



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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CHOICE BASED CREDIT SYSTEM

(CBCS)

(with effect from 2018-19 Batches)

Curriculum for

Masters in Hospital Administration

Amended upto AC-41/2021, Dated 27/08/2021

Amended History

1. Approved in BOM-53/2018 [Resolution No. 4.5.3] Dated 19/05/2018.
2. As Amended in BOM-55/2018 [Resolution No.4.13], Dated 27/11/2018.
3. As Amended in BOM-57/2019, [Resolution No.3.1.4.2], [Resolution No.3.2.1.6. a], Dated 26/04/2019.
4. As Amended in BOM-63/2021[Resolution No.4.3.1.2], [Resolution No.4.3.1.3.], Dated 17/02/2021.
5. As Amended in AC-41/2021 [Resolution No. 3.5]; dated 27/08/2021.

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DIRECTOR'S MESSAGE

Dear Students,

At the outset, I would like to welcome you all for the Masters in Hospital Administration Programme at MGM School of Biomedical Sciences.

At MGM School of Biomedical Sciences, we endeavor to encourage students to become engaged, be active learners and to promote medical research so that ultimately they acquire knowledge, skills, and understanding so that we provide well qualified and trained professionals in allied health sciences to improve the quality of life.

As there is increased need to deliver high quality, timely and easily accessible patient care system the collaborative efforts among physicians, nurses and allied health providers become ever more essential for an effective patient care. Thus the role of allied health professionals in ever-evolving medical system is very important in providing high-quality patient care.

MGM School of Biomedical Sciences envisions continuously growing and reforming. Reformation is essential to any growing institution as it fulfills our bold aspirations of providing the best for the students, for us to serve long into the future and to get ourselves updated to changing and evolving trends in the health care systems.

Dr. Mansee Thakur

I/C Director

MGM School of Biomedical Sciences

HEAD OF DEPARTMENT'S MESSAGE

Dear Students,

Greetings!!!!

I take this opportunity to welcome you on behalf of MGM Family to the Masters in Hospital Administration, MGM School of Biomedical Sciences (MGM SBS).

The Masters in Hospital Administration course is the threshold of Inspiring, engaging and satisfying learning experience.

This course is designed to give administrative advantages for professionals from medical, health and allied discipline. As a student at MGM SBS, you are expected to experience the culture of learning by doing. The teaching pedagogy involves mix of working in health care system and classroom sessions. In this endeavor our students become colleagues. So, your active participation in enriching the learning experience is encouraged.

The industry visits are also given a strong weightages in this program and I am sure that you will find your tenure as a student at MGM SBS academically and professionally rewarding. This Hand Book is designed to enable students to have a complete understating of the academic and practical training programmes of the course, so that you will be able to meet the needs of the pedagogy.

With Best Wishes,

Dr. Archana Mishra

Head of Department

Associate Professor,

MGM SBS

ABOUT MGM SCHOOL OF BIOMEDICAL SCIENCES

Mission

To improve the quality of life, both at individual and community levels by imparting quality medical education to tomorrow's doctors and medical scientists and by advancing knowledge in all fields of health sciences through meaningful and ethical research.

Vision

By the year 2020, MGM Institute of Health Sciences aims to be top-ranking Centre of Excellence in Medical Education and Research. Students graduating from the Institute will have the required skills to deliver quality health care to all sections of the society with compassion and benevolence, without prejudice or discrimination, at an affordable cost. As a research Centre, it shall focus on finding better, safer and affordable ways of diagnosing, treating and preventing diseases. In doing so, it will maintain the highest ethical standards.

About – School of Biomedical Sciences

MGM School of Biomedical Sciences has been formed under MGM IHS with the vision of offering basic allied science and Medical courses for students who aspire to pursue their career in the allied health sciences, teaching as well as medical research.

School of Biomedical Sciences is dedicated to the provision of the highest quality education in basic medical sciences by offering a dynamic study environment with the labs which are well equipped and through extensive field work. The school encompasses 16 courses each with its own distinct, specialized body of knowledge and skill. This includes 7 UG courses and 9 PG courses.

The college at its growing years started with just mere 100 students has recorded exponential growth and is now a full-fledged educational and research institution with the student strength reaching approximately 538.

ACADEMICS

MASTERS IN HOSPITAL ADMINISTRATION

(CHOICE BASED CREDIT SYSTEM)

To create Professionals equipped with Conceptual, Managerial and Practical skills by providing trainings in various functional areas of Hospital Industry.

Duration of the Programme: The Course shall extend over a period of 2 years with four semesters. Each year consist of 2 semesters with examinations at the end of every semester.

Eligibility for admission: Candidates admitted to the MHA should be a graduate from a recognized University with minimum 50% marks in qualifying examination. The candidates with experience will be given preference.

Faculty Qualification: Ph.D./MBA/ MHA/ MD/ PGDM/ M.Com with Industry Experience.

Scheme of Examinations: There shall be examination at the end of each semester, which will be consisting of theory, case studies and Internal Assessments.

Field Visit Students shall visit Primary Health care, Secondary Health care, and Tertiary Health care, Hospitals, Corporate Hospitals, Pharmaceutical companies, Production plant during their 1st semester field visit and produce a report which will be considered for internal evaluation. Students will also be given opportunity for an International tour to observe and study about a developed health system during their third semester (Optional). The International tour would be self sponsored tour for one week's duration.

Requirement to Appear for the Examination A candidate shall be permitted to appear for the university examination of any semester, if he/ she secure not less than 75% of attendance in the number of instructional days, failing which he/ she should redo that course of study. The criterion for appearing in IVth semester examination is to qualify all subjects of I, II and III semesters.

Medium of Instruction and Examination The medium of instruction throughout the course and the examinations shall be **English** only.

Passing Minimum A Candidate shall be declared to have passed the examination in a subject if he/she secured not less than 50% in aggregate internal and external examinations.

Conferment of Degree A candidate, who has passed all the examinations as prescribed, shall be eligible to receive the degree of —"Masters in Hospital Administration" from the MGM University of Health Sciences.

Semester I

	Syllabus Ref. No.	Subject	Credits	Teaching hours	Marks		
					Internal Assessment	Semester Exam	Total
	Theory						
	MHA 101 T	Epidemiology and Demography	4	4	20	80	100
	MHA 102 T	Health Economics	4	4	20	80	100
	MHA 103 T	Business Communication	4	4	20	80	100
	MHA 104 T	Health Care System and Policies & Health Surveys	4	4	20	80	100
	MHA 105 T	Principles of Management	2	2	10	40	50
	MHA 106 T	Orientation of Hospital Industry	2	2	10	40	50
	Practical						
	MHA 107 P	Industry Posting	4	8	20	80	100
		Total	24	28	120	480	600

Semester II

	Syllabus Ref. No.	Subject	Credits	Teaching hours	Marks		
					Internal Assessment	Semester Exam	Total
	Theory						
	MHA 108 T	Hospital Planning and Management	4	4	20	80	100
	MHA 109 T	Organizational Behaviour	2	2	10	40	50
	MHA 110 T	Managerial Communication	2	2	10	40	50
	MHA 111 T	Accounting & Costing	2	2	10	40	50
	MHA 112 T	Management Information System	2	2	10	40	50
	MHA 113 T	Human Resource Management	2	2	10	40	50
	MHA 114 T	Project Management	2	2	10	40	50
	CC 001 T	Research Methodology & Biostatistics (Core Course)	4	4	20	80	100
	Practical						
	MHA 115 P	Hospital Project	8	16	20	80	100
	CC 001 P	Research Methodology & Biostatistics (Core Course)	2	4	10	40	50

		Total	30	40	130	520	650
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Semester III

	Syllabus Ref. No.	Subject	Credits	Teaching hours	Marks		
					Internal Assessment	Semester Exam	Total
		Theory					
		Core Electives (Any one)**					
	MHA 116 T	1. Quality Management & Accreditation in Hospital	4	4	20	80	100
	MHA 117 T	2. Health Insurance					
	MHA 118 T	3. Hospital Super-specialty					
	MHA 119 T	4. Services Management					
	MHA 120 T	Legal Framework in Hospital	4	4	20	80	100
	MHA 121 T	Marketing Management for Hospital	4	4	20	80	100
	MHA 122 T	Material Management	2	2	10	40	50
	MHA 123 T	Financial Management	2	2	10	40	50
	MHA 124 T	Strategic Management	2	2	10	40	50
	MHA 125 T	Medical Technology management	2	2	10	40	50
	MHA 126	Dissertation/Project Proposal*	6	12	50	-	50
		Practical					
	MHA 127 P	Internship	8	16	20	80	100
		Total	34	48	170	480	650

Semester IV

	Syllabus Ref. No.	Subject	Credits	Teaching hours	Marks		
					Internal Assessment	Semester Exam	Total
		Theory					
		General Electives (Any one)**	4	4	100	-	100
	GE 001 T	Pursuit of Inner Self Excellence (POISE)					
	GE 002 T	Bioethics, Biosafety, IPR & Technology Transfer					
	GE 003 T	Disaster management and mitigation resources					
	GE 004 T	Human Rights					

	MHA 126	Dissertation/Project*	18	36	-	200	200
	Practical						
	MHA 128 P	Educational Tour / Field Work/Industrial Visit/Hospital Visit*	2	0	50	-	50
	Total		24	40	150	200	350

*(a) *Dissertation / Project* Course commences in III Semester

(b) *Educational Tours / Field Works* Course may be carried out in any Semester or all Semesters but evaluated and Grade Points are to be added in 4th Semester.

(Elective): Any one subject is to be chosen from the following (Subjects offered may change from time to time depending on the availability of expertise)

**Elective courses may or may not have practical and/or field work.

▲ Multidisciplinary / Interdisciplinary

EDUCATIONAL/INDUSTRIAL TOUR IN THE PROGRAM:

Industrial visit (National and International) has its own importance in building a career of a student which is pursuing a professional degree. Objectives of industrial visit are to provide students an insight regarding internal working of reputed hospitals and labs. Industrial visits provides students an opportunity to learn practically thoughts interactions, working methods and employment practices as theoretical knowledge is not enough for making a competent and skilful professionals.

PROGRAMME OBJECTIVES & OUTCOME

Programme Objectives:	<ul style="list-style-type: none"> • Hospital Administration is a branch which is gaining increasing importance. As successful management is required in the ever-expanding field of corporate, Similarly, able and capable managers/ administrators are required in the hospitals too, who serve as a strong ‘Back Bone’ of the health care industry. • Hospitals in India whether it belongs to a private or public sector, should have at least 2-3 qualified and trained Hospital Administrators. • There are about 2.5 lac hospitals and for their smooth administration, about 15000 trained hospital administrators are required every year. • The demand for trained hospital administrators is increasing not only in government sectors like “National Rural Health Mission” but also in private sectors like- Medical Diagnostic Hardware and Software Companies, Health Insurance Companies, Pharma-Companies, Health Diagnostic Centre, Medico - Legal Consulting Companies and also in companies involved in the production of Hospital Equipments, Hospital Information System (H.I.S). • The programme is design to impart multi-dimensional knowledge of the aforesaid domain to the students. • Masters in Hospital Administration can be taken up by any student who has completed any medical related graduation degree or has completed B.Sc (Nursing). It’s a two year course which deals with the subjects like, Mathematics, Accounts, Principles of Management, Business Communication etc. Along with these, various other subjects related to hospitals like- Hospital Planning & Design, Medico -Legal, Operation Management, Health Statistics, Health-Economics etc. are also being taught in it. • This course is a fantastic option for the graduates like- M.B.B.S, B.D.S, B.A.MS, B.H.M.S, Bio-Technology), B.P.T., B.Sc.(Nursing), Pharmacy ,etc.
Programme Outcome:	<ul style="list-style-type: none"> • The students after completing this course would be able to manage hospitals, clinics, nursing homes, and other healthcare facilities. • They would also be able to work for public health organizations, pharmaceutical companies, and other organizations. • The students can take up responsibilities of managing specific departments, such as admissions, or supportive roles. • The students will acquire skills and knowledge areas like Analyzing Costs of Treatment Alternatives, Compliance With Healthcare Regulations, Conducting Medical Facility Inspections, Developing Strong Physician Relationships, Ensuring Compliance with Regulations, Handling Confidential Information, Health Care Issues, Health Insurance Processing, Hospital and Physician Billing, Medical Services Delivery, Resolving Patient Grievances, Treatment Services etc.

Semester I

MHA 101 T :EPIDEMIOLOGY and DEMOGRAPHY

Total Hours = 60

Course objective	<ul style="list-style-type: none"> • The course is designed to know about the public health problems and its determinants • The course is design to empower students to understand the study of distribution and determination of disease control. • The course includes statistical population such as statistic of births, deaths, marriage etc and its consequence son Indian health care system. • The course is developed to make students learn about the relationship between demography and its effects on public health
Course outcomes	<ul style="list-style-type: none"> • After completing the course students will be able to deal with public health problems and its determinants. They will be able to apply their skills in the discipline. • The student will complete the course and support the healthcare system by understanding the distribution and determination of disease control. • Students will be able to apply the inputs of statistics such as statistic of births, deaths, marriage etc in drafting policies or operational plan. • The students will understand the relationship between demography and its effects on public health.

Unit I. Introduction to human Biology

Human life cycle, Definition & structure of cell, Tissue structure & Type, Anatomy and physiology of human organ and organ related diseases, Digestive system, 2. Respiratory system, 3. Cardiovascular System 4. Lymphoid & haemopoiteic system (circulatory), 5. Nervous & the special senses, 6. Muscular and Skeletal system, 7. Excretory System 8. Urinary system 9. Reproductive System (Female and Male)

Unit II Introduction to Epidemiology

Definition, Historical developments: John snows study and Doll and Hill study, epidemiological triad, Role of epidemiology in health services.

Exposures and outcomes: Types of exposure and outcomes, sources of exposures includes questionnaires (self administered & interviewer administered), records, biological and environmental measurements

Measures of occurrence of disease and other health related events

Measures of morbidity – point & period prevalence, incidence rate, person years, age specific incidence rates, case fatality rate, Odds of a disease & exposure.

Standardization of rates- Concept, Direct & indirect methods and introduction to confounding

Unit III: Observational Study Designs

Descriptive Epidemiological Studies: Case report, Case series, Correlational studies, Cross sectional studies- Design, analysis, merits and demerits of all these studies

Analytical Epidemiological studies – Case control & Cohort

Case Control :Definition & selection of cases and controls, measuring exposure, Analysis - Odds Ratio (OR), Confidence interval for OR, Interpretation of results, Advantages & disadvantages of case control studies, advantages & disadvantages of population based case control studies over hospital based.

Matched case control studies- selection of controls, analysis, advantages and disadvantages of matching

Cohort Studies: Choice of study population, definition of cohort, choice of comparison group, measurement of exposure, outcomes, Analysis -Relative risk (RR), Rate difference, confidence interval for RR, interpretation of RR.

Methodology, analysis, merits & demerits of Nested case control studies, Case cohort studies and historical cohort studies.

Advantages & disadvantages of prospective, historical, nested case control studies

Different types of biases in epidemiological studies Association and causality: Hill's criteria - Temporal relationship, biological plausibility, consistency, strength, exposure-response relationship, specificity, reversibility, coherence

Unit IV: Dealing with confounding variables and measures of exposure effect

Dealing with confounding variables – Various methods of dealing with confounding, matching (advantages and disadvantages), propensity score matching, restricted sampling, Introduction to stratification, Mantel Haenszel summary measures - MH Odds ratio & MH risk ratio, MH Confidence interval for OR & RR

Interaction- additive and multiplicative

Measures of exposure effect – Relative and absolute measures of exposure effect

Relative measures - Risk ratio, rate ratio and odds ratio

Absolute measures – Attributable risk, Attributable risk percentage, population excess risk

Unit V: Surveillance & Screening

Basic concepts of surveillance and levels of prevention – Primary, Secondary & tertiary Screening – Definition and requirements, evaluation of screening programs, biases, Validity, Sensitivity, specificity, positive predictive, negative predictive test results, likelihood ratio positive & negative, ROC analysis.

Text books:

1. Guyton Arthur C. 1991 Textbook of Medical Physiology A Prism Book Pvt. Ltd. Bangalore
2. Horton Casey 1994 Atlas of Anatomy Marshall Cavendish Books London
3. W.Gordon Sears Robert S. Winwood and J.L. Smith 1985 Anatomy and Physiology for Nurses and Students of Human Biology Education Academic and Medicinal Publishing Division of Hodder and Stoughton London.
4. Keele Neil et.al 1991 Samson Wright's Applied Physiology Oxford University Press Delhi.
5. Gordis Leon (1996). Epidemiology Elsevier Philadelphia.
6. Greenland & Rothman Kenneth (2008). Modern epidemiology Wolters Kluwer Health (India) Pvt Ltd New Delhi.
7. Detels Roger & Others (2006). Oxford Text Book of Public Health Oxford University Press Oxford.

Reference Books

1. Last John N & Others (2001). Dictionary of Epidemiology Oxford University Press
2. Dos Santos Silva (1999). Cancer Epidemiology: Principles and Methods IARC WHO.
3. Beaglehole R & Others (2002). Basic Epidemiology WHO Geneva.
4. Knapp Rebecca G & Miller Clinton M (1992). National Medical Series for Independent Study: Clinical Epidemiology and Biostatistics; William & Wilkins Baltimore.
5. Joseph L Fleiss (1981). Statistical methods for rates and proportions John Wiley & Sons New York.
6. Park K (2009). Park's Text Book of Preventive and Social Medicine Banarsidas Bhanot Jabalpur .
7. Hennekens C H & Buring JE (1987). Epidemiology in Medicine Little Brown & Co Boston
8. Breslow & Day (1980). Statistical Methods in Cancer Research Vol. 1 : The Analysis of Case-Control Studies WHO.
9. Schlesselman JJ . Case-Control studies: Design conduct and analysis.
10. Altman Douglas G (2000). Practical Statistics for Medical Research Chapman & Hall London.
11. Wassertheil Smoller Sylvi (2004). Biostatistics and Epidemiology: A Primer for Health and Biomedical Professionals Springer Verlag New York .

