- MET workshops conducted by Institute
- Poster competition
- Symposium of UG students (Vertical Integration)
- Ex- Physio Software used by students
- Case presentations/Problem based learning/Lab report analysis (Few samples)
- Algorithms on clinical procedures
- Wall Journal
- Missing word game
- Cross word game
- Flipped classroom
- Power point presentation by students
- Rating scales used by Psychiatry department
- E-learning- E-Journal, E-books, Google classrooms, Video lectures.

Medical Education Technology Unit ACPM Medical College, Dhule

Workshops conducted for Medical education technology and Basic research methodology.

No.	Workshop	Place	Date	No. of participants	No. of resource	
1	Basic MET	ACPM MC Dhule IMETTT, MUHS Nasik	7 th to 9 th	30	persons 11	
2.	Basic RMW	ACPM MC Dhule	Aug.2015 5 th to 7 th	50	09	
3.	Basic RMW	ACPM MC Dhule	Feb.2016 26 th to 28 th	51	11	
4.	Basic RMW	ACPM MC Dhule IMETTT, MUHS Nasik	Aug. 2016 15 th to 18 th	51	09	
5.	Basic RIMW	ACPM MC Dhule IMETTT, MUHS Nasik	Feb. 2018 24 th to 26 th Aug. 2018	55	10	
6.	Basic RMW	ACPM MC Dhule IMETTT,MUHS Nasik	12 th to 14 th Oct. 2018	54	10	
7.	12 th Revised basic MET	Dept. of MET, GSMC & KEMH- MCI Nodal Centre	29 th to 31 st Jan 2019	05	14	
8,	Attitude, Ethics and Communications Module (AET-COM)	Dept. of MET, GSMC & KEMH- MCI Nodal Centre	1 st Feb. 2019	05	10	
9.	Revised basic MET	Maharashtra University of Health Sciences Nashik	17 th to 19 th June 2019	23	09	
10	Curriculum Implementation Support Programme (CISP)	ACPM MC Dhule IMETIT, MUHS Nasik	1 st to 3 rd July 2019	23	05	
1	CISP II	ACPM MC Dhule IMETTT, MUHS Nasik	22 ^{ad} & 23 rd Dec 2020	30	11	
	Revised Basic Course Workshop	ACPM MC Dhule IMETTT, MUHS Nasik	30 th March to 1 st April 2021	18	11	

Coordinator, (MEU) ACPM Medical College, Dhule.





Jawahar Medical Foundation's

Annasaheb Chudaman Patil Memorial Medical College

Post Box No. 145, Sakri Road, Dhule - 424 001, Ph. (02562)276317,18,19
Fax: (02562) 278027
e-mail: acpmmodhule@gmail.com
web: www.acpmjmf.com

PROGRAM REPORT

Title of Program	Poster making competition
Objective of Program	To facilitate creativity, innovation among the students To facilitate team work and analytical skill among students.
Participant Type (tick applicable)	First MBBS students
Date and Duration of Program	Date :05/11/2019 From: 11.00am to 1.00pm
Venue of the program/event	Dept. of Physiology
Program Organized by (Department/Committee/Unit)	Dept. of Physiology ,ACPM MC DHULE
Program in-charge	Dr. R.C.Sharma
Name of Faculty/ Guest Speaker	Dr. R.C.Sharma ,Dr. P.S. Shinde
Supporting staff member	All the teaching and non teaching faculty of Dept. of Physiology
Number of participants (attended program/event)	50
Brief about the Program (Activity/Event details)	Poster competition was held in the Dept . of Physiology . Agroup of 2-3 students prepared the posters and were instructed to explain the poster . Best presenter was awarded.

Prepared by Coordinator



Department of Physiology, AC.P.M.Medical College, Depth 11131



Jawahar Medical Foundation's

Annasaheb Chudaman Patil Memorial Medical College

Post Box No. 145, Sakri Road, Dhule - 424 001. Ph. (02562)276317,18,19 Fax: (02562) 278027 e-mail: acprimodhule@gmail.com web::www.acpmjnf.com

Date-1/11/2019

Ref No .-

Circular

This is to inform all first MBBS students that department of physiology is organizing poster competition on 05 /11 / 2019

Those who are interested should register their name at department of physiology before 05 /11 /2019

Time - 11.00 am to 01.00pm

Venue - Dept. of Physiology

Copy to-

Dean

Student notice board

Prof and HOD

Dept. of Physiology

ACPM MC Dhule

Professor & Head, Department of Physiology, A.C.P.M.Medical College, Dhele IM.S.I.





JAWAHAR MEDICAL FOUNDATION'S A.C.P.M. MEDICAL COLLEGE & HOSPITAL

- Email : deanacpm@gmail.com
- o acpmmcdhule@gmail.com
- O website: www.jmfacpm.com

- Sakri Road, Dhule 424001 (Maharashtra)
- Ph.No.: 02562 276317,18,19 Moh. 8686585839

Ref No.

Date:

Ref:ACPMMC/Path/ II/490A

Date: 30/06/2021

SYMPOSIUM- LEPROSY

Vertical Integration-II MBBS Date: 03rd July 2021

Venue- Auditorium Hall

Time- 11 A M

No.		Time- 11 A.N			
NO.	Topic	Subject	Presenter		
1.	Epidemiology & Indian Prospective	PSM	Shinjini Patra 19085		
2.	Clinical Presentation & manifestation	Skin & V.D.	Chahat Singh 19014		
3.	Microbiology & Immunology	Microbiology	Ayushi Jain 19005		
4.	Pathology of Leprosy	2 Pathology	Sneh D. Cruz 19019		
5.	Pharmacology & Therapeutics	Pharmacology	Sudhanshu Pati 19091		
6.	Surgical Intervention & Rehabilitation	Surgery	Sahota Harpreet Kaur 19071		

H.O.D.

Dept of Pharmacology

Dept of Pathology

H.0

Dept of Microbiology

A.C.P.M. Medical College, Dhule

A.C.P.M.MEDICAL COLLEGE & HOSPITAL DHULE



Bureau for Health and Education Status Upliftment

(Constitutionaly Entitled as Health-Education, Bureau)

55/20, Rajat Path, Mansarovar, Jaipur

Rajasthan, Pin: 302020

Contact: Basic: 0141-2783681. (M) 9636348191, 7976447983

Mail: support@heb-nic.in, serviceheb@gmail.com

Website: www.heb-nic.in



Date: 10/06/2021

Ref. No: EPY/1032/1/22/05R

To. The Principal, ACPM Medical College, Sakri Road, Dhule -424001 (MS).

Subject: Confirmation of subscription.

Dear Sir/Madam.

In response to subscription request & subscription amount received from you, we are here by sending you the dedicated password of Experimental Physiology (Ex-Physio) Series Software & Plag-Check Software (Regular), Checking Limit - In Queries* 50,000 (*1 query means group of words, ending with full stop.) and the invoice for Experimental Physiology (Ex-Physio) Series Software and Plag-Check Software (Regular) (attached with letter).

We hereby confirm your subscription of Experimental Physiology (Ex-Physio) Series & Plag-Check Software (Regular) Software from JUNE-21 to MAY -22 (1 Year).

To use Experimental Physiology (Ex-Physio) Series Software, please enter the password in below mentioned link:

Link: http://heb-nic.in/Ex-Physio/login.php

User ID: acomm Password: acpmm123

To use Plag-Check Software (Regular) Software, please enter the password in below mentioned link: iendatio offer staff

Link: http://bhesu.in/plag-check/login.php

User ID: acomm

Password: acpmm123

You will be receiving further communications time to time also.

restor: Digital Service Division

Enclosed:

- The Invoice
- User Manual



HEALTH EDUCATION BUREAU

(Bringing Innovations in Health & Learning)
Address: 55/20, Rajat Path, Mansarovar,

Jalpur, Rajasthan, Pin:302020 Contact:0141-2783681, 9636348191

Mail: serviceheb@gmail.com, support@heb-nic.in

Website: www.heb-nic.in

INVOICE

PAN	NO:AG/	APA7570J		GST R	eg. No: 08A	UAPA7570	J1Z8		INVO): 9567/2021 10/06/2021
The Principal, ACPM Medical College , Sakri Road, Dhule -424001 (MS)						RM:	PRODUCT CODE: HP-JEN		SUB PRODUCT CODE: ONLINE		BOOKING EXECUTIVE CODE: MHMAX
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AMOU	NT IN W	ORDS: Thirte	en Thousand	Eight Hundr	ed and Thi	rty Rupee:	s Only				
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M	DDE	AMOUNT	TRANS. NO.	DATE	BANK	MOD	E	AMOUNT	TRANS. NO.	DATE	BANK
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FOR HEALTH EDUCATION BUREAU

13,830 ₹

PAYMENT RECEIVED: Thirteen Thousand Eight Hundred and

AUTHORISED SIGNATORY DATE: 10/06/2021

FT/RTGS

ANY OTHER

Thirty Rupees Only

Account details for NEFT/RTGS

Name of A/C Holder Health Education Bureau

BALANCE TO COLLECT:

Name of the Bank: UCO Bank

Account Number:20960210003121

CASH

NEFT/RTGS

IFSC code:UCBA0002096

MICR Code: 302028023

Bank Branch Name & Code:Mansarovar, Jaipur Branch ,Code:002096

District & State: Jaipur, Rajasthan



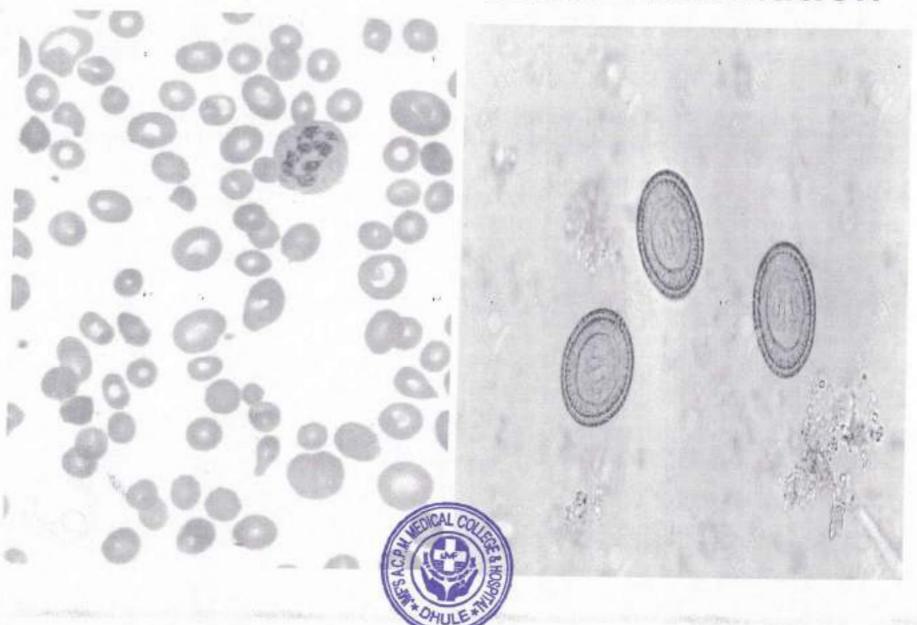
CASE No. 1

A 38 yrs old female came with c/o malaise, fatigue, breathlessness.
 Immediate past H/o 2 fainting episodes.Hb-9.2gm/dl, HCT- 27.9 %, MCV- 132 fL. RDW- 25.8 %.



PBS

Stool Examination



QUESTIONS

- 1) Enumerate differential diagnosis.
- 2) What are the lab findings in favour of your diagnosis?
- 3) What will be the treatment plan in this patient?



