

Address:MGM Institute of Health Sciences, Sector 1,Kamothe, Navi Mumbai

Year of establishment: 30-08-2006

Name of Vice Chancellor: Dr. ShashankD. Dalvi

Name of Registrar:Dr. R. B. Goel

Name of IQAC Coordinator:Dr.Rita M.Khadkikar Name of IQAC Coordinator (Aurangabad Campus):Dr. Swati Shiradkar

Total number of constituent Units:8

Total number of Departments:34

Permanent faculty strength:487

Permanent supporting staff strength:1557

Total number of students:3952

Date of AAA Committee visit: 26th to 28thFebruary 2021 (Aurangabad Campus)

Visit schedule: Annexure

Committee Members:

- 1. Dr. Siddharth P. Dubhashi, Professor and Head, Department of Surgery, AIIMS Nagpur
- 2. Dr. Forhad Akhtar Zaman, Additional Professor and Head, Department of Community & Family Medicine, AlIMS Guwahati

Remarks of the Academic and Administrative Committee:

- 1. Curricular revisions have been done periodically, in line with guidelines given by respective Statutory Councils, including innovative pedagogies.
- 2. The outcomes of the workshops / CME related to quality enhancement / faculty development, should be critically analysed by the IQAC.
- 3. The Action Taken Report needs to be available at department level as well.

- 4. Alumni participation in academic activities could be strengthened.
- 5. All departments will keep the IQAC in loop_for all activities. Documents should be readily available at Central level.
- 6. The Institution has a State-of-Art Learning Resource Centre. However, its utility by prime stakeholders (Students and faculty) needs to be clearly reflected.
- **7.** The process of approval of research projects / PG dissertations / student projects should be strictly in accordance with the Standard Operating Procedures.
- 8. It is desirable to designate UG and PG training Coordinators for each department. Documentation at Department level for postgraduate teaching-learning activities needs to be strengthened. Lesson Plans, especially for Undergraduate training program need to be well-documented.
- 9. Stakeholders be made aware of the remedial training programs.
- **10.** All documents at department level should be authenticated by the Head of department with his / her stamp and signature.
- Adequate student representation should be evident on all relevant Committees of the Institution.
- 12. The Governance of the Institution should reflect clear decentralization. Presentations / Visit should be conducted only by the concerned designated faculty for his / her department / central facility / section.

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ND

Name and Signatures of Committee Members:

- 1. Dr. Siddharth P. Dubhashi
- 2. Dr. Forhad Akhtar Zaman:

Date: 28th February 2021

Place: Aurangabad





MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956) Grade 'A' Accredited by NAAC Sector-01, Kamothe, Navi Mumbai -410 209 Tel 022-27432471, 022-27432994, Fax 022 -27431094 E-mail- <u>registrar@mgmuhs.com</u> Website : <u>www.mgmuhs.com</u>