DEMOGRAPHY

Unit I Introduction to demography

Introduction to demography and the link with health sciences

Definition and Scope; historical trends in population situation in the world; Present population situation in the world and in the world and in developed countries

- Sources of Demographic Data
Population census; Uses and limitations; various sources of nuptiality, fertility and mortality data and its quality; Vital registration, National Sample Survey Sample Registration System and Demographic Health Surveys (DHS) and other sources
- Dynamics of Age-Sex
 - a. Importance of Age-sex structure in population dynamics
 - b. Role of sex ratio of India's population and factors in changing sex structure of India's population.
- Concepts and Basic Measures of Fertility
 - a. Rates and ratios
 - b. Basic Concepts and Measures of Current/Period Fertility/Fecundity/Natural Fertility etc.
 - c. Measures of reproduction(GRR, NRR)
 - d. Age pattern of fertility and its importance in understanding fertility transition
- Nuptiality
 - a. Introduction, Basic Concepts, Source of Nuptiality, measures and Indices of Nuptiality
 - b. Singulate Mean Age at Marriage (SMAM), marriage pattern and trend
- Concepts and Basic Measures of Mortality
 - a. Some Fundamental definitions and Sources of Information
Definition of deaths and fetal deaths according to WHO; Need and Importance of the study of Mortality;
Introduction and basic measures: Concepts of person years lived;
Some basic measures: - crude death rate (CDR) and Age-Specific Death Rates (ASDRs)- their relatives merits and demerits. Broad Age-group.
 - b. Techniques of standardization Rates/Ratio
 - c. Child and Infant mortality estimation procedure, calendar/cohort concept of rate
 - d. Measures of pregnancy wastage
 - e. Historic of pattern of age sex mortality

Unit II Migration and Urbanization

A. Migration

- a. Concept of mobility and migration, sources and quality of data, types of migration, census definition of migrants, limitations.
- b. Measures of Migration – Direct estimation of lifetime and inter-censal migration rates from census data
- c. International migration

B. Urbanization

- a. Spatial distribution: importance and pattern, factors affecting spatial distribution of population: physical, economic, social factors and Govt. policies.
- b. Selected measures of concentration of population-Density, percentage distribution and dissimilarity index; Selected measures of Degree and tempo of urbanization; Growth and distribution of urban population, Rank-Size rule and Primacy Index, Lorenz curve and Gini's concentration ratio.

Reference:

1. Jacob S. Siegel and David a. Swanson (2004): *The Methods and Materials of Demography*, Second Edition, Chapters 1, 2, 3, 7, 9,10, Elsevier Science, USA.

2. Asha A. Bhende and Tara Kanitkar, (2003), *Principles of Population Studies*, Sixteenth Revised Edition, Himalaya Publishing House, Mumbai.
3. John R. Weeks, (2005), *Population: An Introduction to Concepts and Issues*, Ninth Edition, Wadsworth Publishing Company, Belmont, California.
4. Ram, F. and K.B. Pathak (1998): *Techniques of Demographic Analysis*, 2nd Ed, Himalaya Publishing house, Bombay(Chapters 2 & 3).
5. United Nations, (1974): *Methods of Measuring Internal Migration*, Manual VI, UN, New York.
6. United Nations, (2004): *World Urbanization Prospects, The 2003 Revision*, New York.

MHA 102 T :HEALTH ECONOMICS

Total Hours = 60

Course objective	<ul style="list-style-type: none"> • The objective of the course is to develop an understanding about the application of economics in healthcare among the students. • The students will be able to learn about the issues related to effectiveness,value and behaviorof production and consumption of health and healthcare.
Course outcomes	<ul style="list-style-type: none"> • After completing the course students would be able to successfully understand the dynamics of economics in healthcare. • Students can understand the demands and necessary inputs to be made available as hospital administrators. • Students can understand the stakeholders and their behavior in the health care market. • The course will develop the skills for students to understand the issues related to effectiveness , value and behavior of production and consumption of health and healthcare.

Unit I Basic concepts in health economics-relationship between economics, economic development and economic aspects of health care- demand and supply in health care, health care market, market failure and public goods

Unit II Production function, laws of production, production in health care, externalities in health care markets, resource allocation in health care- both in private and public sector.

Unit III Supply and demand for health care personnel, hospitals, technology. The trade-offs between quality and quantity- demand for health care services.

Unit IV Health output and input indicators- and their correlation with the level of economic development and with public expenditure on health.

Unit V Application of cost-benefit analysis and cost-effectiveness - the role of health in economic development- value of output lost due to number of sick days- a review of per capita private and public expenditure on health. Cost concept- short term and long -term costs, economies of scale, various types of economic evaluation used in health care, consumer impact assessment.

Unit VI Measuring health outcomes-human life and quality adjusted years of life, cost-utility analysis, Quality adjusted life years(QALYs) and Health year equivalents (HYEs).Economics of prevention

and public health, understand the principles of economic evaluation as applied to health care, quality of life and statistics in health economic evaluation(including QALY and DALY).

Unit VII Efficiency and equity in health: health care and welfare state, private versus public health care, public-private partnerships in health care, equity in healthcare delivery, efficiency and effectiveness in health care, case studies.

Unit VIII Health care financing- national health accounting, sources and use of funds, health budgeting, interrelationship between epidemiological transition and health expenditure, sources of health care spending.

Unit IX Health insurance- private health insurance, regulation of health insurance, government as health insurer in India, recent developments in developed and developing countries, Case studies - RSBY, Aarogyasree, etc.

Unit X Health sector reforms- International and Indian experiences, regulation of health sector including pharmaceutical industry, access to health care with quality, health care utilization.

Text Books:

1. Banerjee D. (1982) Poverty class and Health Culture in India Vol. 1 Parahi Prakashan New Delhi.
2. Indian Council of Social Science Research and Indian Council of Medical Research (1981) Health for All by 2000 A. D. ICSSR Delhi.
3. Madan T.N. (1969) "Who Chooses Modern Medicine and Why" Economic and Political Weekly pp. 1475-84.
4. Feldstein M.S. (1977) Economic analysis of Health Service Efficiency North-Holland Amsterdam.
5. Cutler and Zeckhauser (1999) The Anatomy of Health Insurance NBER Working Paper # 7176.
6. Levy and Deleire (2002) What do People Buy When They Don't Buy Health Insurance? Working Paper Harris School University of Chicago.
7. Schoen and DesRoches (2000) "Uninsured and Unstably Insured: The Importance of Continuous Insurance Coverage" Health Service Research 35 (1 Part II): 187-206.
8. Manning *et al.* (1987) "Health Insurance and the Demand for Medical Care: Evidence from a Randomized Experiment" American Economic Review 77(3): 251-277.
9. Grossman (1972) "On the Concept of Health Capital and the Demand for Health" Journal of Political Economy 80(2): 223-255.
10. Philipson (1999) "Economic Epidemiology and Infectious Diseases" NBER Working Paper # 7037.
11. Cuyler Anthony J. and Joseph P. Newhouse (2000) Handbook of Health Economics Volumes 1A and 1B North-Holland Elsevier Science.
12. Folland Sherman Allen C. Goodman and Miron Santo(2004) The Economics of Health and Health Care Prentice Hall.
13. Wagstaff Adam (1986). "The Demand for Health: Theory and Applications" Journal of Epidemiology and Community Health 40(1) 1-11.
14. Deaton Angus. (2003)."Health Inequality and Economic Development" Journal of Economic Literature 41(1) 113-158.
15. Bloom David David Canning and Jaypee Sevilla. (2001). The Effect of Health on Economic Growth: Theory and Evidence NBER Working paper 8587.

MHA 103 T :BUSINESS COMMUNICATION

Total Hours = 60

Course objective	<ul style="list-style-type: none"> • Learn basic techniques of writing at the workplace, focus on simple and clear writing ; understand the effect of words • Learn how to draft business messages
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Course outcomes	<ul style="list-style-type: none"> • After completing this course students will have a complete understanding of etiquette and protocol of verbal and written communication for effective business interactions • After completing this course students will have a complete understanding of critical skills of Business Communication and Business Writing.
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Principles of Effective Writing-Twelve Principles Of Business Writing , Frequently Made Mistakes in Business Writing, Types of Business Messages(Good messages- Bad messages)

Letter Writing- Conventions of Letter Writing, Types of Letters, Approaches to Letter Writing- Routine, Unpleasant, Pleasant and Persuasive, Letter Writing Formats Opening Closing Salutation, etc)

Claims and Responses- Approaches to Writing Claims and Responses (Claim Acceptance, Claim Refusal, Claim Settlement)

Memoranda- Purpose, Intra-mail, Choice of language, Format of a Memo, Types of Memoranda

E-Mail Etiquette- Includes all the points covered in Letter Writing, Do's and Don'ts of Writing Emails (Exercises, Examples and critiquing)

Agenda and Minutes of Meeting: Learning how to prepare an agenda for a meeting and take minutes

Report Writing- Short Reports –Process, Structure and Layout, SIP Reports –Process, Structure and Layout.

Business Proposals- Proposal formats, Solicited and Unsolicited Proposals

CVs and Applications-Cover letter, CV format, Creating a LinkedIn and Facebook Profile

Presentation Skills– Preparing for Presentations, Audience Analysis, Delivery, Creating Audio- Visual Aids , Nonverbal Communication and Body Language, Grooming and Attire Rules for Presentation, Team Presentation Etiquette

REFERENCE BOOK	AUTHOR/PUBLICATION
Presentation and Reading Skills	IBS Publication
Business Vocabulary	IBS Publication
Business Correspondence	IBS Publication
Report Writing	IBS Publication
Business Communication	Raymond Lesikar and John Pettit – Irwin/ AITBS Books, Delhi
Business Communication Today	Courtland L. Bovee, John V. Thill and Barbara E. Schatzman – Pearson Education Asia.
Professional Communication	Aruna Koneru – Tata McGraw-Hill Publishing Company Ltd., New Delhi
Business Vocabulary in Use	Bill Mascull – Cambridge University Press

MHA 104 T:HEALTH CARE SYSTEM AND POLICIES & HEALTH SURVEYS

Total Hours = 60

<p>Course objective</p>	<ul style="list-style-type: none"> • It's about all the policies related healthcare and Acts and also about health system of India. • To know about health care system on different levels and different national health programs. • The hospital administrators have to take decision about the hospitals or related entities based on the policies in health system in the country. The objectives of the course are to give a complete understanding of the health care system and its practices. • The health care survey is also included in the course so that students have aptitude to conduct, monitor and apply such activities.
<p>Course outcomes</p>	<ul style="list-style-type: none"> • After completing this course students will have a complete understanding of all the policies related healthcare and Acts and also about health system of India. • Students will be able to take decision related to policies which has to deal with health care as macro system. • Students based on their knowledge would be able to guide the colleague and healthcare stakeholders about the operational activities. • To know about health care system on different levels and different national health programs. • The students will be able to apply the health surveys, whenever and wherever it is needed.

Unit I: Identify the structure, components and characteristics of global health care system. Understanding the needs and goals for various policies related to public health, policy environment, frameworks for policy analysis. Basic models and functions of health services, health care systems, international experience.

Unit II: Health infrastructure and health delivery system in India- public, private, NGOs, Indigenous health systems. Public health system- A re-appraisal and SWOT analysis, a critique on the health delivery system- problems related to structural, functional and management of public health care services. National health programmes- Public health preparedness.

Unit III: Health care system- stakeholders in health care system, human capital and health, role of government in providing health care, improving access to health care with quality. Health care legislations in India: Legal aspect of health care, MTP Act, biomedical waste Rules, COPRA Act, PNDT Act, Transplantation of human organs Act, etc. Principles of planning and management of health programmes- monitoring and evaluation- quality assurance- health impact assessment- five year plans.

Unit IV: Health services- Community needs assessment, Decentralization of health facilities. Sustainability of public health intervention- Concept and mechanism of sustainability, models and examples of sustainability, community ownership, Public-private mix.

Unit V: Introduction to health services and research policies - Perspectives- methodological approach. Major public health problems – A critical review and analysis, identification of major areas of public health requiring interventions, ongoing public health interventions in India. Health system reforms and their impact

Text Books

1. Lassey M Lassey W and Jinks M. (1997). Health Care Systems around the World: Characteristics Issues and Reforms. Prentice-Hall Inc.
2. Graig Laurene A. (1999) Health of Nations: An International Perspective on US Healthcare Reform. 3rd Edition Congressional Quarterly Inc.
3. Bodenheimer Thomas S. Kevin Grumbach. *Understanding Health Policy*
4. Fort Meredith Mary Anne Mercer and Oscar Gish (Editors). *Sickness and Wealth: The Corporate Assault on Global Health*
5. Govt. of India (2002)-National Health Policy-2002 Ministry of Health and Family Welfare New Delhi.
6. Govt. of India (2005) Report of the National Commission on Macroeconomics and Health Ministry of Health and Family Welfare New Delhi.
7. Peters et.al (2002) Better Health System for India’s poor: Findings Analysis and Options: The World bank New Delhi
8. Reddy K.S. et.al (2011)” Towards achievement of universal health care in India by 2020 : A Call of Action” www.thelancet.com
9. Banerjee D. (1982) Poverty class and Health Culture in India Vol. 1 Parchi Prakashan New Delhi.
10. Indian Council of Social Science Research and Indian Council of Medical Research (1981) Health for All by 2000 A. D. ICSSR Delhi.
11. Madan T.N. (1969) “Who Chooses Modern Medicine and Why” Economic and Political Weekly pp. 1475-84.

MHA 105 T :PRINCIPLES OF MANAGEMENT

Total Hours: 30

Course objective	<ul style="list-style-type: none"> • The objective of this course is to know what is management and how to manage the industry • The students will undergo the process of understanding the skill-sets of managers. • The course is designed to know about the basic management principles. • The purpose of this course is help the students to understand management functions, to familiarize themselves with the practice of management, to develop an understanding of processes of the organizations as a whole.
Course outcomes	<ul style="list-style-type: none"> • Students will learn about management and basics, which will help them about managing healthcare industry. • The students will acquire the skill-sets of managers. • Students will be able to have a strong understanding about basic management principles. • Students will apply the management functions in the organization. The practice of management will help them to become a successful administrator.

Unit I: Introduction to management –Definition of Management, Science or Art, Management and Administration, Development of Management Thought, Contribution of Taylor and Fayol, Functions of Management, Types of Business Organization. Evolution of management thoughts, contribution of selected management thinkers, various approaches to management, contemporary management practice, managing in global environment, managerial functions.

Unit II: Planning: importance of planning, types of planning, decision making process, approaches to decision making, decision models, pay off matrices, decision trees, break even analysis. Nature & Purpose, Steps involved in Planning, Objectives, Setting Objectives, Process of Managing by Objectives, Strategies, Policies & Planning Premises, Forecasting, Decision-making.

Unit III: Organizing: Departmentation, span of control, delegation, centralization and decentralization, committees, line and staff relationships, recent trends in organization structures. Nature and Purpose, Formal and informal organization, Organization Chart, Structure and Process, Departmentation by difference strategies, Line and Staff authority, Benefits and Limitations, De-Centralization and Delegation of Authority, Staffing, Selection Process, Techniques, HRD, Managerial Effectiveness.

Unit IV: Directing: Scope, Human Factors, Creativity and Innovation, Harmonizing Objectives, Leadership, Types of Leadership Motivation, Hierarchy of needs, Motivation theories, Motivational Techniques, Job Enrichment, Communication, Process of Communication, Barriers and Breakdown, Effective Communication, Electronic media in Communication.

Unit V: Staffing: Process of recruitment, selection, induction training, motivation, leading, leadership styles and qualities, communication, process and barriers.

Unit VI: Controlling: Managements control systems, techniques, types of control. System and process of Controlling, Requirements for effective control, The Budget as Control Technique, Information Technology in Controlling, Use of computers in handling the information, Productivity, Problems and Management, Control of Overall Performance, Direct and Preventive Control, Reporting, The Global Environment, Globalization and Liberalization, International Management and Global theory of Management.

Reference:

1. Management – A competency building approach – Heil Reigel / Jackson/ Slocum
2. Principles of Management – Davar
3. Good to Great – Jim Collins
4. Stoner, Freeman & Gulbert: Management (Prentice Hall India)
5. V.S.P. Rao & V. Hari Krishna: Management Text & Cases (Excel Books)
6. Heinz Weirich: Management (Tata McGraw Hill)
7. Certo: Modern Management (Prentice Hall India)
8. Management – Principles, Processes and Practices – Anil Bhat and Arya Kumar – Oxford Publications
9. Management – Theory & Practice – Dr Vandana Jain – International Book House Ltd
10. Principles of Management – Esha Jain – International Book House Ltd
11. Management Today – Principles & Practice – Burton – McGraw Hill Publications

MHA 106 T:ORIENTATION OF HOSPITAL INDUSTRY

Total Hours = 30

Course objective	<ul style="list-style-type: none"> • The course is design to impart multi-dimensional knowledge of the hospital to the students. • The hospital as an industry comprised of many small and large organizations. In this course students will learn about the operational aspect in general and profile in details for such organizations. • Course deals with the subjects related to hospitals like- Hospital Planning & Design, Medico -Legal, Operation Management, etc. in general .
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Course outcomes	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about health care organizations like hospitals, clinics, nursing homes, and other healthcare facilities. • Students would know the difference in the operational and dimensional aspect of all stakeholders of hospital industry. • They would also be able to work for public health organizations, pharmaceutical companies, and other organizations. • The students can take up responsibilities of managing specific departments, such as admissions, or supportive roles.
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Unit I: Global Overview of Hospital Industry in the US, Europe, Australia and Japan, Overview of Indian health care and hospital industry in India, Classifications of Hospitals, Market size, Major players

Unit II: Regulatory environment in Hospital Industry: Ministry of Health & Family Welfare Role of State Governments Other Regulators (Medical Council of India, Dental Council of India, Pharmacy Council of India, Indian Nursing Council), laws related to hospital, Role of WHO & International Agencies

Unit III: Opportunities, Issue and Challenges in hospital industry.