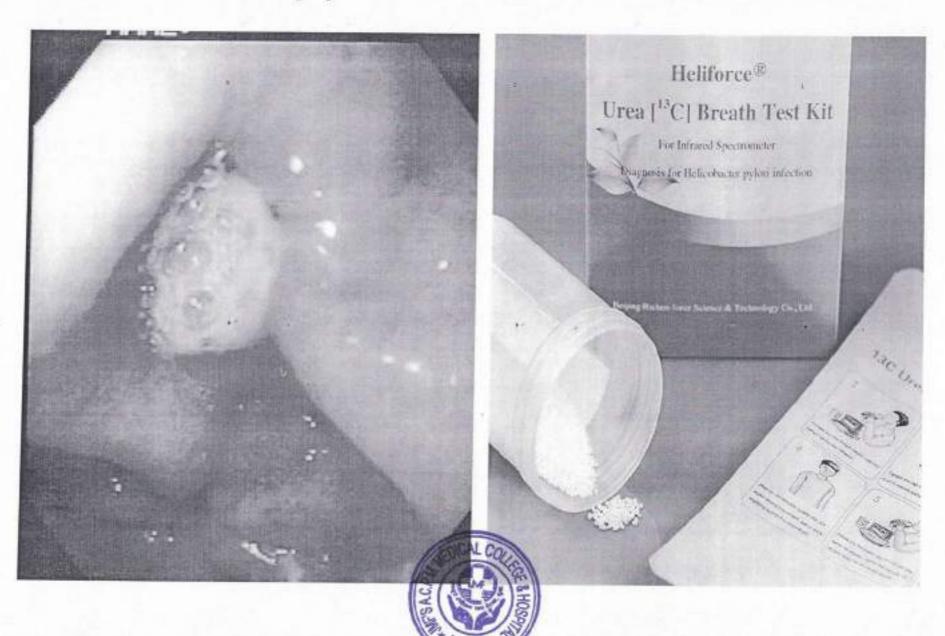
CASE NO.2

 A 40 yrs old corporate manager c/o epigastric pain, nausea since 2 months. Intensity of pain increases at night. He was advised Urea Breath Test, which has been reported as 'Positive'. Gastroscopy revealed an antral ulcer. Biopsy was done.



Gastroscopy

Urea Breath Test



Biopsy interpretation



Questions

- 1) What is the probable diagnosis?
- 2) What should be the pathologic findings confirming the diagnosis?
- 3) How will you treat this patient?



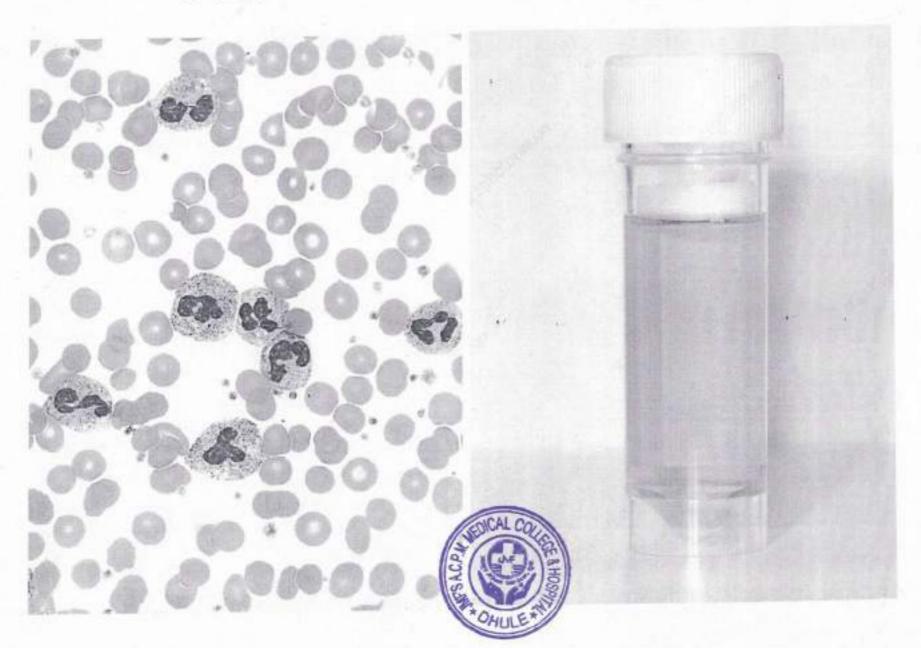
CASE NO. 4

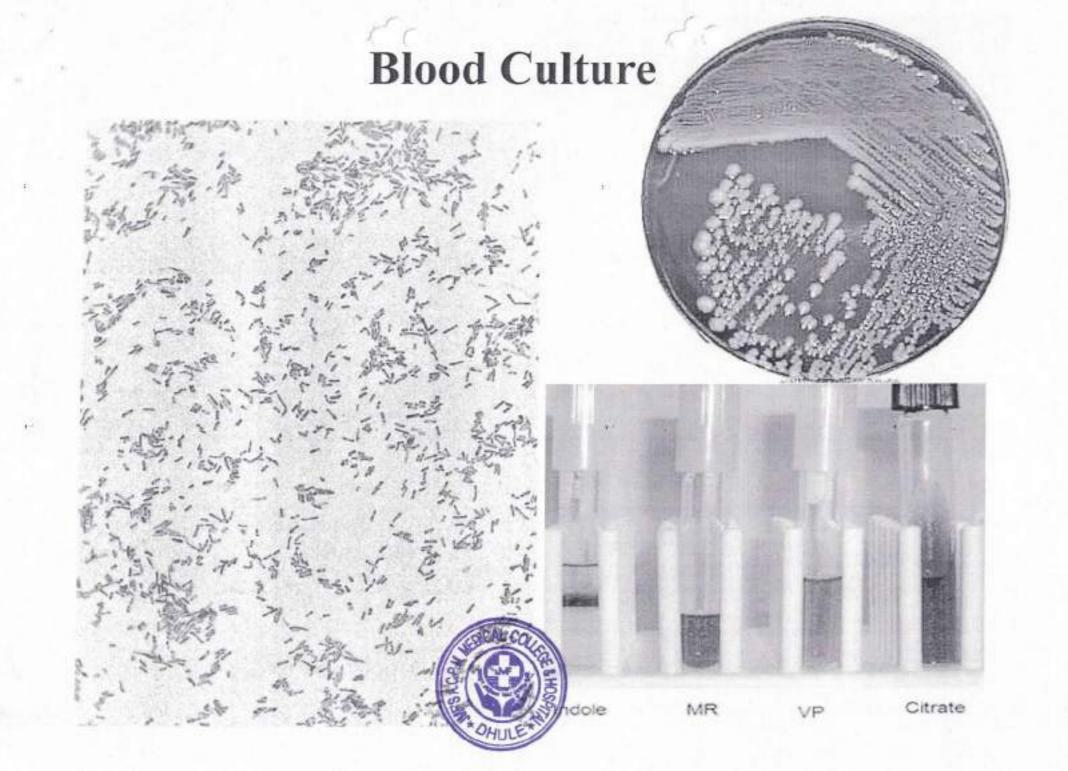
- A 56 yrs old male had an episode of severe abdominal pain and fever 10 days before admission. He self medicated with a cathartic which made him feel worse. He started having cramps in calf muscles. During hospitalisation, icterus was noted. Patient vomited periodically and before admission had 6 bouts of bulky diarrhoea with blood streaks.
- Clinical history- Temp. 43°C, Tachycardia, tachypnoea, Normal BP, Marked icterus. CVS, RS- Within Normal Limits. Abdominal Distension noted with moderate diffuse tenderness.
- Lab investigations- Marked neutrophilic leucocytosis,
 Conjugated hyperbilirubinemia, significant prolonged PT.



PBS

Urine





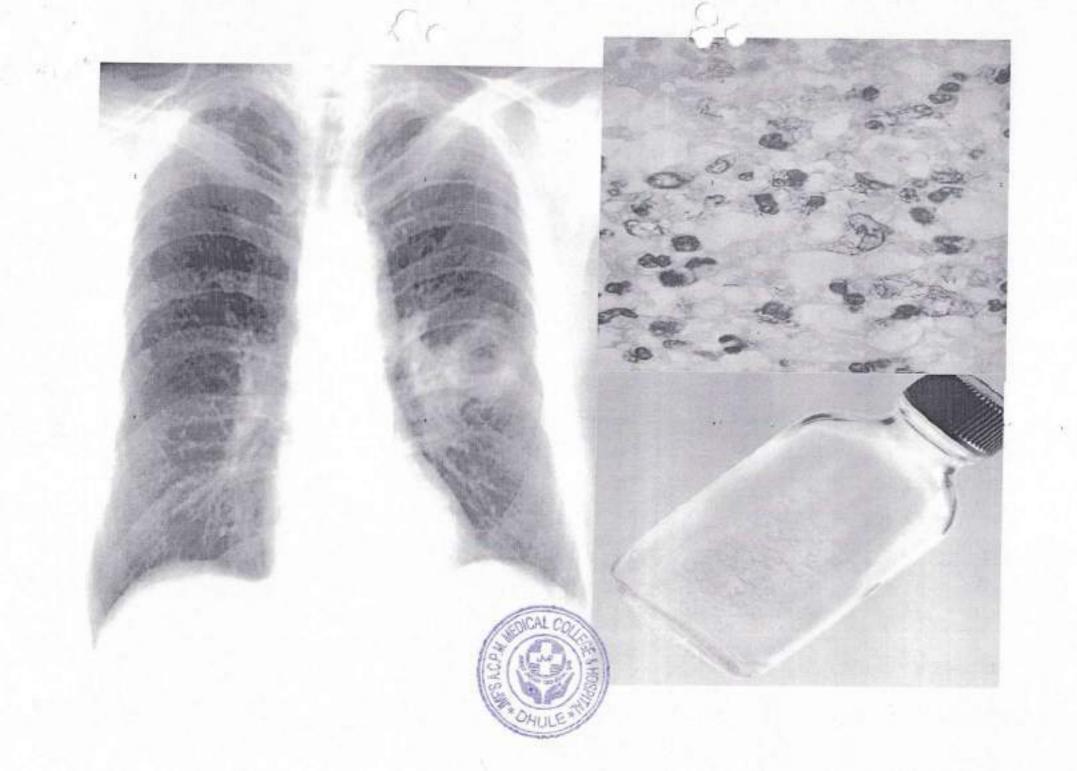
QUESTIONS

- 1) What is the probable clinical diagnosis?
- 2) What is the interpretation of lab tests?
- Discuss your plan of treatment and management.



CASE NO. 5

 A cachectic 34 yrs old male presented with progressive shortness of breath and cough with expectoration since 1 month. There was increasing fatigue, breathlessness on exertion and mild chest discomfort. C/o periodically night sweats with rise in temperature. He noted loss of weight since last 3 months. The chest X-Ray and Lab findings are submitted for interpretation.



Questions

- 1) What is the clinical diagnosis?
- 2) What is the interpretation of investigations done?
- 3) Which other additional investigations should be done to confirm diagnosis?
- 4) What is the treatment plan and difficulties in managing this patient?



ACPM Medical College Dhule Department Of Medicine Clinical Scenario

CASE 2) A 36 Year old male, farmer presented to emergency department with swelling and bleeding from left leg after he was bitten by a snake early in the morning when he was working in the farm he also complined of bleeding from gums, hemturia, and not passed urine since morning. he was conscious and oriented. his blood pressure was 90/60 mmhg. neurological examination did not reveal any abnormality.

DATE- 25/5/2020

TIME- 11AM-1PM

PLACE-SEMINAR ROOM

TOPIC-CLINICAL SCENARIO



Professor & Head,
Bepartment of General Medicine
A.C.P.M. Medical College, Dhule (M.S.)

ACPM Medical College Dhule Department Of Medicine Clinical Scenario

Case 1) A 20 year old male presented with history of diffuse abdominal pain , myalgia , difficulty in swallowing , pooling of secretions. He also complained of difficulty in breathing and diplopia with acute onset drooping of eyes . He was conscious, oriented to time and place , with a respiratory rate of 12 per minute and single breath count of 12. The power in all limbs was 4/5 but all reflexes were absent . He had ptosis , and the rest of the general and systemic examination was normal .He was absolutely normal the previous night when he had slept on the floor.

DATE- 25/5/2020

TIME- 11AM-1PM

PLACE-SEMINAR ROOM

TOPIC-CLINICAL SCENARIO

pepartment of medicine

Professor & Head, Department of General Medicine A.C.P.M. Medical College, Dhule (M.S.)

Long case:2

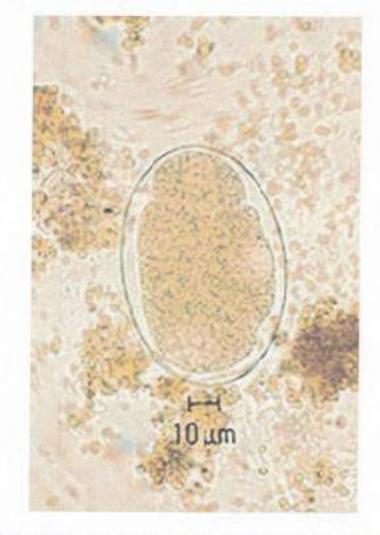
A 60 year old gentleman comes with ulcer over rt foot since 6 months. Patient is a known diabetic since 15 years on medications.