Unit IV: Industrial Posting Schedule

Reference:

1. BM Sakharkar, *Principles of Hospital Administration and planning* – Jaypee brothers Publications.
2. Francis CM, Mario C de Souza ; *Hospital Administration* – Jaypee brothers Medical Publishers (P) Ltd., New Delhi, 2000
3. Modgli GD: *Medical Records, Organization and Management*, Jaypee brothers Medical Publishers (P) Ltd., New Delhi, 2001
4. Sakharkar BM: *Principles of Hospital Administration and planning*, Jaypee Brothers Medical Publishers (P) Ltd., New Delhi, 1999
5. McGibony JR: *Principles of Hospital Administration*, GP Putnam's sons ' New York, 1969
6. Rowland H.S. Rowland BL: *Hospital Administration Handbook*, Aspen System Corporation: Rockville, 1984
7. Grants Method of Anatomy: A Clinical Problem solving approach - John V. Basmajian and Charles E. Slonecker,

MHA 107 P :INDUSTRIAL POSTING SCHEDULE

Total Hours: 120

Department	Observation
Out Patient Department (OPD), In Patient Department (OPD), Emergency and Front Office, Critical Care Department, Mahatma Jyotirba Phule Jivan Daayi Arogya Yojna	Functions, Policies, Physical facilities, procedures, staffing, Infection Control measures, Disaster management approach, security and management, Fire Hazard measures, Nursing services, Housekeeping services, patient management and grievances handling, equipments and Inventories, drainage and sanitation, waste management,

Reference:

1. BM Sakharkar, *Principles of Hospital Administration and planning* – Jaypee brothers Publications.
2. Francis CM, Mario C de Souza ; *Hospital Administration* – Jaypee brothers Medical Publishers (P) Ltd., New Delhi, 2000
3. Modgli GD: *Medical Records, Organization and Management*, Jaypee brothers Medical Publishers (P) Ltd., New Delhi, 2001
4. Sakharkar BM: *Principles of Hospital Administration and planning*, Jaypee Brothers Medical Publishers (P) Ltd., New Delhi, 1999
5. McGibony JR: *Principles of Hospital Administration*, GP Putnam's sons ' New York, 1969
6. Rowland H.S. Rowland BL: *Hospital Administration Handbook*, Aspen System Corporation: Rockville, 1984
7. Grants Method of Anatomy: A Clinical Problem solving approach - John V. Basmajian and Charles E. Slonecker,

Semester II

MHA 108 T: HOSPITAL PLANNING AND MANAGEMENT

Total Hours: 60

Course objective	<ul style="list-style-type: none"> • The course is design to impart multi-dimensional knowledge of the hospital to the students. • The hospital as an industry comprised of many small and large organizations. In this course students will learn about the operational aspect in general and profile in details for such organizations. • Course deals with the subjects related to hospitals like- Hospital Planning & Design, Medico -Legal, manpower planning, engineering services, Operation Management, etc. in general .
Course outcomes	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about hospitals and facilities. • Students would learn about operational aspect of the hospital industry. • They will learn about hospital, its operations, facilities so that they can work in the areas of formulating policies, planning operational action plans and become a successful administrator. • The students can take up responsibilities of managing specific departments, such as admissions, or supportive roles.

Unit I: Introduction- evolution of hospital planning, changing health care concept in planning / designing, need for planning health care facilities, health care facility planning in India

Unit II: Steps in Hospital Planning-Need Assessment, Planning process, Appointment of Planning Teams/Consultants, Preparation of Project Report, sources of finance, site selection Appointment of Architect, Architect Report, Size of the Hospital, Design of the Hospital, Selection of the Contractor, tender documents

Unit III: Architect Report- Preparation of Architect's Brief, Selection of the Size, Preparation of the Master plan, Layout, Grouping, Zoning & Phasing of Activities, Circulation & Movements of Patients, Staff, Visitors, functional and space programming, hospital design, departmental layouts, inter-relationships between services

Unit IV: Types of Hospital Organisation & Statutory Requirements for Planning- Planning of 30,100,250 bedded hospital (general/specialty), Planning of 500, 750 and above bedded hospital (teaching/super-specialty/non-teaching specialty hospitals); Hospital standards and design: Building requirement- Entrance & Ambulatory Zone, Diagnostic Zone, Intermediate Zone, Critical zone, Service Zone, Administrative zone; Voluntary & Mandatory standards – General standards, Mechanical standards, Electrical standards, standard for centralized medical gas system, standards for biomedical waste

Unit V: Project Management: PERT/CPM techniques, managing finance and other resources, equipment planning and procurement process, record-keeping, commissioning the facilities

Unit VI: Departmental Planning: Planning for Out Patient Department/Accident/Emergency, Indoor accommodation, Ward design, Bed wise planning, special requirements of certain departments such as ICU, OT, Pediatric, Maternity ward; Planning for Water supply, Electricity, Drainage & Sewage disposal; Planning for Equipments & Purchase.

Unit VII: Engineering Services and Utilities-Electrical system; water supply and sanitary system; air-conditioning and fresh air systems (HVAC); fire protection systems; centralised medical gas system; telecommunication system; transportation system; illumination.

Unit VIII: Environmental Control and Safety-General environmental control; infection control; radiological health; accidental injury prevention programme; occupational health; solid waste management; hospital safety programmes; bomb threat; alarm system; disaster preparedness; code blue procedures.

Unit IX: Manpower Planning-Planning for various categories of Staff, Administrative action for Appointment, Training

Unit X - Hospital Clinical Services:Meaning and scope of patient care services – significance of patient care – role of administration in patient care – classification of Hospitals.Ambulatory Services,Diagnostic Services,Therapeutic Services,Nursing Services,Rehabilitative Services,General, Specialty Services, Role of clinical services in the hospital services system,Professional Staff Management

Unit XI: Hospital Support Services: Administrative care Unit, Hospital Store & Pharmacy, Engineering Department, Hospitality Services,Central Sterile Supply Department, Hospital Information System, Medical Record Department, Public relation in hospital-process & practices of patient relationship, counseling, patient doctor relationship,, Security Services- Staff, Patients, New born unit, Female staff/Patients, Stores; Transport Services (External & Internal), Mortuary

Reference:

1. Hospital Planning, WHO, Geneva, 1984.
2. Kunders G.D., Gopinath S., and Katakam A. Hospital Planning, Design and Management, Tata McGraw Hill, New Delhi, 1999
3. Arun Kumar, (ed) Encyclopedia of Hospital Administration and Development, Anmol publications, New Delhi, 2000.
4. Srinivasan, A.V. (ed), Managing a Modern Hospital, Chapter 2, Response Books, New Delhi, 2000.
5. Padmanand V. and P.C. Jain, Doing Business in India, Response Books, New Delhi, 2000.
6. Madhuri Sharma, *Essentials for hospital support services and physical infrastructure*, Jaypee Brothers Publications.

7. Sakharkar BM, *Principles of hospitals administration and planning*, Jaypee Brothers publications.
8. Francis CM, Mario C de Souza: *Hospital Administration*, New Delhi, 2000.
9. Reaction of patients towards evening OP services in Delhi Hospitals, *Hospital Administration*, 14 (13), 1977.
10. Chakravarthy S: *Planning of Surgical Suites*, National workshop on hospital planning and Design, AIIMS, New Delhi, 1987.

MHA 109 T:ORGANISATIONAL BEHAVIOUR

Total Hours: 30

Course objective	<ul style="list-style-type: none"> • To study the complex nature of human beings in an organization. • To understand the different behavior patterns in different organization. The study of human behaviour in organization system. • The purpose of this course is help the students to understand management functions, to familiarize themselves with the practice of management, to develop an understanding of behavioural process of the organizations as a whole, and to cultivate an insight into the individual behaviour at work place.
Course outcomes	<ul style="list-style-type: none"> • Students will learn about dealing with human being at the organization. The healthcare is very complex in nature as multi-disciplinary workforce work for a common goal. So this course will enable them for managing healthcare industry. • The students will acquire the skill-sets of managers. • Students will be able to have a strong understanding about leadership, team behavior and related implications of human principles in healthcare industry. • Students will apply the management functions in the organization. The practice of human resource management will help them to become a successful administrator.

Unit I: Organizational Behavior: Concept, Nature, Characteristics, Conceptual Foundations and Importance, Models of Organizational Behavior, Management Challenge, A Paradigm Shift, Relationship with Other Fields, Organizational Behavior: Cognitive Framework, Behaviouristic Framework and Social Cognitive Framework.

Unit II: Perception and Attribution: Concept, Nature, Process, Importance, Management and Behavioral Applications of Perception; Attitude: Concept, Process and Importance, Attitude Measurement. Attitudes and Workforce Diversity; Personality: Concept, Nature, Types and Theories of Personality Shaping, Personality Attitude and Job Satisfaction; Learning: Concept and Theories of Learning.

Unit III: Motivation: Concepts and Their Application, Principles, Theories, Employee Recognition, Involvement, Motivating a Diverse Workforce; Leadership: Concept, Function, Style and Theories of

Leadership-Trait, Behavioral and Situational Theories, Analysis of Interpersonal Relationship, Group Dynamics: Definition, Stages of Group Development, Group Cohesiveness, Formal and Informal Groups, Group Processes and Decision Making, Dysfunctional Groups.

Unit IV: Organizational Power and Politics: Concept, Sources of Power, Distinction between Power, Authority and Influence, Approaches to Power, Political Implications of Power: Dysfunctional Uses of Power; Knowledge Management & Emotional Intelligence in Contemporary Business Organization; Organizational Change: Concept, Nature, Resistance to change, Managing resistance to change, Implementing Change, Kurt Lewin Theory of Change. Organizational Design: Structure, size, technology, environment of organization; Organizational Roles : Concept of roles; role dynamics, Conflict: Concept, Sources, Types, Functionality and Dysfunctionality of Conflict, Classification of Conflict Intra, Individual, Interpersonal, Intergroup and Organizational, Resolution of Conflict, Meaning and Types of Grievance and Process of Grievance Handling; Stress: Understanding Stress and Its Consequences, Causes of Stress, Managing Stress.

Unit V: Organizational Culture: Concept, Characteristics, Elements of Culture, Implications of Organization culture, Process of Organizational Culture; Organization Development: Organizational Change and Culture, Environment, organizational culture and climate; contemporary issues relating to business situations. Process of change and Organizational Development.

Reference :

1. Understanding Organizational Behavior – Udai Pareek
2. Organizational Behavior – Fred Luthans
3. Organizational Behavior – L. M. Prasad (Sultan Chand)
4. Organisational Behaviour – Dipak Kumar Bhattacharya – Oxford Publications
5. Organisational Behaviour – Dr Chandra sekhar Dash – International Book House Ltd
6. Organisational Behaviour – Meera Shankar – International Book House Ltd
7. Management & Organisational Behaviour – Laurie Mullins – Pearson Publications
8. Organisational Behaviour, Structure, Process – Gibson – McGraw Hill Publications

MHA 110 T:MANAGERIAL COMMUNICATION

Total Hours: 30

<p>Course objective</p>	<ul style="list-style-type: none"> • To help students develop critical skills of ManagerialCommunication. • The hospital administrators have to communicate critical messages. This course is designed to empower students for learning communication at the workplace, focus on simple and clear communication. • The business in health care is related to patients’ care or the health care applications. The message remains sensitive and students’ communication skills have to be exemplary. In this programme, the special attention is also given on those skills. • To learn the etiquette and protocol of verbal communication for effective business interactions
<p>Course outcomes</p>	<ul style="list-style-type: none"> • After completing the course students can apply the critical skills of Managerialcommunication. • This course will empower students for learning basic communication at the workplace. • Students, after finishing this course would be able to communicate appropriately. • The successful completion of the course will ensure the learning of the etiquette and

	protocol of verbal communication for effective business interactions.
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Unit I: Introduction to managerial communication, understanding the component of communication, small group and team communication, business and professional communication.

Unit II: Written Analysis and communication, Spoken Business communication

Unit III: Cultural Identity and intercultural communication, difficult communication

Unit IV: Intercultural communication competence, Organizational communication

Unit V: Persuasive Communication, Barriers to communication

Reference:

1. Cottrell, S. (2003) The study skills handbook –2nd Ed Macmillan
2. Payne, E. & Whittaker L. (2000) Developing essential study skills, Financial Times – Prentice Hall
3. Turner, J. (2002) How to study: a short introduction –Sage
4. Northledge, A. (1990) The good study guide The Open University
5. Giles, K. & Hedge, N. (1995) The manager’s good study guide The Open University
6. Drew, S. & Bingham, R. (2001) The student skills guide Gower
7. O’Hara, S. (1998) Studying @ university and college Kogan Page
8. Buzan, T. & Buzan, B. (2000) The Mind Map Book BBC Books
9. Svantesson, I. (1998) Learning maps and memory skills, Kogan Page
10. Theosarus –Merrilium –Oxford
11. Sen: Communication Skills (Prentice Hall India)
12. J . V. Vilanilam: More effective Communication(Sage)
13. Mohan: Developing Communication Skills(MacMillan)

MHA 111 T:ACCOUNTING & COSTING

Total Hours: 30

Course objective	<ul style="list-style-type: none"> • The objectives of the course to teach about Accounting and its functions, Concepts and Conventions in Accounting. Accounting Cycle. • Students should learn about Double Entry System. Books of Original Entry, Ledger Posting & Balancing. Cash Book, (Columner) Sales Book, Purchase Book. • Students will be demonstrated about trial Balance and Preparation of Final Accounts (including manufacturing account) relating to Sole Proprietor. Elementary Introduction of Final Accounts of a company.
Course outcomes	<ul style="list-style-type: none"> • The students will learn about the process of analysis, recording, classifying, and evaluating various alternative courses of costs. • Students will learn the basic accounts, balance sheet, profit and loss and statement sheets. To understand importance of finance and accounting in management

Unit I: Introduction- Origin of Accounting & its importance, Different disciplines in Accounting, Difference between Accounts, Costing, Finance, Taxation, Audit, etc.

Unit II: Double Entry System of Accounts-Transactions – Debit & Credit, Classification of Accounts, Rules of Accounts, Convention, concepts & norms of Accounts, Advantages of Double Entry System of Accounts

Unit III: Journal & Ledger: Types of Journals/Subsidiary Books, Passing of Journal Entries, writing of narrations, Posting in Ledger, Balancing of Ledger Accounts

Unit IV: Depreciation- Why depreciation, Mode of Depreciations

Unit V: Preparation of Trial Balance & Final Accounts-Correction of mistakes in Trial Balance, Difficulties in locating the mistakes & its consequences, Profit making Hospitals, Non-profit making Hospitals.

Unit VI: Working Capital Management- Needs of Working Capital, Estimation of Working Capital requirement, Different sources of funds, Norms to be considered for Bank Loans

Unit VII: Changes in Financial Statements-Ratio Analysis, Limitation of Ratio Analysis.

Unit VIII: Budgetary Control-Difference between Budget, Estimate & Projection, Types of Budget – with special reference to Functional Budget, How to monitor a Budget

Unit IX: Elements of Cost of a Product/Service-Direct & Indirect Cost, Allocation of Overhead Cost, Analysis of Marginal Costing & Unit Costing. Accounting for manufacturing operations, classification of manufacturing costs, Accounting for manufacturing costs

Reference:

1. Management Accounting for profit control – Keller & Ferrara
2. Cost Accounting for Managerial Emphasis – Horngreen
3. T. P. Ghosh: Financial Accounting for managers(Taxmann).
4. Management Accounting – Paresh Shah – Oxford Publications
5. Cost Accounting – Dr N.K Gupta & Rajiv Goel – International Book House Ltd
6. Cost Accounting – A Managerial Emphasis – Charles T Horngren – Pearson Publications
7. Management Accounting – Debarshi Bhattacharya – Pearson Publications

MHA 112 T:MANAGEMENT INFORMATION SYSTEM Total Hours: 30

Course objective	<ul style="list-style-type: none"> • The main aim of the course is to introduce the students with the computer. • The course is designed to learn the application of computer and logic development for programming. • The students will be able to understand the application softwares used in the different offices and department in a hospital.
Course outcomes	<ul style="list-style-type: none"> • The students will learn about the computer will be able to use it for the value addition in the hospital and healthcare organisation. • The use of computer and logic development for programming will help the students to create value added activities and process .

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| | <ul style="list-style-type: none"> The students will be able to understand the application softwares used in the different offices and department in a hospital. |
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Unit I:Basic Information Concepts and Definitions

- Need for Information and Information Systems (IS) in an Organization
- Characteristics of Information and Organisation with respect to organization form, structure , philosophy,hierarchy etc

Unit II:Types of IS – Transaction

- Operational Control
- Management Control
- Decision Support
- Executive Information Systems

Unit III:Determining Information Needs for an Organisation/Individual Manager

- Overview of use of data flow method, analysis of information for decision processes etc.

Unit IV:Strategic use of Information and IS – Use of Information for Customer Bonding

- For Knowledge Management
- For innovation,
- For Managing Business Risks
- For Creating a new business models and new business reality.

Unit V:Information Security –

- Sensitize students to the need for information security
- Concepts such as confidentiality, Integrity and Availability.
- Types of threats and risk, overview of some of the manual,
- procedural and automated controls in real life IT environments.

Reference:

- MIS a Conceptual Framework by Davis and Olson
- Analysis and Design of Information Systems by James Senn
- Case Studies : Case on ABC Industrial Gases – Author : Prof Pradeep Pendse Mrs Fields Cookies – Harvard Case Study Select Business Cases identified by each Group of Students for work thru the entire subject 2-3 Cases on Requirements Management – Author : Prof Pradeep Pendse
- O'brien: MIS (TMH)
- Ashok Arora & Bhatia: Management Information Systems (Excel)
- Jessup & Valacich: Information Systems Today (Prentice Hall India)
- L. M. Prasad : Management Information Systems (Sultan Chand)
- Management Information Systems – Girdhar Joshi – Oxford Publications
- Management Information Systems – M.Jaiswal & M.Mittal – Oxford Publications
- Management Information Systems – Hitesh Gupta – International Book House Ltd
- Management Information Systems – Dr Sahil Raj – Pearson Publications
- Introduction to Information Systems – Leon – McGraw Hill Publications

<p>Course objective</p>	<ul style="list-style-type: none"> • The purpose of this course is to familiarize the students with the Indian work ethos, values and styles of management. Further the students will be helped to develop their inner and outer capability to face the challenges with equanimity. • To study importance of People and their management in organization and it's different impacts • A basic understanding of human resources and its management and implementation in the hospital
<p>Course outcomes</p>	<ul style="list-style-type: none"> • Students will learn about dealing with human being at the organization. The healthcare is very complex in nature as multi-disciplinary workforce work for a common goal. So this course will enable them for managing healthcare industry. • The students will acquire the skill-sets of managers. • Students will be able to have a strong understanding about leadership, team behavior and related implications of human principles in healthcare industry. <p>Students will apply the management functions in the organization. The practice of human resource management will help them to become a successful administrator.</p>

Unit I: Perspectives in human resource management - Evolution of human resource management – the importance of the human factor – objectives of human resource management – role of human resource manager – human resource policies – computer applications in human resource management

Unit II: The concept of best fit employee – Importance of human resource planning, Job Analysis, Job Description & Specifications, forecasting human resource requirement – internal and external sources. Selection process-screening – tests - validation – interview - medical examination – recruitment introduction – importance – practices – socialization benefits.

Unit III: Training and executive development – Types of training, methods, purpose, benefits and resistance. Executive development programmes, common practices, benefits, self development, knowledge management.

Unit IV: Sustaining employee interest – Wage Administration, Salary Administration. Employee Benefits & Social Security compensation plan, reward, motivation, theories of motivation, career management, development, mentor, protege relationships.

Unit V: Performance evaluation and control process - Method of performance evaluation, feedback, industry practices, Promotion, demotion, transfer and separation, Employee Turnover, implication of job change. The control process- importance, methods, requirement of effective control systems grievances – causes, implications, redressal methods.

Unit VI: Industrial Relations-Unions & their role, Settlement of disputes, Industrial Dispute Act, Collective bargaining.

Unit VII: Issues Relating to Management of Professionals-Consultants, Specialists, Medical Officers, Nursing Staff, Other Paramedical Staff.

Unit VIII: Discipline- Punctuality, Dress code, Identification, Behaviors of staff, Disciplinary action, Law of natural justice.

Unit IX: Brief introduction to Rules and regulations:-Minimum wages act, The ESI Act–1948-the maternity benefit act–1961–the workmen’s compensation act–1923-the payment of gratuity act-1972– Employee provident funds and miscellaneous provisions act–1952. Retirement, health and life insurance, The Trade Unions Act

Reference:

1. Human Resource Management – P.Subba Rao
2. Personnel Management – C.B. Mammoria
3. Dessler: Human Resource Management(Prentice Hall India)
4. Personnel/Human Resource Management: DeCenzo & Robbins (Prentice Hall India)
5. D. K. Bhattacharya: Human Resource Management (Excel)
6. VSP Rao – Human Resource Management(Excel)
7. Gomez: Managing Human Resource (Prentice Hall India)
8. Human Resource Management – Dr P Jyothi and Dr D.N Venkatesh – Oxford Publications

MHA 114 T:PROJECT MANAGEMENT

Total Hours: 30

Course objective	<ul style="list-style-type: none"> • The course is designed to make students understand the process of conceptualizing, starting, planning and implementing projects in healthcare. • The course helps the students to understand the importance of projects controlling through tools like PERT, CPM etc. • The objective of the course is to understand the different stages working on projects.
Course outcomes	<ul style="list-style-type: none"> • Projects are most integral part of healthcare system. After learning this course students will be empowered to plan, organize, lead and control any projects. • The students will be able to use the tools of project management learnt in the course. • The students will be able to take a proactive role and prove their skill set for a better health care administrators.

Unit I: Project Planning - Project Management scenario, Project Asset – issues & problems, Gantt Chart & LOB, Network Analysis, PERT / CPM, Resource Monitoring & Control.

Unit II: Contract Management : principles of Project Contracts, compilation of Project Contracts, practical aspects of Contract, legal aspects of Project Management, global tender, negotiations for Projects, insurance for Projects.

Unit III: Project Buying: Projects Procurement Process, Life – cycle Costing, Project Cost Reduction methods, Project Stores, organization & HRD issues, Computerization.

Unit IV: Investment Feasibility Studies: managing Project Resources Flow, Project Feasibility studies, Project Cost –Capital & Operating, Forecasting Income, Estimation of Investment & ROI, Project Evaluation, Financial Sources,Appraisal Process.

Unit V: Issues in Project Management: Project Audit, Project Monitoring & MIS, Cost Control, Real Time Planning, Intangibles.

Reference:

- Sunil Chopra and Peter M, SCM-Strategy, Planning & Operation, PHI
- Rahul V Attekar, SCM – Concepts & Cases , PHI

Name of the Programme	MHA
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Course Code	CC 001 T
Name of the Course	RESEARCH METHODOLOGY & BIostatISTICS (Core Course)

Teaching Objective	The course is intended to give an overview of research and statistical models commonly used in medical and bio-medical sciences. The goal is to impart an intuitive understanding and working knowledge of research designs and statistical analysis. The strategy would be to simplify, analyse the treatment of statistical inference and to focus primarily on how to specify and interpret the outcome of research.
Learning Outcomes	Student will be able to understand develop statistical models, research designs with the understating of background theory of various commonly used statistical techniques as well as analysis interpretation & reporting of results and use of statistical software.

Sr. No.	Topics	Hours allotted 60hrs
A	Research Methodology:	
1	Scientific Methods of Research: Definition of Research, Assumptions, Operations and Aims of Scientific Research. Research Process, Significance and Criteria of Good Research , Research Methods versus Methodology, Different Steps in Writing Report, Technique of Interpretation, Precaution in interpretation, Significance of Report Writing, Layout of the Research Report	5
2	Research Designs: Observational Studies: Descriptive, explanatory, and exploratory, Experimental Studies: Pre-test design, post-test design, Follow-up or longitudinal design, Cohort Studies, Case Control Studies, Cross sectional studies, Intervention studies, Panel Studies.	5
3	Sampling Designs: Census and Sample Survey, Implications of a Sample Design, Steps in Sampling Design Criteria of Selecting a Sampling Procedure, Characteristics of a Good Sample Design, Different Types of Sample Designs (Probability sampling and non probability sampling), How to Select a Random Sample?, Systematic sampling, Stratified sampling, Cluster sampling, Area sampling, Multi-stage sampling, Sampling with probability proportional to size, Sequential sampling.	5
4	Measurement in research: Measurement Scales, Sources of Error in Measurement, Tests of Sound Measurement, Technique of Developing Measurement Tools, Scaling Meaning of Scaling, Scale Classification Bases, Important Scaling Techniques, Scale Construction Techniques, Possible sources of error in measurement, Tests of sound measurement	5
5	Methods of Data Collection: Types of data, Collection of Primary Data, Observation Method, Interview Method, Collection of Primary Data	5
6	Sampling Fundamentals : Need and importance for Sampling, Central Limit Theorem, Sampling Theory, Concept of Standard Error, Estimation, Estimating the Population	5

	Mean Estimating Population Proportion, Sample Size and its Determination, Determination of Sample Size through the Approach Based on Precision Rate and Confidence Level.	
B	Biostatistics	
7	Data Presentation: Types of numerical data: Nominal, Ordinal, Ranked, Discrete and continuous. Tables: Frequency distributions, Relative frequency, Graph: Bar charts, Histograms, Frequency polygons, one way scatter plots, Box plots, two way scatter plots, line graphs	3
8	Measures of Central Tendency and Dispersion: Mean, Median, Mode Range, Inter quartile range, variance and Standard Deviation, Coefficient of variation, grouped mean and grouped standard deviation (including merits and demerits).	3
9	Testing of Hypotheses: Definition, Basic Concepts, Procedure for Hypothesis Testing, Measuring the Power of a Hypothesis Test, Normal distribution, data transformation Important Parametric Tests, Hypothesis Testing of Means, Hypothesis Testing for Differences between Means, Hypothesis Testing for Comparing Two Related Samples, Hypothesis Testing of Proportions, Hypothesis Testing for Difference between Proportions, Hypothesis Testing for Comparing a Variance to Some Hypothesized Population Variance, Testing the Equality of Variances of Two Normal Populations.	6
10	Chi-square Test: Chi-square as a Non-parametric Test, Conditions for the Application Chi-square test, Steps Involved in Applying Chi-square Test, Alternative Formula, Yates' Correction, and Coefficient by Contingency.	2
11	Measures of Relationship: Need and meaning, Correlation and Simple Regression Analysis	2
12	Analysis of Variance and Covariance: Analysis of Variance (ANOVA):Concept and technique of ANOVA, One-way ANOVA, Two-way ANOVA, ANOVA in Latin-Square Design Analysis of Co-variance (ANOCOVA), ANOCOVA Technique.	4
13	Nonparametric or Distribution-free Tests: Important Nonparametric or Distribution-free Test Sign test, Wilcoxon signed-Rank Test, Wilcoxon Rank Sum Test: Mann-Whitney U test Kruskal Walli's test, Friedman's test, and Spearman Correlation test.	3
14	Vital Health Statistics: Measurement of Population: rate, crude rate, specific rate, Measurement of fertility: specific fertility rate, Total fertility rate, Reproduction rate, Gross Reproduction Rate, Net Reproduction Rate, Measures related to mortality: Crude Death Rate (CDR), Age-specific death Rate, Infant and child mortality rate, Measures related to morbidity.	4
15	Computer Application Use of Computer in data analysis and research, Use of Software and Statistical package. Introduction to SPSS. Importing data from excel, access, tab and comma separated files. Entering data, labeling a variable, coding and recoding a categorical and continuous variable. Converting data from string to numeric variables, sorting & filtering, merging, appending data sets. Frequencies, descriptive statistics, cross tabulations. Diagrammatic presentation include histogram, bar chart, pie chart, scatter diagram, box plot, line chart. Parametric test of hypothesis-one sample, Independent and paired sample t test, one way ANOVA& post HOC test. Testing for normality, Chi-square test with measures of association. Pearson correlation. Non parametric test.	3

Name of the Programme	MHA
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Course Code	CC 001 P
Name of the Course	RESEARCH METHODOLOGY & BIostatISTICS (PRACTICAL)

Sr. No.	Topics	Total Hrs. Alloted (60 Hrs.)
A	Research Methodology	
1	Sampling Designs	4
2	Measurement in research	5
3	Methods of Data Collection	3
4	Sampling Fundamentals	3
B	Biostatistics	
5	Data Presentation	4
6	Measures of Central Tendency and Dispersion	4
7	Testing of Hypotheses	12
8	Chi-square Test	2
9	Measures of Relationship	3
10	Analysis of Variance and Covariance	4
11	Nonparametric or Distribution-free Tests	4
12	Vital Health Statistics: Measurement of Population	6
13	Computer Application Using Statistical Software	6

****Note: Any 5 Practical from each paper is mandatory.**

MHA 115P:HOSPITAL PROJECT

Total Hours: 240

Project work based on given responsibilities in the department

In this Phase students would be identifying some issues or challenges at the hospital and will be applying comprehensive research approach and submit the project in consultation with the academic as well as Hospital mentor. The student will make report and presentation for the project work during the practical examination.

Schedule: Jan'18 to April'18 (Monday to Friday-Time: 10 am to 1.00 pm)

SECOND YEAR

Semester III

CORE ELECTIVES

**MHA 116 T:QUALITY MANAGEMENT & ACCREDITATION IN HOSPITAL
INDUSTRY**

Total Hours:60

Course objective	<ul style="list-style-type: none">• The course is design to impart multi-dimensional knowledge about Quality management in the hospital to the students.• In this course students will learn about the Quality accreditation, control and management in general and in details for hospitals.• Course deals with the subjects related to Introduction, processes and policies of ensuring quality in the patient care activities.
Course outcomes	<ul style="list-style-type: none">• The students after completing this course would be able to understand about Quality management in hospitals and other healthcare facilities.

	<ul style="list-style-type: none"> • Students would know the Quality in operational activities and role of each stakeholder of hospital industry in maintaining quality management. • The students can take up responsibilities of managing specific departments in the hospital for initiating, maintaining and controlling quality in the hospital.
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Unit I: Evolution of quality movement- Quality assurance, total quality management, continuous quality improvement, Theories & principle of Quality Assurance: Principles, Juran, Triology, Kaizen, Philip Crosby's principle,

Unit II: Quality management initiatives in health care- Need & Benefits for quality management in healthcare, Quality Management Programme, ISO clauses, quality manual, quality of clinical services, Critical Pathways, Medical Audits, , Performance review – Assessment / Methods, Quality Management of diagnostic facilities, Assessment of Client satisfaction

Unit III: Bench marking of quality standard- Quality Circle of India, Role of Quality Council of India (QCI) , NABL, NABH, JCI, BIS, ACHS Accreditation

Unit IV: Implementation strategies for Quality Programmes- Top Management Commitment, Organizing Implementation, Action Plan, Group Meeting, Training, documentation, internal audit, application for certificate, final audit, Leadership issues. Selection of pilot projects, Quality initiatives in Indian Health Care Organisation.

Reference:

1. Sundara Raju, S.M., Total Quality Management: A Primer, Tata McGraw Hill, 1995.
2. Srenivasan, N.S. and V. Narayana, Managing Quality – Concepts and Tasks, New Age International, 1996.
3. Shailendra Nigam, *Total Quality Management (An Integrated Approach)*, Excel Books, New Delhi, 2005.
4. James R Evans, James W Dean, Jr., *Total Quality (Management, Organisation and Strategy)*, Excel Books, New Delhi, 2nd Edition.

MHA 117 T:HEALTH INSURANCE

Course objective	<ul style="list-style-type: none"> • The course is design to impart knowledge of the hospital insurance to the students. • The hospital as an industry comprised of many small and large organizations. In this course students will learn about the health insurance aspect in general and in details in such organizations. • Course deals with the subjects related to hospital applications, TPA and cash-less facilities in the hospital care.
Course outcomes	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about health insurance and its applications. • Students would know all aspect of health insurance and all stakeholders of involved in providing cash-less service to patients. • They would also be able to work in any organization, who has health insurance activities like insurance companies, TPA and hospitals based on the learning of this course. • The students can take up responsibilities of managing health insurance patients and services in any hospital.

Unit I: Introduction to insurance industry- Health insurance reforms, health insurance in developing and developed countries, Health insurance in India, Insurance as a Risk Management Technique: Principle of Indemnity, Insurable Interest, subrogation, utmost good faith. Requisites of insurable risks. Characteristics of Insurance contract, cooling off period concept, co-pay concept

Unit II: Functions of Insurers- Production, Underwriting, Rate Making, Managing Claims and Losses, Investment & Financing, Accounting & Record Keeping and other miscellaneous functions, Types of Insurers, Reinsurance: the concept, uses and advantages. Marketing channels: Agents & brokers professionalism, remuneration, responsibilities, classification, criteria for appointment and capital adequacy norms for broker, an overview of IRDA.

Unit III: Form of Health Insurance in India- Social Health Insurance (mandatory health insurance schemes or government run schemes) - Central Government Health Schemes (C G H S) Employee and State Insurance Schemes (E S I S), Other Government Initiatives, Health insurance initiatives by State Governments, nonprofit social insurance scheme in India, , Actuarial Insurance; Employer based Scheme; Voluntary health insurance schemes or private-for-profit schemes- Bajaj Allianz, ICICI Lombard, Royal Sundaram Group, Cholamandalam General Insurance; Insurance offered by NGOs / community-based health insurance (nonprofit social insurance scheme in India) - ACCORD/ ASHWINI Health Insurance Scheme, Aga Khan Health Services, ASSEFA (Association of Sarva Sewa Farms Kottar Social Service Society (KSSS), Mathadi Hospital Trust Medinova Health, Card Scheme, Raigarh Ambikapur Health Association (RAHA), Medical Insurance Scheme, Self Employed Women's Association (SEWA), Tribhuvandas Foundation, Students Health Home

Unit IV: Health Insurance in US-indemnity based insurance, managed indemnity, HMO, PPO, POS

Unit V: Micro-Insurance in India- Need, financing, role of private sector, present product, long term sustainability, major problem in traditional model

Unit VI: Concerns, Challenges and the Way Ahead- Different Health Insurance Policies – Analysis and Management, Concept of combined Life Insurance and Health Insurance, GOI & State Govt. Policy in implementation of Health insurance, Hospitals / TPA / Insurance Company / Relationship and Problems

Unit VII: Government's Role in Health Care: Need for Government intervention in the market - Price Controls - Support Prices and Administered Prices - Prevention and control of monopoly - Protection of consumers' interest - Economic Liberalization - Process of disinvestments - Need and methods - Policy planning as a guide to overall business development

Unit VIII: Health Sector Reform in India, Health and economic development, Pharmacoeconomics, Health care financing in India

Reference:

1. Dwivedi, D.N. : Micro Economic Theory, Vikas Publications, New Delh, 1996.
2. James Henderson : Health Economics and policy – South Western College publishing, International Thamson Publishing, USA 1999.
3. Paul S. : Readings in Economics, Tata McGraw Hill, New Delhi ,1992.
4. Rexford E. Santerre : Health Economics Dryden Publishers, Florida (U.S.A),2000.
5. Mills.A.& Lee,K : Economics of Health, OUP Oxford, 1983
6. UNDP : Human Development report, OUP, Newyork (recent three Years)

Course objective	<ul style="list-style-type: none"> • The course is design to impart knowledge of the hospital super-specialty department to the students. • The hospital as an industry comprised of many small and large organizations. In this course students will learn about the need, plan and implementation of super-specialty services and departments. • Course deals with the subjects related to planning, organizing, leading and controlling the manpower, equipments, services and operations of hospital super-specialty services.
Course outcomes	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about hospital super-specialty services. • Students would know all aspect of dealing with all facilities and stakeholders of super specialty service for organizing better patients' management. • They would also be able to work in any hospitals, which plans to extend it services for critical care and also those, who have already established super specialty departments. • The students can take up responsibilities of managing hospital super specialty departments and services in any hospital.

Unit One: Introduction: Need for planning super specialty services in hospital, key forces driving planning and organization of superspecialty services

Unit Two: Management of Super-specialty Services-Classification of superspecialty services and sub-specialty services; special requirements of superspecialty Departments;

Unit Three: Operation Management: organization and management of various super-specialty departments within a multispecialty hospital

Unit Four: Issues and Challenges: Feasibility, Affordability, Manpower Issues

Reference:

- Hospital Planning, WHO, Geneva, 1984.
- Kunders G.D., Gopinath S., and Katakam A. Hospital Planning, Design and Management, Tata McGraw Hill, New Delhi, 1999
- Arun Kumar, (ed) Encyclopedia of Hospital Administration and Development, Anmol publications, New Delhi, 2000.
- Srinivasan, A.V. (ed), Managing a Modern Hospital, Chapter 2, Response Books, New Delhi, 2000.
- Padmanand V. and P.C. Jain, Doing Business in India, Response Books, New Delhi, 2000.
- Madhuri Sharma, *Essentials for hospital support services and physical infrastructure*, Jaypee Brothers Publications.
- Sakharkar BM, *Principles of hospitals administration and planning*, Jaypee Brothers publications.
- Francis CM, Mario C de Souza: *Hospital Administration*, New Delhi, 2000.
- Reaction of patients towards evening OP services in Delhi Hospitals, *Hospital Administration*, 14 (13), 1977.
- Chakravarthy S: *Planning of Surgical Suites*, National workshop on hospital planning and Design, AIIMS, New Delhi, 1987.