What other history will you ask for? What general examination finding you look for?

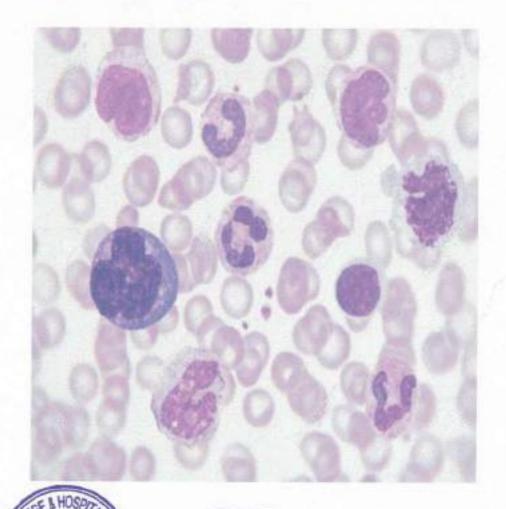
Describe how will you proceed with local examination?

What are your differential diagnosis? How will you proceed?





STOOL EXAMINATION



PBS



Early Clinical Exposure-IV

Mrs. Maria is a 32-year-old white woman, working as assistant operation manager in manufacturing cotton unit, presents with symptoms of recurrent abdominal pain and loose stools. She states that she has experienced these symptoms since adolescence, with periods of improvement and worsening over the years. She notes that her symptoms were most pronounced when she was in college. Over the past year, her symptoms have been occurring more frequently and with greater severity. Bloating and distention also have increasingly bothered her over the past 6 months. The bloating seems to worsen with food intake, while the distention progresses throughout the day. When questioned about abdominal pain, she describes it as 7 (on a scale of 10), with acute worsening immediately prior to defecation and significant improvement after defecation. She has loose stools approximately one third of the time and often will have 2-3 bowel movements per day. She jogs about a kilometer once in week, tries to eat 4-6 servings of fruits and vegetables daily, and taking a daily multivitamin, for many years, She feels that she is loosing weight but her vital signs seems to be within normal limits: height 5'6", weight 46 kg, blood pressure 108/64 mm Hg, pulse 60 beats per minute, and respiratory rate 12 breaths per minute. On physical examination, she is a welldeveloped, well-nourished woman but exhibit some employment distress. Her physical examination is notable for mild tenderness to palpation in the left lower quadrant, but there is no rebound tenderness, guarding, or other peritoneal signs. The remainder of the physical examination is unremarkable.

About 5 years back, she presented to the emergency room complaining that she had vomited up blood at home. She had been suffering with sharp epigastric pain, especially in the morning, for one week before the vomiting began. The pain was accompanied by mild nausea and was relieved by food or antacids. She had a long history of peptic ulcer disease and was initially diagnosed with duodenal ulcer at age of 16. Despite at least six discrete episodes of ulcer documented by x-ray or endoscopy, she had never undergone surgery. The physician had worked up for Zollinger-Ellison syndrome, which was negative. Her endoscopy findings revealed scarring of the pylorus with a 2 cm ulcer in the first portion of the duodenum. Biopsy of the ulcer revealed curved bacilli with Warthin—Starry silver staining and a positive urease test. She was started on an H₂ blocker and the pain rapidly subsided.

- Describe the clinical features of irritable bowl syndrome and duodenal ulcer.
- Compare and contrast the irritable bowl syndrome and inflammatory bowl disease.
- Explain the gut-brain axis [GBA]. Explain the role GBA in GI disorder.
- Explain the feature of Gastric Mucosal barrier and its function.
 Explain the neuronal mechanism of Gastro-iliac reflex and entergas:
- 5. Explain the neuronal mechanism of Gastro-iliac reflex and enterogastric reflex.
- Explain the mechanism of nausea and vomiting.
- Describe the pathophysiology of Zollinger-Ellison syndrome and its management.
- 8. What phenotypic characteristics of H. pylori are thought to account for its virulence? Which of them appear to be most important?
- 9. What further treatment might be helpful? What long-term benefits could she expect if she were to receive the additional treatment?
- 10. Describe mechanism of defecation reflex.

Protestor & Meed,
Department of Proceedings, at PM Medical College Trees,



Before Induction of Anaesthesia

(with at least nurse & anaesthetic)

1) Has the patient confirmed his/her ic ntity, site, procedure and consent)

Yes

2) Is the site marked?

Yes/Not applicable

3) Is the anaesthesia machine and medication check complete?

Yes

4) Is the pulse c neter on the Lent and

ctioning?

Yes

5) Does the patient have a known allergy?

Yes/No

6)Difficult airway or aspiration risk?

Yes, and two IV's /Central access and fluids planned

No

Name and Signature of Anaesthetic with date and time:

Jan Jan

Before skin incision

(With nurse ,anaesthetic and surgeon)

Confirm all team members have introduced themselves by name and role

Confirm the patient's name, procedure, and where the incision will be made

1)Has antibiotic prophylaxis been given within the last 60 minutes?

Yes

Not applicable

2)Anticipated critical events

To Surgeon:

What are critical on non-routine steps?

How long will the case take ?

What is the anticipated blood loss?

To anaesthetic:

Are there any patient specific concern?

To Nursing team:

Has Sterility (including indicator result) been confirmed?

Are there equipment issues or any concerns?

3) Is essential imaging displayed?

Yes /Not applicable Name & Signature of Surgeon with Date & Time:

Algorithms

Before patient leaves operating room

(With nurse, anaesthetic and surgeon)

Nurse Verbally Confirms:

The name of the procedure

Completion of the instrument, sponge, needle counts

Specimen labelling (read specimen labels aloud, including patient name)

Whether there are any equipment problems to be addressed

> To surgeon, anaesthetic and nurse:

What are the key concerns for recovery and management of this patient?

Name & signature of Nurse with ate&Time

PROF.Dr.N.B.GOYAL

DEPT.OF ORTHOPAEDICS



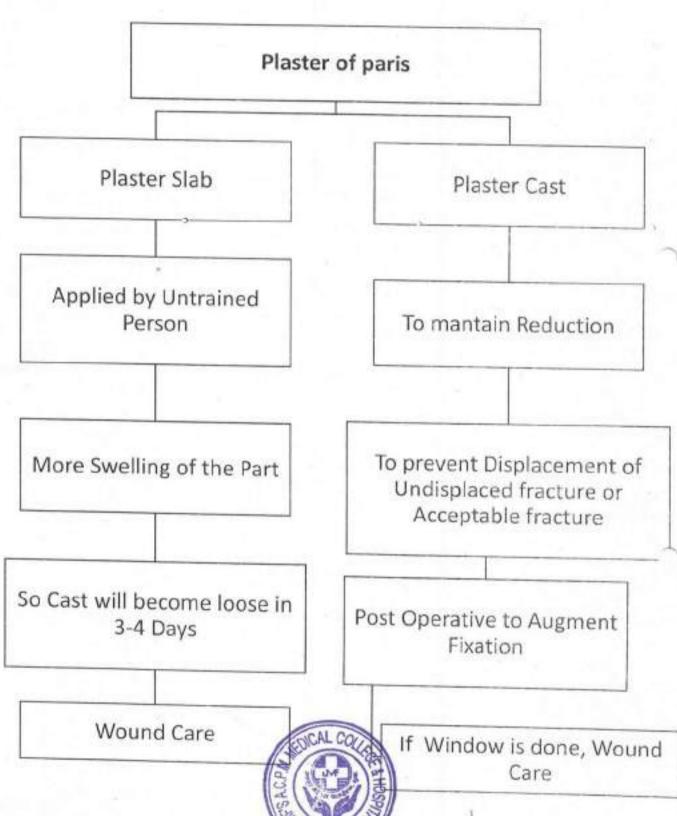
JAWAHAR MEDICAL FOUNDATION'S A.C.P.M. MEDICAL COLLEGE & HOSPITAL

- D Euroll : deamarpin@gmail.cur
- acpmencdhule@gmail.com
- O website: www.janfacpm.com

- Sakri Road, Ohule 424001 (Maharashtra)
- Ph.No.: 02562 276317,18,19 Mob. 8686585839

Ref No.

Bate:



PROF.Dr.N.B.GOYAL
DEPT.OF ORTHOPAEDICS

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A.C.P.M. MEDICAL FOUNDATION'S A.C.P.M. MEDICAL COLLEGE 8 HOSPITAL

© Savi Mand. Chure - 924007 (extracephilis) © Pa.No. 92562 - 270317.18.10 - 100 0.0005451333 OF BINGER | Charles processors and comon department of partners and comon medicates | neuron perforques and

District.

In all procedures, for patients we do following..

isolation of patient till covid status

Fitness of patient for that procedure.

Counselling of the patient about Pro/cons of procedure and Possible results of procedure

For minor procedure, Only Diabetes check up

Autoclave materials-Implants, Instruments, Drapes etc.



Sample if required for pathological examination

Painting and draping of part Anaesthesia
GA / SPINAL/IV REGIONAL/ LOCAL

Under C Arm Monitoring

Surgery Done, Implant used, Body part disposed as per BMW protocols

Post OP. Care

Queen William

PROF.Dr.N.B.GOYAL
DEPT.OF ORTHOPAEDICS

Department of General Surgery, A.C.P.M. Medical College, Dhule

Invites you to

"WALL JOURNAL"

Venue: The White House

Date & Time: 5th Sept, 12:00 noon

By: Hon. Shri Dr. Annasaheb Bhaidas C. Patil



"e-Wall Journal" Inauguration by Hon. Shri Dr. Ashish V. Patil Sir.

DEPARTMENT OF GENERAL SURGERY A.C.P.M. MEDICAL COLLEGE, DHULE

Presents

"WALL JOURNAL"



1ST INAUGURAL ISSUE - SEPTEMBER 5TH, 2017

INDEX

- Data, data everywhere, not a drop of insight to glean?
- Even Handed Future Of Surgery Ambidextrous, Serious Gamers With Innate Left Hand Laterality
 - Source: Nayan Agrawal, UCMS & GTB Hospital, New Delhi, India. Published in Indian Journal of Surgery (December 2016)
- New ultra-fast test to determine antibiotic resistance
 Journal Proceedings of the National Academy of Sciences
- New type of MRI scan developed to predict stroke risk
 - Source JACC: Cardiovascular Imaging Volume 10, Issue 7
- Genes that make you friendlier identified
 Times of India, Aug 27, 2017
- New potential breast cancer drug identified
 Source: Times of India, Aug 18, 2017
- 7. Seven Important Patient Engagement Statistics

 By Dr. Neelesh Bhandari
- 8. Robots better than humans at helping with gut surgeries: Study

Times of India, Aug 13, 2017

ACPM Medical College Department of Medicine

Department of medicine presents to you missing word game.

- 1)Acute Respiratory dishess syndrome.
- 2) Von Hipple linday Syndrome.
- 3) Steven ______Syndrome.
- 4) Systemic lupus __englinelous
- 5) Malignant newslephic syndrome.

Date - 30/5/2020

Place- Lecture Hall 2

Time - 11am-1pm

Conducted by- Dr.Manjit Sisode

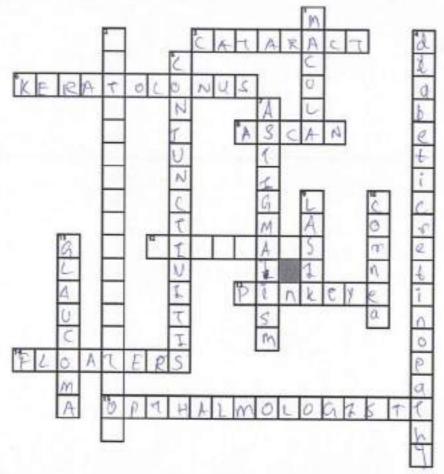
Prof. and HOD

ACPM medical college Dhule

Professor & Head,
Department of General Medicine
A.C.P.M. Medical College, Dhule (M.S.)