<p>Course objective</p>	<ul style="list-style-type: none"> • The course is design to impart knowledge of the hospital services to the students. • The hospital as an industry comprised of many small and large organizations. In this course students will learn about the need, plan and implementation of services and departments. • Course deals with the subjects related to planning, organizing, leading and controlling the manpower, equipments, services and operations of hospital services.
<p>Course outcomes</p>	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about hospital services. • Students would know all aspect of dealing with all facilities and stakeholders of hospital service for organizing better patients' management. • They would also be able to work in any hospitals. • The students can take up responsibilities of managing hospital services in any hospital.

Unit One: Services Culture: Responsiveness, accountability, tangibility, accessibility,

Unit Two: Customer Relationship Management (CRM) – Identification of customer, Classification into internal and external customer, customer satisfaction, customer value, maintaining relationship

Unit Three: Crisis Management: Handling difficult situation for both internal as well as internal customer, Grievances Handling

Reference:

- Hospital Planning, WHO, Geneva, 1984.
- Kunders G.D., Gopinath S., and Katakam A. Hospital Planning, Design and Management, Tata McGraw Hill, New Delhi, 1999
- Arun Kumar, (ed) Encyclopedia of Hospital Administration and Development, Anmol publications, New Delhi, 2000.
- Srinivasan, A.V. (ed), Managing a Modern Hospital, Chapter 2, Response Books, New Delhi, 2000.
- Padmanand V. and P.C. Jain, Doing Business in India, Response Books, New Delhi, 2000.
- Madhuri Sharma, *Essentials for hospital support services and physical infrastructure*, Jaypee Brothers Publications.
- Sakharkar BM, *Principles of hospitals administration and planning*, Jaypee Brothers publications.
- Francis CM, Mario C de Souza: *Hospital Administration*, New Delhi, 2000.
- Reaction of patients towards evening OP services in Delhi Hospitals, *Hospital Administration*, 14 (13), 1977.
- Chakravarthy S: *Planning of Surgical Suites*, National workshop on hospital planning and Design, AIIMS, New Delhi, 1987.

MHA 120 T:LEGAL FRAMEWORK IN HOSPITAL

Total Hours: 60

<p>Course objective</p>	<ul style="list-style-type: none"> • The course is design to impart knowledge of the legal aspect to the students. • The hospital as an industry comprised of many cases. In this course students will learn about those laws, which are applicable for hospitals. • Course deals with the cases or live situations, where students will be briefed about the legal implications.
<p>Course outcomes</p>	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about legal implications in the hospital. • Students would know all aspect of those areas, which create or may create areas of legal consequences for the hospital. • They would also be able to understand, how to deal with such situations, where hospital is facing legal actions or may face such situations. • The students will be made aware and taught to be empowered to deal with legal issues.

Unit I: Introduction & Legal Procedures-Court, Affidavit, Evidence, Complaint, Investigation, Oath, Offence, Warrant, Summons; Inquest-Police Inquest, Magistrates Inquest; Criminal Courts in India & their Powers, General Important Legal Knowledge Pertaining to IPC, CRPC, Civil PC, Evidence Act; Introduction to Indian Constitution, Consumer Protection Act 1986.

Unit II: Fundamental Rights- Rights & Responsibilities of Medical Person, Hippocratic Oath, Declaration of Geneva; List of Offences & Professional Misconduct of Doctors as per Medical Council of India; Medical Negligence & Compensation, Error & Commissions, Medical Ethics/Doctor Patient Relationship; Preventive Steps for Doctors/Hospitals to Avoid Litigation- Consent Form, Life Support, Dying Declaration, Death Certificate, High Risk, Post Mortem, Medico Legal Aspects of Emergency Services.

Unit III: Laws relating to Hospital formation- Promotion & Forming society, Nursing Home-Registration Act, The Companies Act, Law of Partnership, A Sample Constitution for the Hospital, The Tamil Nadu Clinics Act, Bombay nursing home act, Indian medical council act, State medical council, homeopathic medical council act, 1989, dentist act. Nursing council act,

Unit IV: Laws relating Purchases and funding- Law of contracts, Law of Insurance, Export Import Policy, FEMA-Exemption of Income Tax for Donations-Tax Obligations: Filing Returns and Deductions at Source.

Unit V: Laws pertaining to Health- Central Births and Deaths Registration Act, 1969- Recent amendments; Medical Termination of Pregnancy Act, 1971; Infant Milk Substitutes, Feeding Bottles and Infant Food Act, 1992, Mental health act, laws relating to communicable diseases, International health regulations, epidemic diseases act, . Environmental protection act, 1986, The air (prevention and control of) pollution act 1981, international standards of drinking water

Unit VI: Laws pertaining to Hospitals-Transplantation of Human Organs Act, 1994, Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994; The Biomedical Waste (Management and Handling) Rules-Radiation Safety System; Insurance Policy-General Claims Procedure, Rules relating to blood bank

Reference:

1. Consumer Protection Act. 1986.
2. Francis D., Government and Business, Himalaya Publishing House, 1988.
3. Gupta D and Gupta, S. Government and business, Vikas Publishing House 1987
4. Varma, D.P.S Monopolies, Trade Regulations and Consumer Protection, Tata McGraw Hill, New Delhi, 1985.
5. R.K. Chaube, Consumer Protection and the Medical Profession, Jaypee Publishing, New Delhi, 2000.
6. Steven D. Edwards, Nursing Ethics, A Principle Based Approach, Macmillan Press Ltd., London, 1996.
7. Indian Penal code, Indian Evidence Act, Criminal Procedure Code
8. Industrial Disputes Act, Indian Companies Act
9. Indian Medical Council Act.
10. Andhra Pradesh Private Medical care (Establishment, registration and regulation Act, 2002

MHA 121 T:MARKETING MANAGEMENT FOR HOSPITAL Total Hours:60

Course objective	<ul style="list-style-type: none"> • The course is design to impart knowledge of the hospital marketing services to the students. • The hospital as an industry comprised of many small and large organizations. The organizations are competing against each other to attract patients and increase footfall in the hospitals. In this course students will learn about the need, plan and implementation of the hospital marketing services. • Course deals with the subjects related to planning, organizing, leading and controlling the brand positioning, creating advertisement, campaign, CRM, Relationship with stakeholders etc.
Course outcomes	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about hospital marketing services. • Students would be able to create marketing activities to maintain a better relationship with all stakeholders. • These future health care administrators feel empowered for creating better value proposition for the hospital. • They would also be able to work in any organization, when given an opportunity for brand positioning. • The students can take up responsibilities of managing hospital marketing services in any hospital.

Unit I: Service marketing concepts- Introduction, Growth of the Service Sector, The Concept of Service, Characteristics of Services- Four I's of services - Intangibility, Inconsistency, Inseparability and Inventory; Classification of Services, Designing the Service, Services marketing mix, 3Ps of service marketing-People- Physical evidence: -Process-Service quality; Service quality dimensions, Distinctive nature of services marketing

Unit II: Strategic Marketing Management for Services- Matching Demand and Supply through Capacity Planning and Segmentation, Role of HR & Internal Marketing of a Service, External versus Internal Orientation of Service Strategy.

Unit II: Delivering quality services-- Causes of Service-Quality Gaps: The Customer Expectations versus Perceived Service Gap, Factors and Techniques to Resolve this Gap –Gaps in Service - Quality Standards, Factors and Solutions - The Service Performance Gap –Key Factors and Strategies for Closing

the Gap - External Communication to the Customer: the Promise versus Delivery Gap - Developing Appropriate and Effective Communication about Service Quality

Unit IV: Pricing of Health services- Definition of price-cost-value-Factors to be considered for pricing of services - Pricing Objectives- profit oriented -Market skimming -.Market penetration –Operations and Patronage oriented objectives -Pricing Strategies - Cost based pricing-Competition based pricing - Demand based pricing--Price discounting-Odd pricing-Place differentiates-Quantity differentiates-Penetration pricing- Value pricing-Complementary pricing-Price bundling-Market segmentation and pricing.

Unit V: Marketing Hospital Services- Developing a positioning strategy, Marketing and medical ethics, promotional method in hospital sector, medical camp, conferences, internet medicine, public interest programmes, Corporate marketing, referral doctor system, Marketing for TPA and Cash Patients, advertising media – press, radio, television, films, hoardings, etc – media relations.-Branding, Customer Relationship Management (CRM), Marketing of Hospital Services of Non Profit Organizations

Reference:

- Kotler Philip, Marketing Management (Millennium Edition), PH1, New Delhi, 2001.
- Zeithaml Bitner, yalarie A., Services Marketing – Cases in Marketing Management , McGraw Hill, New York, 1996.
- Srinivasan.R, Services Marketing (The Indian context), Prentice- Hall India, New Delhi.
- Bhattacharya .C., Services Marketing, Excel Books, New Delhi, 2006.
- Ravi Shankar, Services Marketing (Indian Perspective), Excel Books New Delhi 2004.
- Christopher Lovelock & Jochen Wirtz, Services Marketing (People, Technology and Strategy), Person Education, New Delhi, 2004.
- Saxena, Rajan, Marketing Management, Tata McGraw Hill, new Delhi, 1997.
- Still, Richard R. Edward W. Cundiff and Norman A.P. Govani, Sales Management PH1, New Delhi, 1997.
- Milica Z.Bookman, Karla R.Bookman; Medical Tourism in Developing Countries., Palgrave Macmillan. 2007

<p>Course objective</p>	<ul style="list-style-type: none"> • The course is design to impart knowledge of the hospital material management to the students. • The hospital as an industry comprised of many small and large organizations. The organizations are maintaining many inventories, which are used for saving lives of patients. In this course students will learn about the need, plan and implementation of the hospital inventories. • Course deals with the subjects related to planning, organizing, leading and controlling the material management and maintaining Relationship with stakeholders etc.
<p>Course outcomes</p>	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about hospital material management. • Students would be able to understand about necessary inventories and its management in-house and outside by maintaining a better relationship with all stakeholders. • These future health care administrators feel empowered for creating better value proposition for the hospital through the better control of its inventory planning. • The students can take up responsibilities of managing hospital material planning in any hospital.

Unit I: Introduction of Material Management- Definition, Scope & Functions, Objectives, principles

Unit II: Materials Planning- Classification of Materials-Consumable, Non consumable; Working out quantities required, forecasting; budgeting, concept of Just in time and Central purchasing.

Unit III: Purchase Management-Objectives, Purchase system-Centralised, Decentralised, Local purchase; Legal aspects of purchasing; Out Sourcing of Services; Purchase Procedures-Selection of Suppliers, Tendering procedures, Analysing bids, Price negotiations, Issue of purchase orders, Rate Contracts, Follow up action, Import formalities relating to Medical Equipments, Letter of credit, service contracts, Foreign currency payments.-Import documentation

Unit IV: Receipt of Materials-Inspection of materials, Preparation of defect/Discrepancy Report, Disposal of rejected items, Stocking of accepted items, Accounting of materials

Unit V: Store Management-Organisation & layout, Functions of Store Manager, Materials handling, Flow of goods/FIFO, Computerisation of inventory transactions, Security of stores, Disposal of scrap/unserviceable materials, Sub-stores in various departments, Physical stock taking, Codification and Classification of materials

Unit VI- Inventory Control-Aims & objectives, Scope of Inventory Control, Lead-time, Buffer stock, Reorder level, Economic order quantity, safety stock, Two Bin System; Tools & Techniques of Inventory Control-Classification of Inventory, Techniques of Inventory Control- ABC, VED, Others.

Unit VII: Medical Stores-Functions, Storage condition/Monitoring, Expiry Dates & Action, Cold Chain, Role of drug Review Committee-Hospital formulary, Obsolescence

Reference:

1. BM Sakharkar, *Principles of Hospital Administration and planning* – Jaypee brothers Publications.
2. Francis CM, Mario C de Souza ; *Hospital Administration* – Jaypee brothers Medical Publishers (P) Ltd., New Delhi, 2000
3. Modgli GD: *Medical Records, Organization and Management*, Jaypee brothers Medical Publishers (P) Ltd., New Delhi, 2001

4. Sakharkar BM: *Principles of Hospital Administration and planning* , Jaypee Brothers Medical Publishers (P) Ltd., New Delhi, 1999

5. McGibony JR: *Principles of Hospital Administration*, GP Putnam's sons ' New York, 1969

6. Rowland H.S. Rowland BL: *Hospital Administration Handbook*, Aspen System Corporation: Rockville, 1984

7. Grants Method of Anatomy: A Clinical Problem solving approach - John V. Basmajian and Charles E. Slonecker,

MHA 123 T: FINANCIAL MANAGEMENT

Total Hours: 30

<p>Course objective</p>	<ul style="list-style-type: none"> • The course is design to impart knowledge of the hospital financial management services to the students. • The hospital as an industry to deal with health and diseases. The management of cost and revenue with respect to the objectives to minimize the risk and maximize the asset in the hospital will be covered in the session.
<p>Course outcomes</p>	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about hospital's financial aspects. • Students would be able to understand the direct, indirect costs, investment and expenditures. • These future health care administrators feel empowered for financial decisions for the hospital. • The students can take up responsibilities of managing hospital financial services in any hospital.

Unit – I: The Finance function: Nature and Scope; Evolution of finance function – Its new role in the contemporary scenario –Goals of finance function – maximizing vs. satisfying; Profit vs. Wealth vs. Welfare; the Agency relationship and costs; Risk-Return trade off; Concept of Time Value of Money – Future Value and Present value.

Unit – II: The Investment Decision: Investment decision process- Project generation, project evaluation, project selection and project implementation. Developing Cash Flow; Data for New Projects; Using Evaluation Techniques – Traditional and DCF methods. The NPV vs. IRR Debate; Approaches for reconciliation. Capital budgeting decision under conditions of risk and uncertainty; Measurement of Risk – Risk adjusted Discount Rate, Certainty Equivalents and Beta Coefficient, Probability tree approach, Sensitivity analysis.

Unit – III: The Financing Decision: Sources of finance – a brief survey of financial instruments; Capital Structure Theories, Concept and financial effects of leverage; The capital structure decision in practice: EBIT – EPS analysis. Cost of Capital: The concept – Average vs. Marginal Cost of Capital; Measurement of Cost of Capital – Component Costs and Weighted Average Cost of Capital

Unit – IV: Current Assets Management and Dividend Decision: Concept of current assets, characteristics of working capital. Factors determining working capital. Estimating working capital

requirements. Working capital policy. Management of current assets: Cash Management, Receivables Management and Inventory Management. Bank norms for working capital financing. The Dividend Decision: Major forms of dividends – Cash and Bonus shares. The theoretical backdrop – Dividends and valuation; Major theories centered on the works of Gordon, Walter, and Lintner. A brief discussion on dividend policies of Indian companies.

Unit – V: Corporate Restructuring and Corporate Governance: Corporate Mergers, acquisitions and takeovers: Types of mergers, Economic rationale of Mergers, motives for mergers; Financial evaluation of mergers; Approaches for valuation: DCF approach and Comparable Company approach (No practical exercises). Corporate Value based management systems. Approaches: Marakon approach and McKinsey approach; Principles of good corporate Governance.

Reference:

1. Financial Management - Brigham
2. Financial Management - Khan & Jain
3. Financial Management - Prasanna Chandra
4. Financial Management - Maheshwari
5. Financial Management – S.C.Pandey
6. Van Horne & Wachowiz: Fundamentals of Financial Management (Prentice Hall India)
7. Sharan: Fundamentals of Financial Management (Pearson)
8. Financial Management – Rajiv Srivastava & Anil Misra – Oxford Publications
9. Financial Management – Chandra Hariharan Iyer – International Book House Ltd
10. Fundamentals of Financial Management – Sheeba Kapil – Pearson Publications
11. Strategic Financial Management – Prasanna Chandra

MHA 124 T:STRATEGIC MANAGEMENT

Total Hours: 30

Course objective	<ul style="list-style-type: none"> • The course is design to impart knowledge of the hospital strategic management to the students. • The hospitalshave to compete against each other to attract patients and increase footfall in the hospitals. Only with the strongest will survive. The students in this course will be taught about the strategy formulation and implementation. • Course deals with the subjects related to strategy planning, organizing, leading and controlling in the hospital.
Course outcomes	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about hospital strategic management. • These future health care administrators feel empowered forstrategymanagement for the hospital. • They would also be able to work in any organization, when given an opportunity for leading position. • The students can take up responsibilities of managing hospital departments in any hospital.

Unit I: Concepts of Strategic management- SM Process, Vision & Mission, External Environmental Analysis, General Environment, Industry Environment, Porters 5 Forces, Internal Environmental Analysis- Components, Resources, Capabilities, Competence, Competitive Advantage, Value Chain Analysis.

Unit II: Evaluation of strategy:- SWOT, PEST, and other similar ways of analysis, CAPA, fishbone diagram and other similar tools for corrective and preventive steps.

Unit III: Business Level Strategy- Customers, Segments, Markets, Cost Leadership, Differentiation, Competitive Rivalry & Competitive Dynamics

Unit IV: Corporate Level Strategy- Diversification, Integration, Restructuring, M&A, New market and product development, Corporate Social Responsibility and Corporate governance.

Unit V: Outsourcing as a strategy:- Various activities for outsourcing, Benefits of outsourcing, growth and drivers of outsourcing, when and what to outsource.

Reference:

1. Strategic Management – Thompson & Strickland McGraw Hill Irwin
2. Competitive advantage – Michael Porter
3. Competitive strategy – Michael Porter
4. Strategic Management – N Chandrasekaran & P.S Ananthanarayanan – Oxford Publications
5. Understanding Strategic Management - Anthony Henry – Oxford Publications
6. Concepts in Strategic Management & Business Policy – Toward Global Sustainability – Thomas L Wheelen, J David Hunger – Pearson Publications

MHA 125 T: MEDICAL TECHNOLOGY MANAGEMENT

Total Hours: 30

Course objective	<ul style="list-style-type: none"> • The course is design to impart knowledge of the medical technology management to the students. • The students would learn about those equipments and instruments. These instruments and equipments are integral part of treatment of patients. The students will be informed about management of medical equipments in hospital. • Course deals with the subjects related to planning, organizing, leading and controlling the medical technology.
Course outcomes	<ul style="list-style-type: none"> • The students after completing this course would be able to understand about medical technology management. • Students would be able to maintain effective operations in hospital by equipments and instruments. • These future health care administrators feel empowered by creating better maintenance of equipment and instruments for the hospital. • The students can take up responsibilities of managing hospital medical technology management in any hospital.