Name:		
	and the second	

Ophthalmology Terminology Nyoyesh Sabji



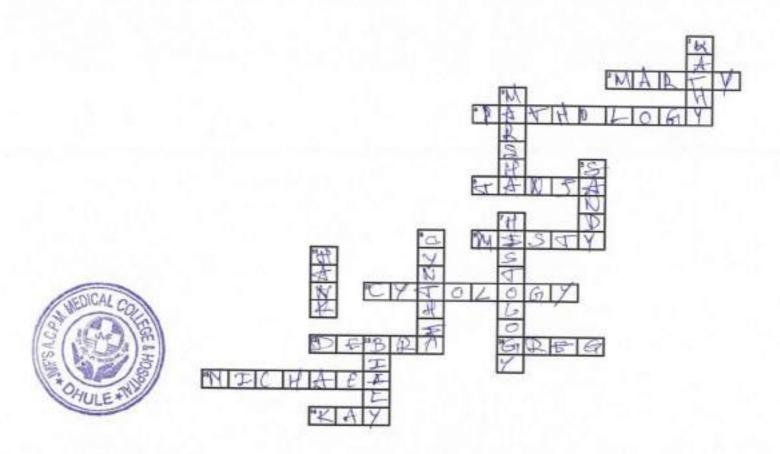


Across

- 3. Opacity or cloudiness of the crystalline lens.
- 6. Thinning and cone-shaped protrusion of the central comea.
- 8. Type of ultrasound that is used for differentiating normal and abnormal eye tissue or for measuring length of eyeball.
- 12. Eyeglasses that are used for near and distance corrections.
- 13. Characterized by discharge, grittiness, redness and swelling; contagious.
- 14. Particles that float in the vitreous.
- 15. Physician specializing in diagnosis and treatment of problems related to eye diseases.

- 1. Small central area of the retina surrounding the fovea.
- 2. Removal of a cloudy lens from the eye.
- 4. Retinal changes caused by long standing diabetes mellitus.
- 5. Inflammation of the conjunctiva.
- 7. Optical defect that prevents formation of a sharp image focus on the retina.
- 9. Type of refractive surgery that reshapes the cornea to correct for astigmatism, myopia, and hyperopia.
- 10. Transparent front part of the eye that covers the iris, pupil and anterior chamber.

Heromb



Across

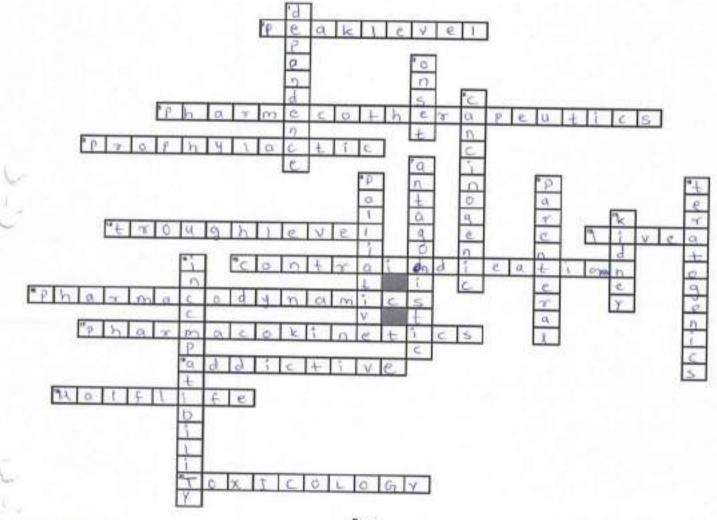
- 2. Clinical Support Assistant PRN
- 4. The form of medical science and specialty practice concerned with all aspects of disease.
- 6. 4:30 am Histotech I
- 9, 8:30 Histotech
- 11. The study of the anatomy, physiology, pathology, and chemistry of the cell. 10. Clinical Support Assistant PRN
- 12. Editor/Transcriptionist
- 14. Histotech I Entertainer
- 15, Gross Room Histotech I
- 16. Keeps the Pathologists straight

Down

- 1. Histotech II
- 3, 8 am Cytotech
- 5. Cytotech 7 am
- 7. What is the science of cells, tissues and organs?
- 8. Manager of Pathology
- 13. Courier

Name:			
Maring.			

Pharmacology crossword



cro

- . highest blood level (two words)
- the use of drugs and the clinical indications for drugs to prevent and treat disease 3, the time it takes for a drug to elicit a therapeutic reponse
- therapy given to prevent an illness during a planned event
- 2. lowest blood level (two words)
- place where metabolism frquently occurs
- 5. any characteristic of the patient especially a disease state that makes the use of 9, route by which a drug is administered iv, im or subcut
- given medication dangerous to the patient
- 5, what the drug does to the body
- 7. study of drugs movementinto, within and out of the body
- effect tht occurs when drugs that have similar action and are given together
- the time it takes for one half of the original ammount of a drug to be removed om the body
-), the study of poisons and unwanted responses to drugs and other chemicals

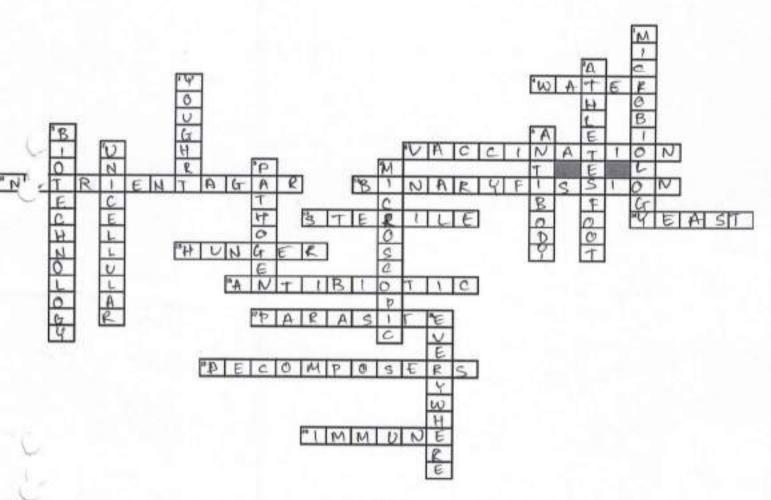
- physiologic or psychological need for a drug
- 4. cancer causing effect
- 7. drud effects are opposite of each other
- 8. therapy to make the patient as comfortable as possible
- 10. fetal defects due to medication
- 11. main organ for excretion
- 14. drugs cannot be given together



Name:		

Date: 6 7 2024

Microbiology



cross

- . A condition needed for the growth of microbes
- . A harmless dose of a disease causing microbe
- 1. A substance which contains food needed for the growth of microbes
- 2. How bacteria reproduce
- 3. Free from microorganisms
- 4. microorganisms used in the brewing and baking industry
- 5. A fungal disease which caused the Great Irish Famine
- 6. A chemical which kills bacteria and fungi but not viruses
- 7. An organism that lives in or on another living thing
- 9. Organisms which feed on the dead remains of living things
- O. Resistant to a disease

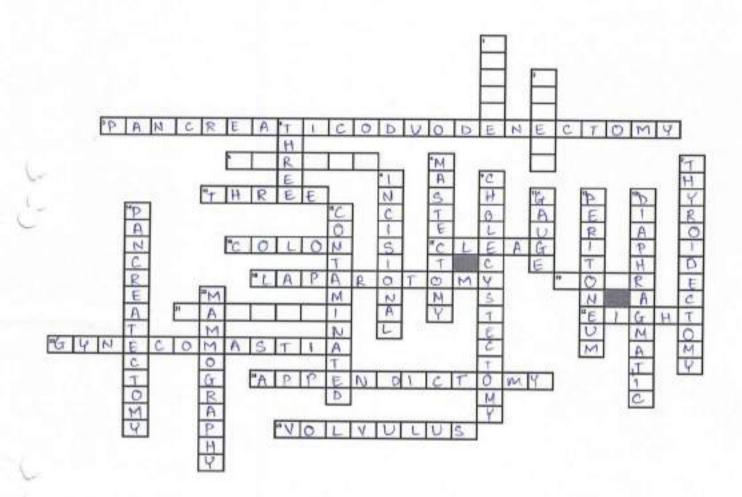
- 1. The study of microorganisms
- 2. a human disease caused by a fungus
- 3. A food made with the help of bacteria
- 5. The use of living things to make a product
- 6. A protein produced by white blood cells in response to an antigen
- 7. Composed of only one cell
- 9. An organism that cause disease
- 10. A term used to describe things which can only be seen by a microscope
- 18. Microorganisms are found here



Name:			

Date: 18	1	2019
Shubha	וח	Muttha

General Surgery



Cres

- . Whipple procedure
- . Defect in abdominal wall
- O. Number of sections in the colon
- 6. Anal canal is the last portion of this
- 7. Class 1 wound
- 8. Surgical opening of the abdomen into peritoneal cavity
- 9. How many layers of the colon
- Another name for gallstones
- 2. Number of liver segments
- 3. Breast disorder in men
- 4. Removal of the appendix
- 5. Twisting of the bowel

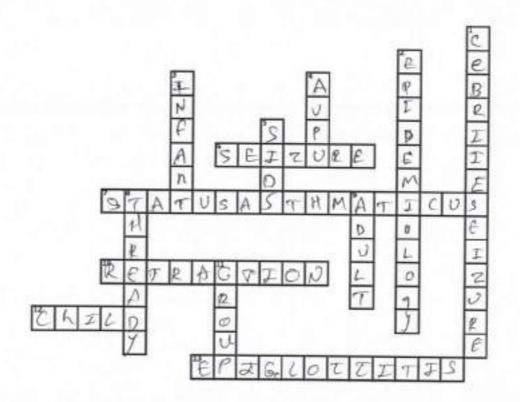
- 1, AKA total mastectomy
- 2. Acquired Hernia
- 4. How many regions of the pancreas
- 6. Removal of the breast
- 7. Removal of the thyroid gland
- 8. Hernia at the site of previous surgery
- 9. Removal of the galibladder
- 11. What type of needleused on the liver
- 12. Serous membrane that lines abdominal cavity
- 13. Hemia of the diaphragm
- 14. Removal of the pancreas
- 15. Class 3 wound
- 20. Diagnostic breast test



Name:	-	- 1	
		-	

Voibhav Patil

Pediatrics





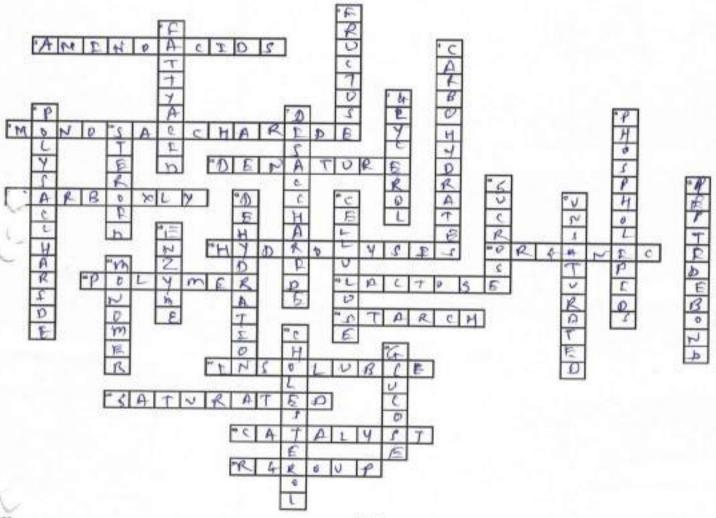
Across

- 6. ABNORMAL ELECTRICAL ACTIVITY IN THE BRAIN CAUSED BY INJURY, DISEASE, FEVER, INFECTION, METABOLIC DISTURBANCE OR DECREASED OXYGEN LEVELS
- 7. POTENTIALLY FATAL EPISODE OF ASTHMA IN WHICH PATIENT DOES NOT RESPOND TO INHALED MEDICATIONS
- 10. VISIBLE SINKING IN OF SOFT TISSUE BETWEEN THE RIBS 4. USED TO DETERMINE THE CHILDS LOC
- 12. ANYONE WHO APPEARS THE AGES OF 1 YEAR AND 12 YEARS

- 1. SEIZURE CAUSED BY AN EXCESSIVELY HIGH FEVER IN A CHILD OR INFANT
- 2. BRANCH OF MEDICINE THAT DEALS WITH THE INCIDENCE AND PRECALENCE OF DISEASE IN POPULATIONS
- 3. ANYONE WHO APPEARS YOUNGER THAN 1
- 5. SUDDEN INFANT DEATH SYNDROME
- 8. PULSE THAT IS BARELY PRECEPTIBLE
- 13. BACTAERIAL INFECTION THAT CAUSES SE RE SWELLINGS. ANYONE WHO APPEARS OLDL. THAN 12 OF THE EPIGLOTTIS RESULTING IN RESPIRATORY EATILIDE 11 LIDDED ATDWAY LIDDE THAT AFFECTS OUT CORN LINES

Name:		
reditio.		

Biochemistry Crossword Puzzle Parashar Kulkan



. Ba

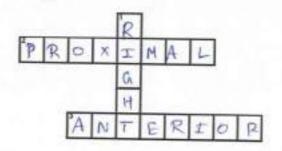
- . Pro Monomera
 - 'uilding Blocks of Carbohydrates
- 1. Morecules Changing Shape Because of Hydrogen Bonds Breaking
- 4. Gives Directionality to a Protein
- The Process in Which H2O is Added to Break Bonds
- to. Came From Something Living
- 2. "many" monomers linked together
- 3. A Disaccharide Commonly Known as Milk
- 4. Holds Reserve Energy (Storage)
- 7. Lipids Can't Dissolve or Are...
- 8. Fats Found in Animals Are...
- 9. Another Name For Enzymes Not Used in Reactions
- o. Differentiates the Different Amino Acids

- 1. "Fruit Sugars"
- 2. The Type of Acids Found in Fat
- 4. Their Primary Function is to Provide Energy
- 5. Fats That Come From Animals Contain 1
- 6. Takes the Longest to Break Down
- 7. 2 Sugar Groups Bonded Together
- 8. Important For Cell Membranes
- 10. A Ring Of Fatty Acid
- 12. A Disaccharide Commonly Known as Table Salt
- 13. A Bond Botween Amino Acids
- 15. Taking Away H2O
- 16. Also Known As Fiber ...
- 17. Fats Found in Plants Are...
- 18. A Type of Protein that Speeds Up Reactions
- 25. Building Blocks of Macromolecules
- 25. The Most Important Steroid For the Body
- 26. Most Common Simple Sugar



Anatonical Positions and Directions

6/7/2021 Shirv kawole







Across

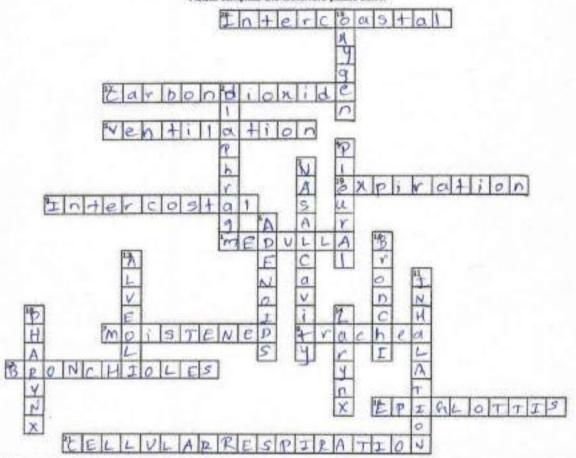
- 2, describes 2 points on the same limb, closer to where it inserts
- 3. front of body (ventral)
- 5. any point further from the midline of the body
- 7. closer to the surface
- 9. further into the body cavities
- 10. left side of the person in anatomical position
- standing upright, feet together, arms at sides, palms forward STANDARD
- 13, back of body (dorsal)

- 1. right side of the person in anatomical position
- 4. any point closer to the midline of the body
- 6. above, or towards the head
- 8. below, or towards the feet
- 11. describe 2 points on the same limb, further away from where it inserts

6171204

The Respiratory System

Please complete the crossword puzzle below



alveoli intercostals bronchi intercostal bronchioles medulla pharynx larynx carbondioxide epiglottis ventilation trachea

inhalation expiration adenoids oxygen moistened cellularrespiration nasalcavity diaphragm pleural

Acress

- 1. the part of the brain which controls the rate of respiration
- 5. the mechanics of breathing in and out
- 7. air entering the body is warmed, cleaned and 8. what brings air into lungs 9. muscle that rasise the ribs

- 12. the gas which has the major influence on controlling the rate of
- 16. what seals the opening into the respiratory tract during swallowing and prevents the passage of food into the lungs
- 17. numerous small tubes that branch from each bronchus into the
- 19. the ribs and diaphragm return to their former relaxed position in

Down:

- 2. a sheet of muscle which seperates the thoracic and abdominal cavities
- 3. air passes through the
- 4. thin membrane that cover the lungs, separate them from other organs and form a fluid-filled chest cavity
- 6. the pharynx contains tonsis and 10, tubes that branch off from the traches into the lungs
- 11. the ribs move upwards and outwards during
- 13. tiny sacs where gases are exchanged
- 14, the part where the vocal cords are found
- 15, the body uses to release energy from food
- 18, tube which connects the resal and oral cavities with the traches

20, muscle that raises the ribs

21. process in which the energy in gluccee is released



A.C.P.M MEDICAL COLLEGE DHULE DEPARTMENT OF MEDICINE CROSS WORD GAME

- 1) DIARRHOEAL EPIDEMIC (vertical)
- 2) PANDEMIC IN 2019 (horizontal)
- 3) SPREAD BY AEDES EGYPTI (horizontal)

4) TYPE OF ARTHRITIS (vertical)

18/1/2019 Dipak Gaikwad.

13

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* dengue *cholera * gout * covid19

Professor & Head,
Department of General Medicine
A.C.P.M. Medical College, Dhule (M.S.)

Bone Marrow Aspiration and Biopsy.

Presentor –Bhargavi Gawhankar Roll no- 29.



INTRODUCTION

Bone marrow aspiration is the process of removing the liquid part of the bone marrow by suction through a needle to diagnose and follow the progress of various conditions like anemia, cancer and also, for bone marrow transplant.

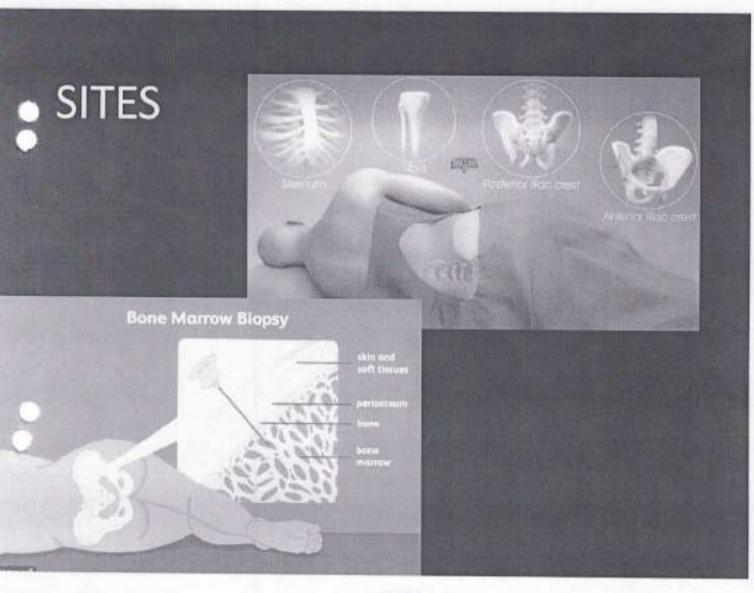
Bone marrow biopsy takes out a larger piece of solid bone marrow by coring out the sample with a saw (or trephine) that cuts a small amount of bone tissue as well with it. This provides a more complete examination of the bone marrow.



INDICATIONS.

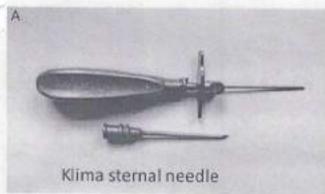
- 1. Anemia- Microcytic, macrocytic, normocytic, aplastic.
- Non hodgkin's lymphoma, Hodgkin's lymphoma and metastatic carcinoma
- 3. Stromal changes like fibrosis, necrosis, gelatinous marrow transformation.
- 1. Hyoplastic myeloplastic syndrome
- 5. Hypoplastic leukemia
- 5. Hairy cell leukemia
- 7. Multiple myloma
- 3. Pyrexia
- . Amyloidosis
- 10. Metabolic bone disorders
- L1.Paraproteinemia.
- 12. Iron assessment.







INSTRUMENTS



B



Salah bone marrow aspiration needle



C

Watherfield needle -iliac crest



Jamshidi needle for aspiration and biopsy



Aspiration VS Biopsy

- Aspiration gives better cytological details.
- Ideal for cytogenetics and molecular genetics.
- · Dry tap in fibrosis.
- Less painful.
- Helpful in Iron deficiency anemia, megaloblastic anemia and acute leukemia.

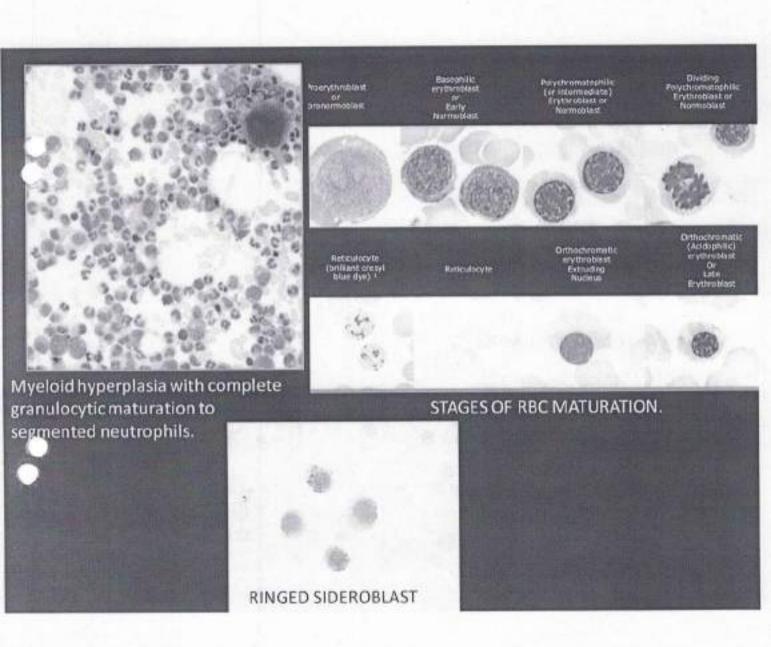
- Biopsy gives better topographical details, cellularity and infilteration.
- · Can be used for both.
- Essential for diagnosis in dry tap.
- · More painful
- Helpful for Aplastic anemia, lymphoma, metastatic carcinoma and neoplasms.



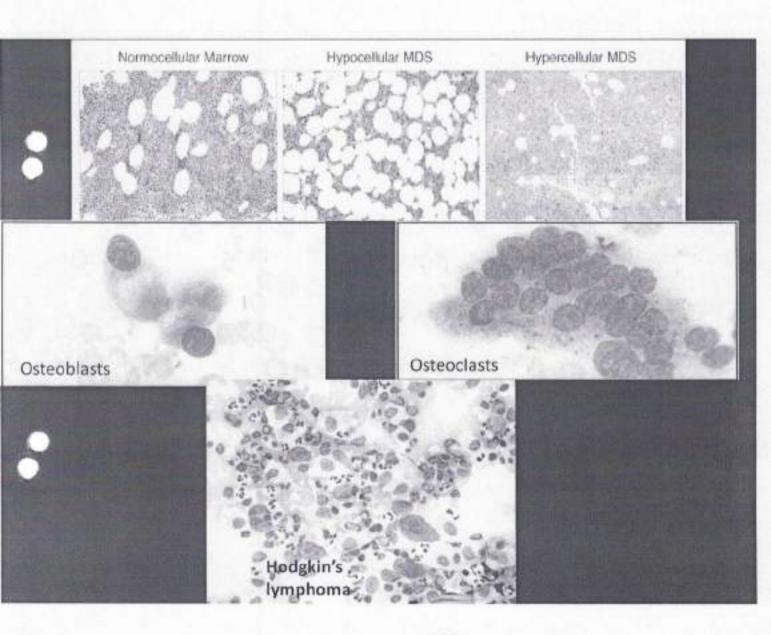
Report Interpretation.