Unit I: Planning and forecasting the need of medical technologies in hospital- Justification of purchase proposal, Hospital Need Assessment, Estimation of Breakeven point and Profit – Projection in hospital budget, Local, National and International availability of Medical Equipments

Unit II: Procurement of equipment- Equipment selection guideline, Estimation of cost and Q.C. Planning, Purchase / Installation / Commissioning of Medical Equipments

Unit III: Equipment maintenance & condemnation- History sheet of equipment, preventive maintenance, master maintenance plan, repair of equipment, Inventory management, Quality management

of medical technology, Replacement of old equipments and Buyback Policy, Condemnation & disposal, Procedure for condemnation

Unit IV: Issues and challenges- Role of Biomedical Engineering Department, Risk Management, Disaster Management, financial issues,

Unit V: Common Medical Equipments used in Hospital- Critical care equipment, OT equipment, Laboratory equipment, Diagnostic equipment, New inventions

Reference:

1. Hospital Planning, WHO, Geneva, 1984.
2. Kunders G.D., Gopinath S., and Katakam A. Hospital Planning, Design and Management, Tata McGraw Hill, New Delhi, 1999
3. Arun Kumar, (ed) Encyclopedia of Hospital Administration and Development, Anmol publications, New Delhi, 2000.
4. Srinivasan, A.V. (ed), Managing a Modern Hospital, Chapter 2, Response Books, New Delhi, 2000.
5. Padmanand V. and P.C. Jain, Doing Business in India, Response Books, New Delhi, 2000.

MHA 126 : DISSERTATION /PROJECT PROPOSAL

****The Dissertation work will begin from 3rd Semester, and will continue through the 4th Semester.**

MHA 127P:INTERNSHIP (May-June)

Total Hours: 240

The students are placed for 8 weeks in various hospitals and healthcare organizations throughout the country or abroad for hands-on training. Student has to maintain the logbook throughout and submit at the time of reporting back to the college post internship.

During the Internship, there would be two presentations in the respective organization where student is posted by the faculty in-charge from the college and in presence of organizational mentor. Students have to make thesis based on the project during internship, which should be approved by faculty in charge and the organizational mentor.

In case, if student fails to qualify the same, he/she has to appear for the university examination during the next semester examination.

Semester IV

GENERAL ELECTIVES

ACADEMIC SYLLABUS FOR SEMESTER - IV

ELECTIVE COURSE

Name of the Programme	Masters in Hospital Administration
Course Code	GE 001 T
Name of the Course	PURSUIT OF INNER SELF EXCELLENCE (POISE)

Course objective	<ol style="list-style-type: none">1. To inculcate moral values in students – Self-Discipline , Time Management, Develop attitude of Service with humility, Empathy, Compassion, brotherhood, Respect for teachers, colleagues & society members.2. Develop Effective means of communication & presentation skills in students3. To develop wisdom in students for deciding their career based on their areas of interest and inner skills.4. Introduce techniques for Relaxation, Meditation & Connecting with innerself.5. Rejuvenation Techniques which can be used by students to distress themselves6. To improve performance of students during various assignments, projects, elocutions, events, quiz, interviews.
Course outcomes	<ol style="list-style-type: none">1. Students will become self dependent, more decisive and develop intuitive ability for their study and career related matter.2. Students ability to present their ideas will be developed.3. Enhanced communication skills, public speaking & improved Presentation ability.

	<p>4. Students will be able to explore their inner potential and inner ability to become a successful researcher or technician & hence become more focused.</p> <p>5. Students will observe significant reduction in stress level.</p> <p>6. With the development of personal attributes like Empathy, Compassion, Service, Love & brotherhood, students will serve the society and industry in better way with teamwork and thus grow professionally.</p>
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Unit no.	Topics	Hours allotted 60hrs
1	Spiritual Values for human excellence : The value of human integration; Compassion, universal love and brotherhood (Universal Prayer) ; Heart based living ; Silence and its values, Peace and non-violence in thought, word and deed ; Ancient treasure of values - Shatsampatti , Patanjali'sAshtanga Yoga ,Vedic education - The role of the Acharya , values drawn from various cultures and religious practices - Ubuntu, Buddhism, etc.; Why spirituality? Concept – significance ; Thought culture	15 hrs
2	Ways and Means : Correlation between the values and the subjects ;Different teaching techniques to impart value education; Introduction to Brighter Minds initiative; Principles of Communication; Inspiration from the lives of Masters for spiritual values - Role of the living Master	15 hrs
3	Integrating spiritual values and life: Relevance of VBSE (Value Based Spiritual Education) in contemporary life ; Significant spiritual values ; Spiritual destiny ; Principles of Self-management; Designing destiny	15 hrs
4	Experiencing through the heart for self-transformation (Heartfulness Meditation): Who am I? ; Introduction to Relaxation; Why, what and how HFN Meditation?; Journal writing for Self-Observation ; Why, what and how HFN Rejuvenation (Cleaning)? ; Why, what and how HFN connect to Self (Prayer)?; Pursuit of inner self excellence ; Collective Consciousness-concept of <i>egregore effect</i> ;	15 hrs

Reference Books:

1. www.pdfdrive.net
2. www.khanacademy.org
3. www.acadeicearths.org
4. www.edx.org
5. www.open2study.com
6. www.academicjournals.org

Name of the Programme	Masters in Hospital Administration
Course Code	GE 002 T
Name of the Course	BIOETHICS, BIOSAFETY, IPR & TECHNOLOGY TRANSFER

Course objective	<p>The students will gain structural knowledge on:</p> <ol style="list-style-type: none"> 1. To list the routes of exposure for a pathogen to a human being . 2. To demonstrate and assess the proper use of PPE, best practices, biological containment, and be prepared to safely conduct research 3. To identify the role of the Biosafety Professional in Biomedical Research Laboratories 4. To appreciate the importance of assertion in interpersonal communication and be introduced to some key assertion strategies 5. To understand the interpersonal nature of giving feedback, receiving criticism and resolving conflicts. 6. To establish attentive listening as an assertion strategy
Course outcomes	<p>Students will learn to:</p> <ol style="list-style-type: none"> 1. Effectively manage the health and safety aspects of a biological laboratory. 2. Give reliable, professional and informed advice and information to colleagues and managers. 3. Help to ensure that their institution complies with relevant legislation, liaise effectively with enforcing authorities and be aware of the penalties for failing to comply. 4. Build a context of understanding through communication. 5. Mediate between other conflicting parties. 6. Exhibit de-escalatory behaviors in situations of conflict. 7. Demonstrate acknowledgment and validation of the feelings, opinions, and contributions of others.

Unit no.	Topics	Hours allotted 60hrs
1	Ethics: Benefits of Ethics, ELSI of Bioscience, recombinant therapeutic products for human health care, genetic modifications and food consumption, release of genetically engineered organisms, applications of human genetic rDNA research, human embryonic stem cell research.	15 hrs
2	Patenting: Patent and Trademark, Bioscience products and processes, Intellectual property rights, Plant breeders rights, trademarks, industrial designs, copyright biotechnology in developing countries. Biosafety and its implementation, Quality <i>control in</i> Biotechnology.	15 hrs
	Introduction to quality assurance, accreditation & SOP writing : Concept of ISO standards and certification , National regulatory body for accreditation, Quality parameters, GMP & GLP, Standard operating procedures, Application of QA in field of genetics, Data management of clinical and testing laboratory	15 hrs
3	Funding of biotech business (Financing alternatives, funding, funding for Bioscience/ Medical Health Sector in India, Exit strategy, licensing strategies, valuation), support mechanisms for entrepreneurship (Bio-entrepreneurship efforts in India, difficulties in India experienced, organizations supporting growth, areas of scope, funding agencies in India, policy initiatives), Role of knowledge centers and R&D (knowledge centers like universities and research institutions, role of technology and up gradation)	15 hrs

Reference Books:

1. www.pdfdrive.net
2. www.khanacademy.org
3. www.acadeicearths.org
4. www.edx.org
5. www.open2study.com
6. www.academicjournals.org

Name of the Programme	Masters in Hospital Administration
Course Code	GE 003 T
Name of the Course	DISASTER MANAGEMENT AND MITIGATION RESOURCES

Course objective	<p>The course will uplift about:</p> <ol style="list-style-type: none"> 1. Understand and appreciate the specific contributions of the Red Cross/Red Crescent movement to the practice and conceptual understanding of disaster management and humanitarian response and their significance in the current context. 2. Recognize issues, debates and challenges arising from the nexus between paradigm of development and disasters. 3. Critically evaluate disaster risk reduction and humanitarian response policy and practice from multiple perspectives. 4. Respond to disaster risk reduction initiatives and disasters in an effective, humane and sustainable manner.
Course outcomes	<p>At the successful completion of course the student will gain:</p> <ol style="list-style-type: none"> 1. knowledge and understanding of the disaster phenomenon, its different contextual aspects, impacts and public health consequences. 2. Knowledge and understanding of the International Strategy for Disaster Reduction (UN-ISDR) and to increase skills and abilities for implementing the Disaster Risk Reduction (DRR) Strategy. 3. Ensure skills and abilities to analyse potential effects of disasters and of the strategies and methods to deliver public health response to avert these effects.

UNIT I: Introduction- Definition of Disaster, Emergency; Type of Disasters, Disaster Codes, Incident Management Team (IMT), Community partners, Hazard Vulnerability Assessment – mitigation, Preparedness, response, recovery;

UNIT II: Communication- Notification of Disaster situation, Disaster/emergency announcement, Internal and External Information

UNITIII: Emergency Patient Management-Triage, First aid center, Assessment and transportation of injured persons, Categorization of casualties, Disaster Tags, Evacuation, Hospital preparedness for mass admissions of patients,

UNIT IV: Disaster plan of a hospital- Basic Requirements, Components of disaster plan : pre-hospital and hospital; Organization and Structure of Management in the Hospital, Alarm and Mobilization, Competencies and Emergency Rights, Admission and Treatment Capacities, Admission and Registration of Patients, Predefined Patient Transportation Routes, internal disaster plan-evacuation of hospital

UNITV: Staff Responsibilities- General, Incident commander, hospital administrator, Clinicians, Chief Nursing Officer, Chief of Security, Facility Manager, Food Service Manager, Pharmacy Incharge, Front Desk Staff, Information, Training, Exercise- Mock exercise on disaster management in Hospital

Reference Books:

1. ShailendraK.Singh : Safety & Risk Management, Mittal Publishers
2. J.H.Diwan : Safety, Security & Risk Management,APH
3. Stephen Ayers &Garmvik: Text Book of Critical Care, Holbook and Shoemaker
4. www.pdfdrive.net
5. www.khanacademy.org
6. www.acadeicearths.org
7. www.edx.org
8. www.open2study.com
9. www.academicjournals.org

Name of the Programme	Masters in Hospital Administration
Course Code	GE 004 T
Name of the Course	HUMAN RIGHTS

Course objective	<p>Students will comprehend on:</p> <ol style="list-style-type: none"> 1. A branch of public international law, and relevant juridical mechanisms at global as well as regional levels, 2. Human rights as an object of study in history, philosophy and the social sciences, as well as a practical reality in national and international politics. 3. Different forms of promoting and implementing human rights, domestically as well as on the international level. 4. The role of human rights in contemporary issues relating to terrorism, religion, ethnicity, gender and development. 5. Cholarly values such as transparency, impartiality, clarity, reliance and the importance of sound reasoning and empirical inference.
Course outcomes	<p>Student will be able to virtue:</p> <ol style="list-style-type: none"> 1. identify, contextualise and use information about the human rights situation in a given country 2. critically appraise source material, including cases from human rights committees and tribunals and reports and summary records from treaty bodies 3. analyse a country's situation or an international situation in terms of human rights and formulate human rights-based initiatives and policies 4. Promote human rights through legal as well as non-legal means. 5. Participate in legal, political and other debates involving human rights in a knowledgeable and constructive way

Unit no.	Topics	Hours allotted 60hrs
1	<i>Background:</i> Introduction, Meaning, Nature and Scope, Development of Human Rights, Theories of Rights, Types of Rights	08 hrs
2	<i>Human rights at various level :</i> Human Rights at Global Level UNO, Human Rights – UDHR 1948 – UN Conventions on Human Rights: International Covenant on civil and Political Rights 1966, International Convent on Economic, Social and Cultural Right, Racial Discrimination -1966 International, Instruments: U.N. Commission for Human Rights, European Convention on Human Rights.	15 hrs
3	<i>Human rights in India :</i> Development of Human Rights in India, Human Rights and the Constitution of India, Protection of Human Rights Act 1993- National Human Rights Commission, State Human Rights Commission, Composition Powers and Functions, National Commission for Minorities, SC/ST and Woman	12 hrs
4	<i>Human Rights Violations:</i> Human Rights Violations against Women, Human Rights Violations against Children, 35 Human Rights Violations against Minorities SC/ST and Trans-genders, Preventive Measures.	13 hrs
5	<i>Political issues:</i> Political Economic and Health Issues, Poverty, Unemployment, Corruption and Human Rights, Terrorism and Human Rights, Environment and Human Rights, Health and Human Rights	12 hrs

Reference Books:

1. JagannathMohanty Teaching of Human sRights New Trends and Innovations Deep & Deep Publications Pvt. Ltd. New Delhi2009
2. Ram Ahuja: Violence Against Women Rawat Publications JewaharNager Jaipur.1998.
3. SivagamiParmasivam Human Rights Salem 2008
4. Hingorani R.C.: Human Rights in India: Oxford and IBA New Delhi.

MHA 126P:DISSERTATION/PROJECT

The students are placed for 12 weeks in various hospitals and healthcare organizations throughout the country or abroad for hands-on training. The students will be required to complete a satisfactory thesis based on the project assigned to them. The thesis must be approved by Industry and faculty members. Students have to maintain the logbook throughout and submit at the time of reporting back to the college post dissertation. During Dissertation, there would be two presentations in the respective organization where student is posted in presence of faculty in-charge from the college and the organizational mentor. The university exam would be as per therules.

In case, if student fails to qualify the same, he/she has to appear for the university examination during the next semester examination.

1. Dissertation/Project work should be carried out as an individual Dissertation and actual bench work.
2. The students will carry independent project work under the supervision of the staff of Department on an advanced topic assigned to him/her. Inhouse projects are encouraged. Students may be allowed to carry out the project work in other Departmental laboratories /Research institutes /Industries as per the availability of Infrastructure.
3. Co guides from the other institutions may be allowed.
4. The Dissertation/Project work will begin from 3rd Semester, and will continue through the 4th Semester.
5. The Dissertation/Project report (also work book shall be presented at the time of presentation and viva voce) will be submitted at the end of the 4th Semester and evaluated.
6. Five copies of the project report shall be submitted to the Director, SBS.
7. For the conduct of the End Semester Examination and evaluation of Dissertation/Project work the University will appoint External Examiners.
8. Since the dissertation is by research, Dissertation/Project work carries a total of 250 marks and evaluation will be carried out by both internal and external evaluators.
9. The student has to defend his/her Dissertation/Project Work in a seminar which will be evaluated by a internal and external experts appointed by the University.
10. The assignment of marks for Project/Dissertation is as follows:
 - Part I-
 - Topic Selection, Review of Literature, Novelty of works-50 marks
 - Part-II-
 - a. Continuous Internal Assessment, Novelty, Overall Lab Work Culture - 100 Marks
 - b. Dissertation/Project work book: 50 Marks
 - c. Viva-Voce: 50 Marks
 - d. However, a student in 4th semester will have to opt for general elective course from other related disciplines in addition to his Dissertation/Project work in the parent department.

Name of the Programme	MHA
Course Code	MHA 128 P
Name of the Course	EDUCATIONAL TOUR/FIELD WORK/HOSPITAL VISIT/ INDUSTRIAL VISIT

MONITORING LEARNING PROGRESS

It is essential to monitor the learning progress of each candidate through continuous appraisal and regular assessment. It not only also helps teachers to evaluate students, but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Model Checklists are attached

The learning out comes to be assessed should include:

i) **Journal Review Meeting (Journal Club):** The ability to do literature search, in depth study, presentation skills, and use of audio- visual aids are to be assessed. The assessment is made by faculty members and peers attending the meeting using a checklist (see Model Checklist – I)

ii) **Seminars / Symposia:** The topics should be assigned to the student well in advance to facilitate in depth study. The ability to do literature search, in depth study, presentation skills and use of audio- visual aids are to be assessed using a checklist (see Model Checklist-II)

iii) **Teaching skills:** Candidates should be encouraged to teach undergraduate medical students and paramedical students, if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students (See Model checklist III,)

iv) **Work diary / Log Book-** Every candidate shall maintain a work diary and record his/her participation in the training programmes conducted by the department such as journal, reviews, seminars, etc. Special mention may be made of the presentations by the candidate as well as details of experiments or laboratory procedures, if any conducted by the candidate.

v) **Records:** Records, log books and marks obtained in tests will be maintained by the Head of the Department.