- 1.Determine cellularity identify megakaryocytes, their morphology and maturation stages and abnormalities.
- Determine myloid : erythroid ratio.
- Perform differential count for categories erythroid, myloid, lymphoid, plasma cell and others noting their morphological abnormalities.
- ... Look for clumps of abnormal cells.
- Identify macrophages.
- 6.Look for areas of bone marrow necrosis.
- 7. Assess the iron content.

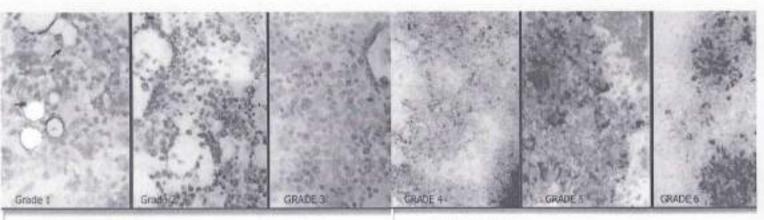












Grading for iron on bone marrow aspirate

- Small from particles out mabbe in reticulum palls using an oil objective Small, sparse eron particles in reticulum palls, widtle at speer power. Humerous small particles in repealam calls.

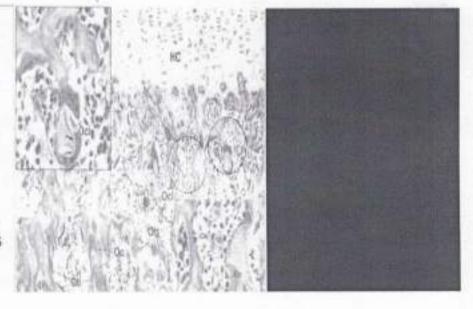
Osteocytes:

Seen in bony lacunae.

- · Osteoblasts: Seen lining the trabeculae.
- Osteoclasts: Seen in howship's lacunae

fron grading

- 4- Larger perfocus with a tendency to aggregate into clumps
- 5+ Dense, large clumps
- 6- Very large clumps and extraoritian iron





THANK YOU



Hamilton Anxiety Rating Scale (HAM-A)

Reference: Hamilton M.The assessment of anxiety states by rating. Br J Med Psychol 1959; 32:50-55.

Rating Clinician-rated

Administration time 10-15 minutes

Main purpose To assess the severity of symptoms of anxiety

Population Adults, adolescents and children

Commentary

The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Although the HAM-A remains widely used as an outcome measure in clinical trials, it has been criticized for its sometimes poor ability to discriminate between anxiolytic and antidepressent effects, and somatic anxiety versus somatic side effects. The HAM-A does not provide any standardized probe questions. Despite this, the reported levels of interrater reliability for the scale appear to be acceptable.

Scoring

Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indicates mild severicy, 18–24 mild to moderate severity and 25–30 moderate to severe.

Versions

The scale has been translated into: Cantonese for China, French and Spanish. An IVR version of the scale is available from Healthcare Technology Systems.

Additional references

Maier W, Buller R. Philipp M, Heuser I. The Hamilton Anxiety Scale: reliability, validity and sensitivity to change in anxiety and depressive disorders. J Affect Disord 1988;14(1):61–8.

Borkovec T and Costello E. Efficacy of applied relaxation and cognitive behavioral therapy in the treatment of generalized anxiety disorder. J Clin Consult Psychol 1993; 61(4):611–19

Address for correspondence

The HAM-A is in the public domain.



Hamilton Anxiety Rating Scale (HAM-A)

Below is a first of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 =	Not present.	1 = M0d.	2 = Moderat	e.	3 = Severe.	4 = Very severe			
1	Anxious mood	0 1 2 3] [] 8		Somatic (sensory)	01234			
W	ornies, anticipation of the wor	st, fearful anticipation.		Tinnicus, blurning of vision, hot and cold flushes, feelings of we pricking sensation.					
2 Fee	Tension slings of tension, fatigability, st sly, trembling, feelings of resti	[7] [7] [8] artie response, moved express, inability to rel	to tears		Cardiovascular symptoms ycardia, palpitations, pain in ches	TO TO 2 3 4			
3 Of	Fears dark, of strangers, of being keyeds.	(m) (m) (m) (m)	fe Traffic, of	o O	ngs, missing beit. Respiratory symptoms sure or constriction in chest, che	000204			
4	Insomnia	0 1 2 3	(A)	ı	Gastrointestinal symptoms	01234			
	fliculty in falling asleep, broker waking, dreams, nightwares,	r sleep, unsatisfying sle night terrors.	ep and fatigue D at b	bde	culty in swallowing, wind abdomi minal fullness, nausea, vomiting, els. loss of weight, constipation.				
5	Intellectual ficulty in openeration poor	Themory.		2	Genitourinary symptoms	01211			
4	Depressed mood	0 [2]	[] (E) m	ven	pency of micturition, organcy of orvitagis, development of frigidity o, impotence.	micturition, amenorrhea, y, premature ejaculation, loss of			
diu	urnal swing.		1	3	Autonomic symptoms	00224			
	Somatic (muscular) ins and aches, twitching stiffs		b		mouth, flushing, pallor, tendency dache, raising of hoir.	rto sweat, giddiness, tension			
tes	teeth, unsteady voice, increased r	muscular tone.	- 1	4	Behavior at interview	0 1 2 3 4			
					eting, restlessness or pacing, tree ined face, sighing or rapid respira				



रुग्ण आरोग्य प्रश्नावली - 9 (PHQ-9)

मागील २ आठवङ्यांच्या काळात, आपल्याला खालील पैकी कौणत्याही समस्येमुळे कितीयेळा वास झाला आहे ? (आपने उत्तर ४) अशी गूण करून छा)	अजियात नाही	अनेक दिवस	अध्योद्ग अधिक दिवस	जवळपार प्रत्येक दिवशी
1. गोही करण्याल थोडीशी रुचि किया आलंद	0	1	2	3
2. हताश. उद्दीग्नता, किंवा निराश वाटणे	0	1	2	3
 झीप मागण्याल किया झोपलेले राहण्यात समस्या, किंवा खूप झोप येणे 	0	1	2	3
4. थकतेले किया थोडी ऊर्जा असल्याचे वादले	0.	1	2	3
5. भूक मंदावणे किंवा अति खाणे	0	1	2	3
6. स्वतः बद्दल वाहेट वाटणे — किया आपण अपयशी आहोत किया आपण स्वतःचा किया आपल्या कुटुंबाचा अपेक्षासंग केला आहे असे वाटणे	0	1	5	3
 वर्तमानपत्र वाचणे किया टेलिटिहजन चाहणे यासारख्या गोशीवर लक्ष एकार करण्यास कस होणे 	0	1	2	3
8. हमनचाल किंवा बोलणे इतके संथ होते की इतर लोकांच्या तथात ग्रेणे? किंया याच्या उलट — इतके चिंताकांत किंवा अस्वस्थ होणे की आपण सामान्यपेक्षा बरेच अधिक इक्डे-तिक्डे फिरत आदात	0	1	2	3
 आपण मेलो असतो तर चांगले झाले असते किया स्वतःला काही प्रकाराने अग्रमी करून घंण्याचे विचार 	0	i	2	3

FOR OFFICE CODING_	0	+_			
			=Total B	core:	

आपण कोणत्याही समस्येवर बूण केल असेल तर, आपले काम करणे, घरी वस्तुंची काळजी घेणे, किंवा इतर लोकांसोबत वावरणे यामधे या समस्यांनी आपल्याला किती अवघड झाले ?

अजिबात अयघड	थोडेफार	खूच	अत्यंत
झाले नाही	अयघड	अवपड	अवघड

Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke आणि सहकारी यांच्यादारे Plizer Inc. यांच्याकडून प्राप्त रोक्षणिक अनुदालातृन विकासित. प्रतिनिधी, भाषांतर,प्रकाशन करणे. आणि याटप ग्रासाठी परवानगीची आनश्यकता नाएँ।

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #:		DATE		
Over the last 2 weeks, how often have you been bothered by any of the following problems?				
(use "<" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling fired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
 Trouble concentrating on things, such as reading the newspaper or watching television 	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns			+
(Healthcare professional: For interpretation of TOT) please refer to accompanying scoring card).	AL, TOTAL:			
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	OICAL CO.	Somew Very di	ficult at all that difficult fficult ely difficult	

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PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

- 1. Patient completes PHQ-9 Quick Depression Assessment.
- If there are at least 4 √s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

Consider Other Depressive Disorder

if there are 2-4 √s in the shaded section (one of which corresponds to Question #1 or #2).

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosts is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

- Patients may complete questionnaires at baseline and at regular intervals (eg. every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
- Add up √s by column. For every √: Several days = 1 More than half the days = 2 Nearly every day = 3.
- 3. Add together column scores to get a TOTAL score.
- 4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
- Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity			
1-4	Minimal depression			
5-9	Mild depression			
10-14	Moderate depression			
15-19	Moderately severe depression			
20-27	Severe depression			

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A2662B 10-04-2005



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MET-REVISED BASIC WORKSHOP 2021







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RESEARCH METHODOLOGY WORKSHOP 2016







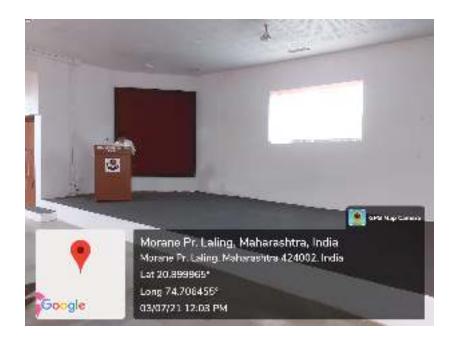


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LEPROSY SYMPOSIUM 2021











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CME ON HERNIA BY SURGERY DEPARTMENT-2019









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USE OF ANIMATION IN PPTS







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POSTER PRESENTATION BY UG STUDENTS- EYE DONATION AWARENESS







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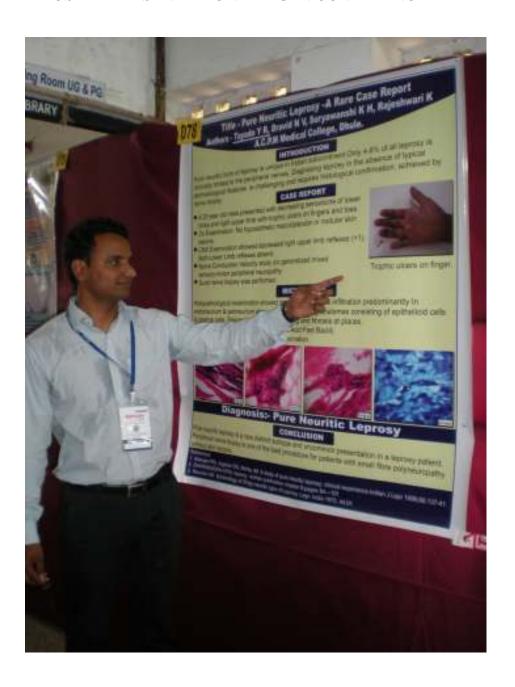




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POSTER PRESENTATION BY PG IN CONFERENCE

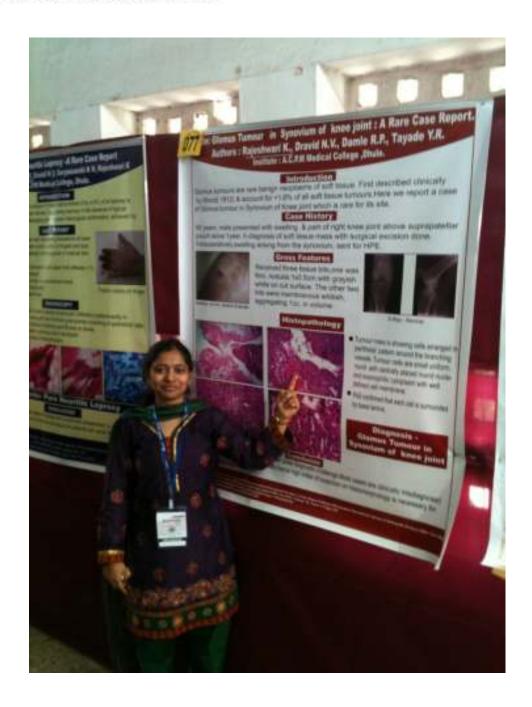






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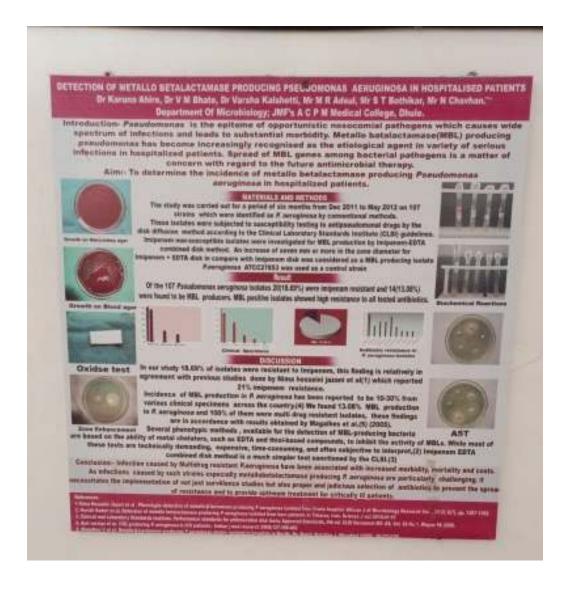






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STUDENTS LEARNING THROUGH POSTERS







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CASE PRESENTATION BY UG STUDENT











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USE OF ICT BY STUDENTS-STUDENTS LEARNING CT SCAN







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LEARNING IN OPD THROUGH CASES







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CASE PRESENTATION BY PG IN MAPCON

FCASE HISTORIES: MAPCON 2021

Mapcon	Category	Ref no/	Case
no.	Breast	Sknmc & gh pune case 3 (for	57 year male with retro areolar lump since 1 year.
		discussion)	
2	Breast	Dmh, path lab Case 1	34 yrs female. Enlarged nipple in 2017, clinical impression – paget's disease. Hpe done outside – seborrhoeic keratosis. Mammography done in 2017 showed no lesion in the breast parenchyma. Received wide local excision of the nipple areola complex. Gross examination showed growth over nipple areola measuring 4 x 3.5 x 2 cm. Nipple is not visible separately from the growth. Cut surface is tan grey, firm and irregular. Section from nipple areola complex is submitted.
3	Breast	Srtr gmc case 2	61 yr old male case of right breast lump since 2yrs. Fnac was suggestive of malignant lesion. Gross: received right mrm specimen measuring mass of 6.5 x 3.5 x 2 cm seen involving upper outer quadrant. H& e section from grayish white mass provided.
4	Breast	Nssh case 1	Section from the breast mass. Specimen: left breast mass in an28 yr old female. Gross: encapsulated nodular mass measuring 17 x 17 x 5 cm. The cut surface is soft to firm, whitish with few interspersed yellow areas. Ct scan: a well defined heterogeneous density lesion is identified virtually replacing the entire left breast parenchyma.





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		4,10,13 1100. 000000	50/075.
21	Female reproductive	Srl ltd case 2	53 year female presenting with lower abdominal pain and fever. Ct abdomen pelvis: right adnexal mass measuring 5 x 4 x 3 cm. Total abdominal hysterectomy with bso done. Cut surface of right ovarian mass: solid cystic. Cut surface of endometrium and cervix is unremarkable. Cut surface of left ovary is unremarkable. Cut surface of bilateral fallopian tubes is unremarkable. One h&e slide of right ovarian mass provided.
22	Female reproductive	Pcmc pgi ycmh pimpri Case 1	A 40 yr old female came with complaints of abnormal uterine bleeding.usg suggested uterine fibroid of size 7 x 6 x 4 cm. Received total hysterectomy specimen with bilateral salpingoopherectomy, with separately sent fairly circumscribed mass of size 6.5 x 5 x 3.5 cm, grey white round to oval. On c/s it shows yellowish white mass with trabeculated appearance and few areas of hemorrhage. 1 h&e stained slide from mass provided.
23	Female reproductive	Acpmmc case 2	History: 30 yrs female case of pain abdomen and amenorrhea since 1 yr. P/s foul smelling white discharge present. Cervix and vagina healthy. P/v uterus retroverted and bulky. Right fornix – mass of 5 x 5 cm palpable, mobile, non – tender. Gross: salpingo - oopherectomy specimen received. Cut section of the ovary showed lobulated mass, yellow orange in colour with few small cystic dilations separated with fibrous septae.
24	Female reproductive	Dypmc case 2	43 yr old female with complaints of abdominal pain vaginal bleeding and irregular menstruation. On usg- free pelvic fluid suggestive of ascites noted. Hysterectomy with bso was done and sent for hpe. Gross: uterus was atrophic measuring 3.5 x 2 x 2 cm. Both ovaries were slightly enlarged. Section from left ovary provided.
25	Female reproductive	Dyp mumbai case 1	Placenta of 28 yr old primi iugr. Gross: placenta measuring 20 x 12 x 4 cm. Cut surface: hemorrhagic areas seen.





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COMMUNITY VISIT BY UG STUDENT







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STUDENT APPLING CLINICAL SKILL IN HOSPITAL







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STUDENT APPLING CLINICAL SKILL IN HOSPITAL







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INNOVATIVE SKILL LEARNING BY USE OF MANIKINS









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INNOVATIVE LEARNIG BY

USE OF EX-PHYSIO SOFTWARE FOR 1ST MBBS STUDENTS











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ANALYTICAL SKILL- CASE REPORT ANALYSIS













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INNOVATIVE LEARNING STUDENTS SOLVING MISSING WORD GAME







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STUDENTS SOLVING CROSS WORD GAME









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CREATIVITY – STUDENTS PREPARE PPTS

Bone Marrow Aspiration and Biopsy.

Presentor – Bhargavi Gawhankar Roll no- 29.





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CREATIVITY – STUDENTS PRESENTS PPTS





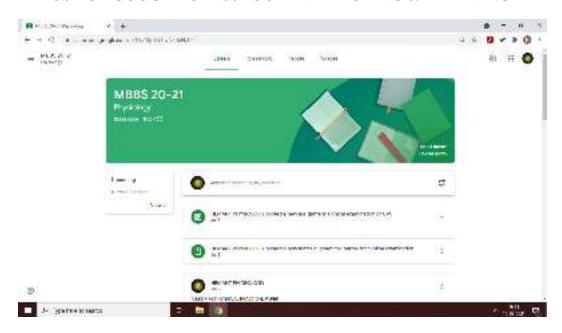


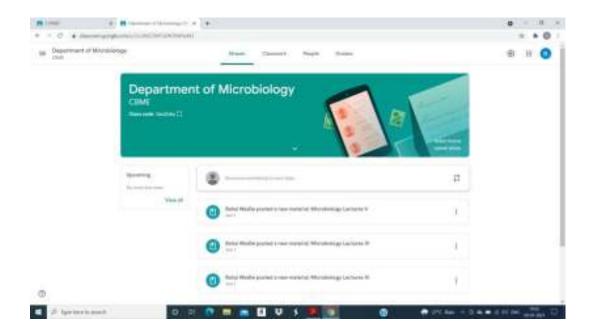


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USE OF GOOGLE CLASSROOM IN TEACHING & LEARNING





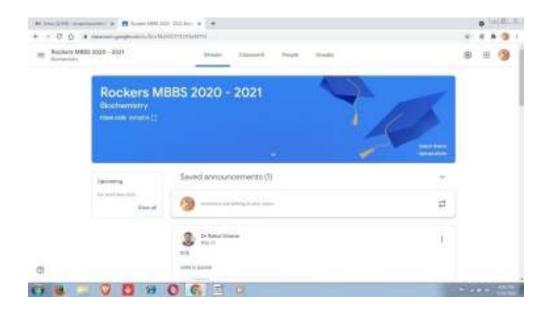






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INNOVATIVE LEARNING BY USE OF COMPUTER ASSISTED LAB BY STUDENTS









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INNOVATIVE LEARNING BY USE OF DIGITAL LIBRARY BY STUDENTS







ACPM MEDICAL COLLEGE DHULE e- journals and e- books available at central library for students

S.N.	The second second second second	NAMEOFJOURNAL	Year	Publicatin	INDIAN FOREIGN	WEB LINK OF REMOTE ACCESS	
1	Dematology	Dermatology Online Journal	2021	DOI	Indian	https://escholarship.org/uc/item/9w82x2z1	
2	Medicine	AACE Clinical Case Report	2021	Elsvier	FOREIGN	https://www.journals.elsevier.com/aace-clinical-case- reports?dgcid=STMJ 1615988260 STMJIN QTR&utm source=WEB&utm medium=EA	
3	Pharmacology	Acta Pharmaceutica Sinica B	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/acta-pharmaceutica-sinica-b/vol/11/issue/1	
	Dematology	Journal of med-sur dermatology & venereo	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/actas-dermo-sitiliograficas/vol/112/issue/5	
- 5	Pathology	Blood	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/blood/vol/137/issue/19	
	Dematology	Annales de Dermat et Vénéréologie - FMC	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/annales-de-dermatologie-et-de-venereologie- fmc/vol/1/issue/5	
_	Anesthesia	British Journal of Anaesthesia	2021	Elsvier	FOREIGN	https://bjanaesthesia.org/current	
8	Pediatrics	Paediatrics and Child Health	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/paediatrics-and-child-health	
9	Surgery	Eur Jour of Vascular & Endovasc Surgery	2021	Elsvier	FOREIGN	https://www.ejves.com/current	
10	Microbiology	Indian Jour of Medical Microbiology	2021	Elsvier	Indian	https://www.sciencedirect.com/journal/indian-journal-of-medical-microbiology	
11	FMT	Current Research in Toxicology	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/current-research-in-toxicology/vol/1/suppl/C	
	THE RESIDENCE OF THE PARTY AND ADDRESS OF THE	ic African Jour of Emergency Medicine	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/african-journal-of-emergency; medicine/voi/11/issue/1	
_	Pathology	American Journal of Clinical Pathology	2021	ACA	FOREIGN	https://aip.amipathol.org/	
14	Pathology	Archives of Pathology & Laboratory Medici	2021	Allen Press	FOREIGN	https://meridian.allenpress.com/aplm/issue/145/1	
-	E.N.T	Annals of Otology, Rhinology & Laryngolo	2021	Sage pub	FOREIGN	https://journals.sagepub.com/ioc/aora/current	
-	Orthpaedics	European Spine Journal	2021	Springer	FOREIGN	https://link.springer.com/lournal/586/volumes-and-issues	
	Medicine	European Respiratory Journal	2021	Erj	FOREIGN	https://eri.ersjournals.com/content/57/5?current-issue=y	
18	Radiology	British Journal of Radiology	2021	Rsna	FOREIGN	https://www.birpublications.org/journal/bjr	
19	Pathology	Indian Journal of Hemat & Blood Transfusion	2021	Springer	Indian	https://www.springer.com/journal/12288	
$\overline{}$	E.N.T	Indian Jou of Otolar - Head & Neck Surgery	2021	Springer	Indian	https://www.springer.com/journal/12070	
	Opthalmology	Journal of Current Glaucoma Practice	2021	Jorjp	FOREIGN	https://www.jocgp.com/journalDetails/IOCGP	
	Orthpaedics	Indian Journal of Orthopedics	2021	Isafog	Indian	https://www.springer.com/journal/43465	
_	Orthpaedics	Journal of Foot & Ankle Surgery	2021	Springer	FOREIGN	https://www.jfasap.com/journalDetails/JFASAP	
	Anesthesia	Indian Journ of Anesthesia & Analgesia	2021	Rfppl	Indian	https://rfppl.co.in/about_journal.php?jid=24	
-	Surgery	Indian Journal of Surgery	2021	Springer	Indian	https://www.springer.com/journal/12262	
26	Blochemistry	Indian Journal of Clinical Biochemistry	2021	Springer	Indian	https://www.springer.com/journal/12291	