Checklist - I

Model Checklist for Evaluation of Journal Review Presentations

Name of the student: _____ Date: _____

Name of the Faculty/ Observer: _____

S No.	Items for observation during presentation		Below average	Average	Good	Very Good
		0	1	2	3	4
1	Article chosen was					
2	Extent of understanding of scope & objectives of the paper by the candidate					
3	Whether cross- references have been consulted					
4	Whether other relevant references have been Consulted					
5	Ability to respond to questions on the paper /subject					
6	Audio-visuals aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
	Total score					

Checklist - II

Model Checklist for Evaluation of the Seminar Presentations

Name of the student: _____ Date: _____

Name of the Faculty/ Observer: _____

S No.	Items for observation during presentation		Below average	Average	Good	Very Good
		0	1	2	3	4
1	Article chosen was					
2	Extent of understanding of scope & objectives of the paper by the candidate					
3	Whether cross- references have been consulted					
4	Whether other relevant references have been Consulted					
5	Ability to respond to questions on the paper /subject					
6	Audio-visuals aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
	Total score					

Checklist - III

Model Checklist for Evaluation of Teaching Skill

Name of the student: _____ Date: _____

Name of the Faculty/ Observer: _____

S. No.		Strong Point	Weak point
1	Communication of the purpose of the talk		
2	Evokes audience interest in the subject		
3	The introduction		
4	The sequence of ideas		
5	The use of practical examples and /or illustrations		
6	Speaking style (enjoyable, monotonous, etc., specify)		
7	Summary of the main points at the end		
8	Ask questions		
9	Answer questions asked by the audience		
10	Rapport of speaker with his audience		
11	Effectiveness of the talk		
12	Uses of AV aids appropriately		

Checklist - IV**Model Check list for Dissertation / Project Work Presentations**

Name of the student: _____ Date: _____

Name of the faculty/ Observer: _____

S No.	Points to be covered		Below average	Average	Good	Very Good
		0	1	2	3	4
1	Interest shown in selecting topic					
2	Appropriate review					
3	Discussion with guide and other faculty					
4	Quality of protocol					
5	Preparation of proforma					
	Total score					

Checklist - V

**Continuous Evaluation of dissertation / project work by Guide/
Co-Guide**

Name of the student: _____ Date: _____

S No.	Points to be covered		Below average	Average	Good	Very Good
		0	1	2	3	4
1	Interest shown in selecting topic					

Name of the faculty/ Observer: _____

2	Appropriate review					
3	Discussion with guide and other faculty					
4	Quality of protocol					
5	Preparation of proforma					
Total score						

RULES AND REGULATION FOR EXAMINATION OF UNDER GRADUATE AND POST GRADUATE DEGREE COURSES UNDER SCHOOL OF BIOMEDICAL SCIENCES OFFERING CBCS PATTERN

1. Title of the courses offered :

Under Graduate Courses (Allied Health Sciences) :

- 1.1 Bachelor Of Science In Medical Laboratory Technology (B.Sc. MLT)
- 1.2 Bachelor Of Science In Medical Radiology And Imaging Technology (B.Sc. MRIT)
- 1.3 Bachelor Of Science In Cardiac Care Technology (B.Sc. CCT)
- 1.4 Bachelor Of Science In Perfusion Technology (B.Sc. PT)
- 1.5 Bachelor Of Science In Dialysis Technology (B.Sc. DT)
- 1.6 Bachelor Of Science In Anaesthesia Technology And Operation Theatre (B.Sc. AT&OT)
- 1.7 Bachelor Of Optometry (B. OPTOMETRY)

Post Graduate Courses:

- 1.8 Masters in Medical Biotechnology (M Sc. Medical Biotechnology)
- 1.9 Masters in Medical Genetics (M.Sc. Medical Genetics)
- 1.10 Masters in Clinical Embryology (M.Sc in Clinical Embryology)
- 1.11 Masters in Biostatistics (M.Sc. Biostatistics)
- 1.12 Masters in Molecular Biology (M.Sc. Molecular Biology)
- 1.13 Master in Hospital Administration (M.H.A.)

2. Duration of the course:

- 2.1. Duration shall be for a period of three years, including one year of Internship for UG courses.
- 2.2 Duration shall be for a period of two years for PG courses

3. Medium of instruction: The medium of instruction and examination shall be in English

4. LETTER GRADES AND GRADE POINTS:

MGMSBS has adopted the UGC recommended system of awarding grades and CGPA under Choice Based Credit Semester System for all the UG/PG courses.

- 4.1 MGMSBS would be following the absolute grading system, where the marks are compounded to grades based on pre-determined class intervals.
- 4.2 The UGC recommended 10-point grading system with the following letter grades will be followed:

Table 1: Grades and Grade Points:

Letter Grade	Grade Point
O (Outstanding)	10
A+ (Excellent)	9
A (Very Good)	8
B (Good)	7
C (Above Average)	6
F (Fail)/ RA (Reappear)	0
Ab (Absent)	0
Not Completed (NC)	0
RC (<50% in attendance or in Internal Assessment)	

- 4.3 A student obtaining Grade RA shall be considered failed and will be required to reappear in the examination.

4.4 Candidates with NC grading are those detained in a course (s); while RC indicate student not fulfilling the minimum criteria for academic progress or less than 50% in attendance or less than 50% in internal assessments (IA). Registrations of such students for the respective courses shall be treated as cancelled. If the course is a core course, the candidate has to re-register and repeat the course when it is offered next time.

5. CBCS Grading System - Marks Equivalence Table

5.1 Table 2: Grades and Grade Points

Letter Grade	Grade Point	% of Marks
O (Outstanding)	10	86-100
A+ (Excellent)	9	70-85
A (Very Good)	8	60 -69
B (Good)	7	55 -59
C (Above Average) – Pass both for UG and PGs	6	50- 54
F (Fail))/ RA (Reappear)	0	Less than 50
Ab (Absent)	0	-
NC- not completed	0	-
RC- Repeat the Course	0	0

5.2 Table 3: Cumulative Grades and Grade Points

Letter Grade	Grade Point	CGPA
O (Outstanding)	10	9.01 - 10.00
A+ (Excellent)	9	8.01 – 9.00
A (Very Good)	8	7.01 – 8.00
B (Good)	7	6.00 - 7.00
C (Above Average)	6	5.01 - 6.00

6. Assessment of a Course: Evaluation for a course shall be done on a continuous basis. Uniform procedure will be adopted under the CBCS to conduct continuous internal assessments (IA), followed by one end-semester university examination (ES) for each course.

6.1 For all category of courses offered (Theory, Practical, Discipline Specific Elective [DE]/ Lab [DL]; Generic Elective [GE] and Ability Enhancement Courses [AE]; Skills Enhancement Courses [SE] Theory or P (Practical) & RP(Research Project), assessment will comprise of Internal Assessment (IA) and the end–semester (ES) examination.

6.2 Courses in programs wherein Theory and Lab are assessed jointly (UG or PG), the minimum passing head has to be 50% Grade each for theory and practical's separately. RA grade in any one of the components will amount to reappearing in both components. i.e. theory and practical.

6.3 Evaluation for a course with clinical rotation or clinical training or internship will be done on a continuous basis.

7. Eligibility to appear for the end-semester examinations for a course includes:

7.1 Candidates having $\geq 75\%$ attendance and obtaining the minimum 35% in internal assessments in each course to qualify for appearing in the end-semester university examinations.

7.2 The students desirous of appearing for university examination shall submit the application form duly filled along with the prescribed examination fee.

7.3 Incomplete application forms or application forms submitted without prescribed fee or application form submitted after due date will be rejected and student shall not be allowed to appear for examination.

8. Passing Heads

8.1 Courses where theory and practical are involved, the minimum passing head shall be 50% in total including the internal assessment.

8.2 Elective subjects – the minimum prescribed marks for a pass in elective subject should be 50%. The marks obtained in an elective subjects should be communicated to the university before the commencement of the university examination.

9 Detention: A student not meeting any of the above criteria may be detained (NC) in that particular course for the semester. In the subsequent semester, such a candidate improve in all, including attendance and/or IA minimum to become eligible for the next end-semester examination.

10 The maximum duration for completing the course will be 6 years (minimum duration of course x 2) i.e. (3x2) =6 years for UG courses & (2x2) =4 years for PG Courses, failing

which his/her registration will be cancelled. Full fees of entire course of three or two years as the case may be liable to be paid by the students.

11 Carry over benefit:

11.1 First year examination: A candidate who fails in any two main subjects of first semester shall be permitted to carry over those subjects to second semester. However, the candidate has to clear all over subject before being allowed to appear for semester 6 examination.

11.2 To become eligible to appear in the third year, the candidate must have passed first year and second year university examinations.

11.3 A candidate shall not be allowed to appear in the final semester examination unless the candidate has cleared all the previous semester examinations.

12 Grace Marks for UG Courses:

12.1 A Candidate shall be eligible for grace marks only in UG courses, provided he/she appeared in all the papers prescribed for the examination.

12.2 Maximum up to 5 grace marks may be allowed for passing, spread over between subjects.

12.3 No grace marks will be awarded in internal evaluation.

13 University End-Semester Examination (UG/PG Programs)

13.1 There will be one final university examination at the end of every semester.

13.2 A candidate must have minimum 75% attendance (Irrespective of the type of absence) in theory and practical in each subject to be eligible for appearing the University examination.

13.3 The principal /dean/ director shall send to the university a certificate of completion of required attendance and other requirements of the applicant as prescribed by the university, two weeks before the date of commencement of the written examination.

13.4 A candidate shall be eligible to sit for the examination only, if she / he has secured minimum 35% in internal assessment of that subject. The internal examinations will be conducted at college/ department level.

13.5 Notwithstanding – anything in any examination, a deficiency of attendance at lectures or practical maximum to the extent of 10% - may be condoned by the principal / dean /director.

13.6 If a candidate fails either in theory or in practical, he/ she have to re-appear for both.

13.7 There shall be no provision of re- evaluation of answer sheets. Candidates may apply to the university following due procedure for recounting of theory marks in the presence of the subject experts.

13.8 Internal assessments shall be submitted by the Head of the Department to the university through the Director of MGMSBS at least two weeks before commencement of University theory examination.

13.9 The university examination for first year (UG) shall consist of only theory examination and there shall be no university practical examination.

14. Supplementary examination: There shall be no supplementary examination

15. Re-Verification

There shall be provision of retotaling of the answer sheets, candidate shall be permitted to apply for recounting/retotaling of theory papers within 8 days from the date of declaration of results.

16. Scheme of University Exam Theory UG Program: General structure / patterns for setting up question papers for Theory / Practical courses, their evaluation weightages for UG programs of MGMSBS are given in the following tables

16.1 : Theory Question Paper Pattern For Core Subjects in University Examinations

Under CBCS - 80 Marks

Question type	No. of questions	Questions to be answered	Question X marks	Total marks
Section 1				
MCQ	10	10	10x1	10 marks
Section 2				
Structured LAQ	3	2	2x15	30 marks

Short notes	6	5	5 x 8	40 marks
				Total= 80 Marks

General Instructions (Theory):

- A. Time duration of each Theory Paper will be of Three (3) Hrs or 1 1/2 hrs as the case may be.
- B. Total Marks of each Theory Paper will be 80 Marks / 40 Marks.
- C. There will be TWO Sections in Question Paper. Section ONE will be MCQ while Section TWO will be long & short essay questions. There will be internal option.
- D. Both the Sections are compulsory.
- E. Both the sections are to be written in the separate answer sheet

16.2 Practical Question Paper Pattern For University Examinations Under CBCS - 40 Marks

Exercise	Description	Marks
Q No 1	Practical exercise - 1	1 x10=10 M
Q No 2	Station exercise	3x5M=15 M
Q No 3	VIVA	10 M
QNo 4	Journal	5 M
		Total = 40 M

General Instructions (Practical):

- A. All the students have to remain present at the examination centre 15 minutes before the scheduled time for examination.
- B. Students have to carry with them certified journal, I-card or examination receipt, and other necessary requirements for examination.
- C. Candidate should not leave the practical hall without the permission of examiner.
- D. Use of calculator is allowed but the use of mobile phones is strictly prohibited.
- E. The candidate has to leave the laboratory only after the submission of all the answer sheets of the exercises performed.
- F. **16.3 Internal examination pattern (Theory) : 20marks**

Question type	No. of questions	Questions to be answered	Question X marks	Total marks
Long essays	2	1	1x10	10 marks
Short answers	3	2	2x5	10 marks
Total				Total= 20 marks

Marks should be submitted by respective departments at least 15 days prior to onset of university examination to the university.

16.4 Internal Examination Pattern (Practical): 10 Marks

Internal exam (At department level)	10 marks
Viva	5 marks
Log book	5 marks
Theory and practical	Total = 20 M

Note –20 marks to be converted to 10 marks weightage for submission to the university.

17. Scheme of University Examination Theory for PG Program (Biotechnology, Genetics, Biostatistics, Molecular Biology & Clinical Embryology): General structure / patterns for setting up question papers for Theory / Practical courses, their evaluation weightages for PG programs of MGMSBS are given in the following tables

17.1 Marks scheme for the University exam:

Final theory marks will be 100 marks (80 marks University Theory exam + 20 Marks Internal assessment).

Question		Marks distribution	Marks allotted per section	Marks
Sec:A	MCQ	10 x 1 M = 10	10	10
Sec:B	SAQ	3/4x 5 M = 15	15	35
Sec:B	LAQ	2/3 x 10 M = 10	20	
Sec:C	SAQ	3/4x 5 M = 15	15	35
Sec:C	LAQ	2/3x 10 M = 10	20	
				Total = 80 M

Final practical marks will be 100M. (80 marks University practical exam + 20 Marks Internal assessment)

17.2 Practical exam pattern: Total 40 marks with following breakup :

Exercise	Description	Marks
Q No 1	Practical exercise - 1	1 x20=20 M
Q No 2	Station exercise	2x5M=10 M
Q No 3	VIVA	5 M
QNo 4	Journal	5 M
		Total = 40 M

17.3 Practical to be conducted at respective departments and marks submitted jointly by the parent department to the university.

17.4 Breakup of theory IA calculation for 20 marks

Internal exam (at department)	15 marks
Seminar	5 marks
	Total = 20 M

Breakup of practical IA calculation:

Internal exam (at department)	10 marks
Viva	5 marks
Journal	5 marks
	Total = 20 M

17.5 ASSESSMENT OF SEMMINAR FOR PG COURSE (50 Marks)

Description	Marks
Submission of seminar report	25 M
Subject knowledge	5
Concept and Methodology	5
Presentation	5
VIVA	10 M
	Total = 50 M

17.6 Dissertation:-

17.5.1 M.Sc. (Biotechnology, Genetics, Biostatistics, Molecular Biology & Clinical embryology courses) student should submit a suitable dissertation topic forwarded by the guide to the School of Biomedical Sciences by September in III semester of the course. Following approval of ethics & scientific committee, work should be carried out.

17.5.2 Completed dissertation should be submitted by 31st march in IV semester.

18. Scheme of University Exam Theory PG Program (Masters in Hospital Administration) : General Structure / patterns for setting up question papers for Theory / Practical courses , their evaluation weightages for PG programs of MGMSBS are given in the following tables.

18.1 FINAL THEORY marks will be 100 Marks OR 50 Marks

(80 marks University Theory exam + 20 Marks Internal assessment)				
Section	Question types	Marks distribution	Marks allotted per section	Marks
SecA	MCQ	10 x 1 M	10	10
SecB	SAQ	5/6 x 8 M	40	40
SecC	LAQ/Case Study	2/3 x 15 M	30	30
				Total = 80 M
OR				
(40 marks University Theory exam + 10 Marks Internal assessment)				
Section	Question types	Marks distribution	Marks allotted per section	Marks
SecA	MCQ	5 x 1 M = 5	5	5
SecB	SAQ	3/4x 5 M = 15	15	15
SecC	LAQ/Case Study	2/3x 10 M = 20	20	20
				Total = 40 M

18.2 FINAL PRACTICAL marks will be 100 Marks

(80 marks University practical exam + 20 Marks Internal assessment)

PRACTICAL (Industry Posting/Hospital Project/Internship/Dissertation): Total 80 marks

Exercise	Description	Marks
Q No 1	Presentation	30 M
Q No 2	Report	20 M
Q No 3	VIVA	20 M

Q No 4	Continuous Assessment #	10 M
		Total = 80 M

Continuous Assessment will be based on Mid-term presentation during the posting (5 marks) & attendance (5 marks) of the student. It was decided that weightage be given to attendance as per following scheme:

Attendance percentage	Marks
< 75	Zero
75	2.5
76-80	3.0
81-85	3.5
86-90	4.0
91-95	4.5
96-100	5.0

18.3 Evaluation schedule for Industry Posting/Internship/Dissertation

Industry posting : First semester University Practical Examination
Hospital Project : Second Semester University Practical Examination
Internship : Third Semester University Practical Examination
Dissertation : Fourth Semester University Practical Examination

18.4 INTERNAL ASSESSMENT (IA) Marks will be 20 Marks OR 10 Marks

For 100 Marks (Theory OR Practical) =80 marks Theory + 20 Marks IA

For 50 Marks (Theory) =40 marks Theory + 10 Marks IA

Description	Marks (20)	OR	Marks (10)
Mid-term Internal exam I (at dept/Industry)*	10 marks		5 marks
End-Term Internal exam II (at dept/Industry)*	10 marks		5 marks
	Total = 20 M		Total = 10 M

*Mid-Term or End-Term Internal exam can be a presentation, written test or case study

18.5 Dissertation:-

- MHA student should submit a suitable dissertation topic forwarded by the guide to the School of Biomedical Sciences by 6th September in III semester of the course. Approval of ethics & scientific committee, work should be carried out. Completed dissertation should be submitted by 31st march in IV semester.

19. Dissertation Evaluation Guidelines for PG courses:

The Dissertation allows the student to develop and display in-depth understanding of a theme in International Studies, as well as an in-depth understanding of the appropriate research tools, approaches and theories applicable to that theme. The dissertation should be based on a well-defined and clear research question of scholarly significance, and that the dissertation develops a theoretically and methodologically informed and evidence-based answer to that question.

Criteria for Evaluating a Dissertation: The following criteria should be applied when assessing a dissertation.

The grade assigned depends on the extent to which the criteria have been met.

Criteria	Marks
Definition of research scope	25
Grasp of the topic	50
Methods, conclusions	50
Contribution to knowledge and thesis structure	25
Presentation and language	50

20. Eligibility for award of degree

20.1 A candidate shall have passed in all the subjects of 1st, 2nd & 3rd year and complete internship to be eligible for award of Under Graduate degree.

20.2 A candidate shall have passed in all the subjects of 1st & 2nd to be eligible for award of Post Graduate degree.

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LEARNING RESOURCE CENTERS

Hospital

- MGM Hospitals at Navi Mumbai campus is 850 bedded hospitals with 90 critical care beds. The basic specialty services include Medicine, Surgery, Paediatrics, Orthopaedics, Obstetrics & Gynaecology, ENT, Respiratory medicine, Dermatology, Psychiatry.

- The super specialty services cover Cardiovascular Thoracic Surgery (CVTS), Cardiology, Urology, Paediatric Surgery, Neurology, Endocrinology, Neurosurgery, Plastic surgery, Interventional Pain Management etc.
- The hospitals have well equipped surgical suites for minor and complex surgeries. Operation Theatre (OTs) are located with close proximity to all ICUs, Cath lab, Central Sterile Services Department and Generic Pharmacy.
- Casualty Department in the hospital of both campuses has 20 beds each and is well equipped to provide prompt services to critically ill and accidental cases.
- ICUs in both campuses are equipped with multi-parameter monitors, ventilators, defibrillators, central oxygen, suction, IABP and facility for dialysis within ICU.
- Central lab facilities are well maintained and are NABL accredited.
- Sleep Medicine and Research Centre is in Collaboration with University of Pennsylvania Health System, USA.
- Modern CT Scan, MRI machine, Endoscopy, laparoscopy equipments, digital x-ray, automatic analyser, colour Doppler, 2D echo, cath lab etc.

Library

- Library has 14423 bound volumes, 1163 thesis, 757 e- books, 2033 CDs and DVDs and 95 computers in Computer library.
- Working Hours - Monday to Saturday is 8 am to 11 pm and on Sunday and Holiday 10 am to 8 pm
- Seating capacity for both students and staffs in library is as per the statutory council norms.
- Access to Shodhganga and National Digital Library.
- MUHS digital library, EBSCO Host Medline, book bank, access to previous question papers, Journal room, e-library, xerox, tea and coffee vending machine is available. Separate sections for UG and PG, e learning section and group discussion room.

Seating Capacity

Reading room capacity	Navi Mumbai
UG Students	285
PG Students	100
Faculty	58

RESULTS & CONVOCATION

RESULTS:

Prior to external examination, students will be informed of their performance at internal assessments. Students are required to verify the marks obtained. Queries shall be discussed & sorted-out with

Programme Head. Students are also required to duly sign and confirm the correctness of the internal marks. Every student will be given semester-wise consolidated grade sheet. On successful completion of the programme, consolidated grade sheet, passing certificate & transcript will also be issued to each student.

CONVOCATION:

Convocation of MGMIHS as per the schedule and intimated to all. All students who become eligible for obtaining the Degree Certificate need to submit their application by due date and follow the respective guidelines.

CO-CURRICULAR ACTIVITIES

- 1. Industry Visits**
- 2. International Tour (Optional)**
- 3. Certificate Program**
- 4. Work-sops and training**
- 5. Social service**
- 6. Guest lectures**
- 7. Participation in social initiatives**

STUDENTS' COMMITTEES

FACILITIES

Hostel
Mess
Food court
Disaster & Emergency evacuation management plan
Health Care

MGM Institute of Health Sciences and MGM Trust

Mahatma Gandhi Mission (MGM) Trust was established in 1982, with a view to propagate education, research and service to humanity following the cherished principle, advocated by Mohandas Karamchand Gandhi. In the course of last 25 years, MGM trust has established a number of educational institutions running mainly in medical, dental, nursing, engineering, architecture, management, law, journalism, Indian Languages, music, dance etc.

The Institutes are located at Navi Mumbai, Aurangabad, Nanded, and Prabhani in Maharashtra and NOIDA in UP having strength of more than 15,000 students. The institutions under MGM trust have achieved a mark of excellence in their respective areas over the years.

Mahatma Gandhi Mission trust has conceptualized an academic unit as MGM Institute of Health Sciences, Navi Mumbai. It is deemed university established vide notification of Ministry of Human Resource Development, New Delhi, vide its no. F.9-21/2005-U.3 (A) dt. 30.8.2006 on the recommendations of University Grants Commission, New Delhi having two educational campuses at Navi Mumbai and Aurangabad as —Centers of Excellence|| by creating the state of the art teaching, diagnostic and research facilities.

To keep up with the trend in providing higher education in other areas in Maharashtra, MGM Institute of Health Sciences proposed to start postgraduate course awarded to Masters in Hospital Administration in the academic year 2017-18.

About Navi Mumbai City

Navi Mumbai or **New Bombay** is a planned township of Mumbai off the west coast of the Indian state of Maharashtra in Konkan division. The city is divided into two parts, North Navi Mumbai and South Navi Mumbai, for the individual development of Panvel Mega City, which includes the area from Kharghar to Uran. Navi Mumbai has a population of 1,119,477 as per the 2011 provisional census.

The area was mooted in 1971 to be a new urban township of Mumbai by the Government of Maharashtra. For this purpose a new public sector undertaking was established that is the CIDCO. Navi Mumbai is situated across two districts namely Thane and Raigad. The remaining newly developed and developing nodes in the Raigad district are administered by the CIDCO. Navi Mumbai is widely considered an entry point to Mumbai. Its location and infrastructure coupled up with affordable housing and low pollution makes Navi Mumbai the most preferred choice for new immigrants coming from in and out of Maharashtra seeking good living conditions outside Mumbai, despite facing daily hardship in these living conditions. The city has been ranked 12th among 73 cities surveyed for cleanliness and hygiene by the Union Ministry of Urban Development (MoUD) and Quality Council of India (QCI) as a part of Swachh Bharat Abhiyan.



Resolution No. 4.13 of BOM-55/2018: Resolved as follows:-

- (i) Slow learners must be re-designated as potential learners.
- (ii) Students scoring less than 35% marks in a particular subjects/course in the 1st formative exam are to be listed as potential learners. These learners must be constantly encouraged to perform better with the help of various remedial measures.
- (iii) Students scoring more than 75% marks in a particular subjects/course in the 1st formative exam are to be listed as advanced learners. These learners must be constantly encouraged to participate in various scholarly activities.

Resolution No. 3.1.4.2 of BOM-57/2019:

- i.** Resolved to include “Gender Sensitization” into UG (from new batch 2019-2020) and PG (from existing batches) curricula. [**Annexure-21**]
- ii.** Resolved to align the module of “Gender Sensitization” with MCI CBME pattern for MBBS students.
- iii.** Resolved that Dr. Swati Shiradkar, Prof., Dept. of OBGY., MGM Medical College, Aurangabad will coordinate this activity at both campuses.

Annexure - 21

Gender sensitization for UG (2nd , 3rd , 8th semesters) and PG (3 hours)

INCLUSION OF “ GENDER SENSATIZATION” IN CURRICULUM

Introduction :

The health care provider should have a healthy gender attitude, so that discrimination, stigmatization, bias while providing health care will be avoided. The health care provider should also be aware of certain medico legal issues related with sex & gender.

Society particularly youth & adolescents need medically accurate, culturally & agewise appropriate knowledge about sex, gender & sexuality. So we can train the trainers for the same. It is need of the hour to prevent sexual harassment & abuse .

To fulfill these objectives, some suggestions are there for approval of BOS.

Outline

- 1)For undergraduates :- Three sessions of two hours each, one in 2nd term, one in 3rd term & one in 8th term.
- 2)For Faculties and postgraduates :- One session of two hrs .
- 3)For those want to be trainers or interested for their ownself, value added course, which is optional about sex, gender, sexuality & related issues.

Responsibility

ICC of MGM, MCHA , with necessary support from IQAC & respective departments.

Details of undergraduate sessions

1)First session in 2nd term

Aim – To make Students aware about the concept of sexuality & gender.

To check accuracy of knowledge they have,

To make them comfortable with their own gender identify & related issues.

To make them aware about ICC & it is functioning.

Mode – Brain storming , Interactive power point presentation experience sharing.

Duration – Around two hours

Evaluation – Feedback from participants.

2)Second session in 3rd / 4th term

Aim – To ensure healthy gender attitude in these students as now they start interacting with patients.

To ensure that the maintain dignity privacy while interacting with patients and relatives, particularly gender related.

To make them aware about importance of confidentiality related with gender issues.

To encourage them to note gender related issues affecting health care & seek solutions.

Mode – focused group discussions on case studies, Role plays & discussion.

--3--

Duration – Around two hours.

Evaluation – Feedback from participants.

Third session in 8th term.

Aim – To understand effect of gender attitudes on health care in various subjects.

To develop healthy gender attitude while dealing with these issues.

Mode – Suggested PBL by departments individually. (In collaboration with ICC till faculty sensitization is complete)

Evaluation – Feedback

FOR POSTGRADUATES

Session of 2-3 hrs preferably in induction program.

Aim – To introduce medically accurate concept of gender, sex, gender role & sex role.

To ensure healthy gender attitude at workplace.

To understand gender associated concepts on health related issues & avoid such bias while providing health care.

To make them aware about ICC & its functioning.

Mode – Interactive PPT

Role plays & discussion

Duration – 2 to 3 hrs

Evaluation – Feedback.

FOR FACULTIES

Session of 2 hours may be during combined activities.

Aim – To ensure clarity of concept about gender & sex.

To discuss effect of these concepts on health-related issues.

To identify such gender & sex-related issues in individual subject specialties.

To discuss methodology like PBL for undergraduate students when they are in 7th-8th semester.

Mode – Role play

 Focused group discussion

 Case studies

Evaluation – Feedback.

Sdp-Pimple/joshi-obgy

Resolution No. 3.2.1.6.a of BOM-57/2019: Resolved to allot 50 marks for Internal Assessment in Industrial Visit for all the batches under CBCS pattern - M.Sc. (2 year) & MHA program.

Resolution No. 4.3.1.2 of BOM-63/2021: Resolved to include topics related to COVID 19 in UG {B.Sc. AT & OT (BOTAT 108L), B.Sc. MLT(BMLT 108 L), B.Sc. MRIT (BMRIT 108L), B.Sc. MDT-(BMDT 108L), B.Sc. CCT (BCCT 108L), B.Sc.PT (BPT 108L), B.Optomety (BOPTOM 108L) Programs for Batch AY 2020-21 (Semester II)} & B.Sc. Medical Laboratory Technology SEMESTER-VI in subject of Medical Microbiology-II (BMLT 125 L) & Medical Microbiology-II (BMLT 125 P) for Batch AY 2020-21. **[Annexure-7]**
Further Dr. N.N. Kadam, Hon'ble Pro Vice Chancellor suggested to add topics under "Newer Infectious Diseases" as the main topic.

Annexure-07 of BOM-63/2021 dt 17.02.2021

To include Covid-19 topics in health professional curriculum as per the BOM Resolution No. 3.7 of BOM-62/2020

- a) M.Sc. (PG Program), (M.Sc. Medical Biotechnology, M.Sc. Medical Genetics, M.Sc. Biostatistics, M.Sc. Molecular Biology, M.Sc. MRIT, M.Sc. CCT, M.Sc. Clinical Nutrition, M.Sc. Clinical Embryology, Master in Hospital Administration, Master of Public Health, and M.Optomety)

Approved syllabus	Name of the subject	Existing content	Proposed changes
Common Syllabus for Semester IV – 2 year M.Sc. programs (M.Sc. Medical Biotechnology, M.Sc. Medical Genetics, M.Sc. Biostatistics, M.Sc. Molecular Biology, M.Sc. MRIT, M.Sc. CCT, M.Sc. Clinical Nutrition, M.Sc. Clinical Embryology, Master in Hospital Administration, Master of Public Health, and M.Optomety)	BIOETHICS, BIOSAFETY, IPR & TECHNOLOGY TRANSFER GE 002 L	Sr. no. 2 Introduction to quality assurance, accreditation & SOP writing :Concept of ISO standards and certification , National regulatory body for accreditation, Quality parameters, GMP & GLP, Standard operating procedures, Application of QA in field of genetics, Data management of clinical and testing laboratory	Sr. no. 2 Introduction to quality assurance, accreditation & SOP writing :Concept of ISO standards and certification , National regulatory body for accreditation, Quality parameters, GMP & GLP, Standard operating procedures, Application of QA in field of genetics, Data management of clinical and testing laboratory, WHO & CDC, ICMR guidelines for Biosafety and Vaccines with regards COVID 19

Resolution No. 4.3.1.3 of BOM-63/2021: Accorded post facto approval for changes in the index of UG (B.Sc. AT & OT, B.Sc. MLT, B.Sc. MRIT, B.Sc. MDT, B.Sc. CCT, B.Sc.PT, B. Optometry) and PG 2 year (M.Sc. Medical Biotechnology, M.Sc. Medical Genetics, M.Sc. Biostatistics, M.Sc. Molecular Biology, M.Sc. MRIT, M.Sc. CCT, M.Sc. Clinical Nutrition, M.Sc. Clinical Embryology, Master in Hospital Administration, Master of Public Health, and M.Optomety). [Annexure-8A, 8B]

**CURRICULUM FOR MASTERS IN HOSPITAL ADMINISTRATION
FIRST YEAR**

Semester I						
Syllabus Ref. No.	Subject	Credits (C)	Teaching (hrs.)	Marks		
				Internal Assessment (IA)	University Semester Exam (UEX) / Internal Semester Exam (INT)	Total
Theory						
MHA 101 T	Epidemiology and Demography	4	4	20	80 (UEX)	100
MHA 102 T	Health Economics	4	4	20	80 (UEX)	100
MHA 103 T	Business Communication	4	4	20	80 (UEX)	100
MHA 104 T	Health Care System and Policies & Health Surveys	4	4	20	80 (UEX)	100
MHA 105 T	Principles of Management	2	2	10	40 (UEX)	50
MHA 106 T	Orientation of Hospital Industry	2	2	10	40 (UEX)	50
Practical						
MHA 107 P	Industry Posting	4	8	20	80 (UEX)	100
Total		24	28	120	480	600

Semester II

Syllabus Ref. No.	Subject	Credits (C)	Teaching (hrs.)	Marks		
				Internal Assessment (IA)	University Semester Exam (UEX) / Internal Semester Exam (INT)	Total
Theory						
MHA 108 T	Hospital Planning and Management	4	4	20	80 (UEX)	100
MHA 109 T	Organizational Behaviour	2	2	10	40 (UEX)	50
MHA 110 T	Managerial Communication	2	2	10	40 (UEX)	50
MHA 111 T	Accounting & Costing	2	2	10	40 (UEX)	50
MHA 112 T	Management Information System	2	2	10	40 (UEX)	50
MHA 113 T	Human Resource Management	2	2	10	40 (UEX)	50
MHA 114 T	Project Management	2	2	10	40 (UEX)	50
CC 001 T	Research Methodology & Biostatistics (Core Course)	4	4	20	80 (UEX)	100
Practical						
MHA 115 P	Hospital Project	8	16	20	80 (UEX)	100
CC 001 P	Research Methodology & Biostatistics (Core Course)	2	4	10	40 (UEX)	50
Total		30	40	130	520	650

Semester III

Syllabus Ref. No.	Subject	Credits (C)	Teaching (hrs.)	Marks		
				Internal Assessment (IA)	University Semester Exam (UEX) / Internal Semester Exam (INT)	Total
Theory						
Core Electives (Any one)**						
MHA 116 T	Quality Management & Accreditation in Hospital	4	4	20	80 (UEX)	100
MHA 117 T	Health Insurance					
MHA 118 T	Hospital Super-specialty					
MHA 119 T	Services Management					
MHA 120 T	Legal Framework in Hospital	4	4	20	80 (UEX)	100
MHA 121 T	Marketing Management for Hospital	4	4	20	80 (UEX)	100
MHA 122 T	Material Management	2	2	10	40 (UEX)	50
MHA 123 T	Financial Management	2	2	10	40 (UEX)	50
MHA 124 T	Strategic Management	2	2	10	40 (UEX)	50
MHA 125 T	Medical Technology management	2	2	10	40 (UEX)	50
MHA 126	Dissertation/Project Proposal*	6	12	-	50 (INT)	50
Practical						
MHA 127 P	Internship	8	16	20	80 (UEX)	100
Total		34	48	120	530	650

Semester IV

Syllabus Ref. No.	Subject	Credits (C)	Teaching (hrs.)	Marks		
				Internal Assessment (IA)	University Semester Exam (UEX) / Internal Semester Exam (INT)	Total
Theory						
General Electives (Any one)**						
GE 001 T	Pursuit of Inner Self Excellence (POISE)	4	4	-	100 (INT)	100
GE 002 T	Bioethics, Biosafety, IPR & Technology Transfer					
GE 003 T	Disaster management and mitigation resources					
GE 004 T	Human Rights					
MHA 126	Dissertation/Project*	18	36	-	200 (UEX)	200
Practical						
MHA 128 P	Educational Tour / Field Work/Industrial Visit/Hospital Visit*	2	0	-	50 (INT)	50
Total		24	40	0	350	350

<p>12.1 : Minutes of CBCS meeting held on 3.02.2021</p> <p>I. Courses titled as elective, seminar, clinical posting etc. will be evaluated at university level, only:</p>	<p>Decision taken by CBCS Committee:</p> <p>Members agreed that all courses (core, elective, seminar, clinical posting etc) in all programs with CBCS curriculum under MGM School of Biomedical Sciences (MGMSBS-UG & PG), MSc Medical Programme under MGM Medical College and MGM School of Physiotherapy (MGMSOP) (BPT & MPT) will be evaluated at the level of the University at the end during semester examination. (Detailed included as 1, 2,3,4 points)</p>
<p>1. Courses which were evaluated at constituent units titled as elective, seminar, clinical posting etc. will be evaluated at university level for UG & PG of MGMSBS, Navi Mumbai:</p>	<p>MGM School of Biomedical Sciences (MGMSBS-UG) :First year B.Sc. (Semester I & Semester II) (core-1.1 & 1.2) and (elective-1.3) common for all seven programs (B.Sc. DT, B.Sc. AT & OT, B.Sc. CCT, B.Optomtry, B.Sc. PT, B.Sc. MRIT, B.Sc. MLT) which were having 100 marks previously will be changed to 50 marks (40 marks university Semester End Exam-(SEE) and 10 marks Internal Assessment – (IA) as per below format - 1.4) w.e.f AY 20-21. (Annexure 1)</p> <p>Clinical Directed posting allotted 50 marks will be assessed as university end semester exam w.e.f AY 20-21. (Annexure 1.1)</p> <p>(request to add</p> <p style="padding-left: 40px;">a) evaluation pattern of seminar - 50 marks– BSc Dialysis- sem IV</p> <p style="padding-left: 40px;">b) Boptometrysem III – course : geometrical optics and visual optics I/II</p> <p style="padding-left: 40px;">sem IV – optometric instrumentation</p> <p>10 IA + 40 SEE – format submitted)</p>
	<p>2.1 Courses which were evaluated at constituent units titled as elective, seminar, clinical posting etc. will be evaluated at university level.</p> <p>Members agreed that all courses (core, elective, seminar, clinical posting etc) in all programs with CBCS curriculum under MGM School of Biomedical Sciences (MGMSBS- PG), will be evaluated at the level of the University end semester examination w.e.f. AY 2020-21.</p> <p>* For PG program (M.Sc. 2 year including allied program, MHA, MPH) having courses like seminar/education tour & Industrial visit which were allotted 50 marks will be assessed as university end semester exam.</p> <p>a. Amended 10 marks in seminar (Annexure-2.1A)</p> <p>b. Amended 20 marks for Educational Tour/Field Work/Hospital Visit/ Industrial Visit (Annexure-2.1B)</p> <p>c. 50 marks for Clinical Directed Posting (no change) (Annexure-2.1C)</p> <p>(request to add the evaluation pattern for MPH – sem I,II, III)</p> <p>MOptomtry – Sem I – evaluation pattern to be added)</p> <p>2.2 PG Courses which were evaluated at constituent units titled as elective carrying 100 marks as only similar to that of core courses, will be evaluated at university level. Similar pattern which is being followed for core Subjects (IA - 20 Marks + university exam - 80 marks) will be followed.(Annexure-2.2)</p>



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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