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_	E.N.T	Annals of Otology Rhinology & Laryngology	2021	Sage pub	Indian	https://journals.sagepob.com/bome/nor
	Orthpaedics	The Bone & Joint Journal	2021	Bill	Indian	https://online.boneandjoint.org.uk/loi/bjj
29	Medicine	Chest Journal	2021	Elsvier	FOREIGN	https://www.journals.elsevier.com/chost
30	Surgery	Journal of Medical Mycology	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/science/article/abs/pli/S1156523321000263
	Pharmacology	Asian Journal of Pharmaceutical Sciences	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/asian-journal-of-pharmaceutical- sciences/vol/16/issue/1
	Surgery	Asian Journal of Surgery	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/asian-journal-of-surgery
33	RADIOLOGY	Advances in Radiation Oncology	2021	Elsvier	FOREIGN	https://www.adyancesradonc.org/issue/\$2452-1094(21)x0002-4
34	Medicine	American Journal of Medicine Open	2021	Elsvier	FOREIGN	https://www.jnurnals.elsaviar.com/american-journal-of-medicine-open/
35	Opthalmology	American Journal of Ophthalmology Case Reports	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/american-journal-of-ophthalmology-case- reports/vol/22/suppl/C
	Medicine	American Journal of Preventive Cardiology	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/american-journal-of-preventive- cardiology/vol/6/suppl/C
	Dematology	Anais Brasileiros de Dermatología	2021	Elsvier	FOREIGN	https://www.journals.elsevier.com/anais-brasileiros-de-dermatologia/
38	Pediatrics	Anales de Pediatria (English Edition)	2021	Elsvier	FOREIGN	https://www.aeped.es/anales-pediatria
_	Medicine	Annals of Medicine and Surgery	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/annals-of-medicine-and-surgery
40	Orthpaedics	Arthroplasty Today	2021	Elsvier	FOREIGN	https://www.journals.elsevier.com/arthroplasty-today/
_	Orthpaedics	Arthroscopy, Sports Medicine, and Rehabilitation	2021	Elsvier	FOREIGN	https://arthroscopysportsmedicineandrehabilitation.org/
42	Orthpaedics	Arthroscopy Techniques	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/arthroscopy-techniques
	Pharmacology	Asian Journal of Pharmaceutical Sciences	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/asian-journal-of-pharmaceutical-sciences
	Urology	Asian Journal of Urology	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/asian-journal-of-urology
45 1	Nursing	Asian Nursing Research	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/asian-nursing-research
46 8	Biochemistry	Biochemistry and Biophysics Reports	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/biochemistry-and-biophysics-reports
-	E.N.T	Brazilian Journal of Otorhinolaryngology	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/brazillan-journal-of-otorhinolaryngology
48 5	Surgery	Burns Open	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/burns-open
	Surgery	Cancer Treatment and Research Communications	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/cancer-treatment-and-research-communication
50 N	Medicine	Canadian Journal of Cardiology	2021	Elsvier	FOREIGN	https://www.onlinecjc.ca/
51 1	Medicine	Canadian Cardiovascular Society	2021	Elsvier	FOREIGN	https://ccs.ca/
AN	Aedicine	Brain and Spine	2021	Elsvier	FOREIGN	https://www.elsevier.com/journals/brain-and-spine/2772-5294/open-access-journal
59 A	desthesia	Brazilian Journal of Anesthesiology	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/brazilian-journal-of-anesthesiology-english-edition

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54	4 E.N.T	Brazilian Journal of Otorhinolaryngology	2021	Elsvier	FOREIGN	https://www.seleazedieses.com/	
55	5 surgery	Burns Open	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/brazilian-journal-of-otorhinolaryngology https://www.sciencedirect.com/journal/burns-open	
56	5 Surgery	Cancer Treatment and Research Communications	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/cancer-treatment-and-research-communication	
57	Microbiology	Current Research in Immunology	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/current-research-in-immunology	
	Physiology	Current Research in Physiology	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/current-research-in-physiology	
_	FMT	Current Research in Toxicology	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/current-research-in-toxicology	
	Medicine	EBioMedicine	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/ebiomedicine	
61	Medicine	EClinicalMedicine	2021	Elsvier	FOREIGN	https://www.thelancet.com/journals/eclinm/home	
62	Surgery	European Journal of Cancer	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/european-journal-of-cancer-supplements	
63	Obst & Gynecolog	European Journal of Obstetrics & Gynecology and Reproductive Biology: X	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/european-journal-of-obstetrics-and-gynecology-and-reproductive-biology-x	
64	Radiology	European Journal of Radiology Open	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/european-journal-of-radiology-open	
65	Urology	European Urology Open Science	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/european-urology-open-science	
66	Orthpaedics	Foot & Ankle Surgery: Techniques, Reports & Cases	2021	Elsvier	FOREIGN	https://www.elsevier.com/journals/foot-&_ankle-surgery-techniques_reports-&- cases%20/2667-3967/open-access-journal	
67	FMT	Forensic Science International: Digital Investigation	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/forensic-science-international-digital-investigation/	
-	FMT	Forensic Science International: Reports	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/gournal/forensic-science-International-reports	
_		Global Epidemiology	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/global-epidemiology	
70	The state of the s	Global Pediatrics	2021	Elsvier	FOREIGN	https://www.journals.elsevier.com/global-pediatrics/	
	Pathology	Hematology, Transfusion and Cell Therapy	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/hematology-transfusion-and-cell-therapy	
72	Microbiology	Human Microbiome Journal	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/human-microbiome-journal	
	Microbiology	The Journal of Microbiological Methods	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/journal-of-microbiological-methods	
74	Pathology	Human Pathology: Case Reports	2021	Elsvier	FOREIGN	https://www.journals.elsevier.com/human-pathology-case-reports/	
months.		IHJ Cardiovascular Case Reports	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/ihj-cardiovascular-case-reports-ever	
/6	Medicine	Indian Heart Journal	2021	Elsvier	Indian	https://www.sciencedirect.com/journal/indian-heart-journal	
	the property by the party of th	Infectious Medicine	2021	Elsvier	FOREIGN	https://www.eisevier.com/journals/infectious-diseases/2772-431X/open-access-journal	
78	Medicine	Integrative Medicine Research	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/integrative-medicine-research	

7	9 Physiology	Indian Pacing and Electrophysiology Journal	2021	Elsvier	FOREIGN	https://www.splanesdieses.au
8	0 Medicine	Infection Prevention in Practice	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/indian-pacing-and-electrophysiology-journal
	1 Medicine 2 Medicine	Infectious Medicine	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/infection-prevention-in-practice/vol/3/issue/3
	3 Surgery	Intelligence-Based Medicine	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/informatics-in-medicine-unlocked
	4 Dental	Interdisciplinary Neurosurgery	2021	Elsvier	FOREIGN	151922/19 WW.Sciencedirect.com/journal/intelligence-Based-Medicine
919	s Dental	International Dental Journal	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/interdisciplinary-neurosurgery
85	Microbiology	International Journal for Parasitology: Drugs and Drug Resistance	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/international-dental-journal https://www.sciencedirect.com/journal/international-journal-for-parastology-drugs-and-drug-resistance
86	Microbiology	International Journal for Parasitology: Parasites and Wildlife	2021	Elsvier	200000000	https://www.sciencedirect.com/journal/international-journal-for-parasitology-parasi
87	Microbiology	International Journal of Africa Nursing Sciences	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/international-journal-of-africa-nursing-sciences
88	Medicine	International Journal of Cardiology: Cardiovascular Risk & Prevention	2021	Elsvier	FOREIGN	https://www.elsevier.com/journals/international-journal-of-cardiology-cardiovascular-risk- and-prevention/2772-4875/open-access-journal
89	Medicine	International Journal of Cardiology Congenital Heart Disease	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/international-journal-of-cardiology-congenital-heal disease
90	Medicine	International Journal of Cardiology: Hypertension	2021	Elsvier	FOREIGN	
91	Medicine	International Journal of Infectious Diseases	2021	Elsvier	FOREIGN	https://www.sciencedirect.com/journal/international-journal-of-cardiology-hypertension
92 /	Microbialogy	International Journal of Medical Microbiology	2021	Elsvier		https://www.journals.elsevier.com/international-journal-of-infectious-diseases/
93 1	Nursing	International Journal of Nursing Sciences	2021	Elsvier		https://www.sciencedirect.com/journal/international-journal-of-medical-microbiology https://www.sciencedirect.com/journal/international-journal-of-nursing-sciences

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ACPM MEDICAL COLLEGE, DHULE e-learning resources used by students

csanciii	DESCRIPTION OF THE PROPERTY OF	Full tex	t access	Well-the and left	Whether	r remote access	Weh link of remote access
Year	Name of service with membership/registration	Yes	No	Validity period	Yes	No	THE THE CONTROL OF SAME
2020-21	MUHS open source digital library	Yes	922	2020 onwards	Yes	496	https://www.muhs.ac.in/dl_main.aspx
2020-21	e-Shodhsindhu	Yes	377	29.04.2021 onwards	Yes		https://ess.inflibnet.ac.in/
2020-21	SWAYAM	Yes	***	18.04.2021 onwards	Yes	***	https://nptel.uc.in/LocalChapter/
2020-21	Discipline-specific databases PUBMED	Ves	- 000	19.04,2021 onwards	Yes		https://www.ncbi.nlm.nih.gov/myncbi/
2020-21	DVL Medical online Database	Yes		19,04,2021 onwards	Yes	4	https://www.medscape.com/viewarticle/451577_3
2020-21	Indian Journal of Microbiology	Yes	iii	19.04.2021 onwards	Yes		https://scholar.google.co.in/scholar?as_vlo=2021&q=indian+journa +of+microbiology&hl=en&as_sd=0.5&as_vis=1
2020-21	Indian Journal of Physical Medicine & Rehabilitation	Yes	144	19,04.2021 onwards	Yes	1502	https://www.ijopnir.com/journalDetails/UOPMR
2015-16	The Journal of Reproductive Medicine	Yes	***	02.08.2016 onwards	Yes	GALL.	https://www.ncbi.nlm.nih.gov/prnc/articles/PMC4971550/
2015-16	Chest	Yes		27.07.2016 onwards	Yes	***	https://journal.chestnet.org/issues#decade=loi_decade_201



DEAN

A.C.P.M.MEDICAL COLLEGE & HOSPITAL

DHULE

ACPM Medical College

Department of Medicine

NOTICE

This is to inform all student of batch 2016-17 that dept. of Medicine, ACPMMC Dhule conducting flipped classroom plan.

Details are as follows:

Topic	Neurolept Malignant Syndrome
Time	11am-1pm
Date	12/4/2020
Venue	Lecture hall 2
Batch	2016

Classroom will be conducted by:

1) Dr.Puneet Patil

NOTE: 1)Attendence is compulsory to all students.

Question and answer will be followed by flipped classroom plan.



PROF And HOD

Dept. of Medicine

ACPMM CollegeDhule

Department of General Medicine

A.C.P.M. Medical College, Dhule (M.S.)

- Email : deanacpm@gmail.com
- acpmmcdhule@gmail.com
- website: www.jmfacpm.com

- Sakri Road, Dhule 424001 (Maharashtra)
- Ph.No.: 02562 276317,18,19 Mob. 8686585839

DEPARTMENT OF COMMUNITY MEDICINE

Description of community based teaching learning activities

The Department of Community Medicine of ACPM Medical College, Dhule has developed the Rural health training centre at Kheda PHC, District Dhule affiliated with government to offer comprehensive health care services to poor and needy people living in rural areas. Department of Community Medicine has an Urban health centre at Subhashnagar in Dhule city serving urban slum and population with low socio economic status.

These centres provide facility for **community based learning** for under graduate(UG) and intern students. Students learn better about patients and their disease in community settings rather than while seeing them in OPD or wards. This community-based, service learning experience during third semester of MBBS help students to develop effective Doctor patient relationship and practice effective communication strategies.

These students are guided by faculty of department.

- All UGs are taken to RHC and UHC during their community postings with the aim to understand the field epidemiology including physical and social environment of rural areas and functioning of RHC and UHC.
- Students learn how to Interact with patient and their relatives. They also learn about the implementation of various national programs.
- During their field postings Students visit Anganwadi centers, Sub health centers, Primary health centers, and Community health centers.
- The community exposure was given to the students by allocating them families, Conduct field survey, Dietary survey, Demography survey, case study and mini projects.
- 5. For these survey Questionnaire is prepared regarding filling of village details.
- A session is taken regarding Briefing for family visits, record exercise, Family allotment, Briefing regarding formats on Environment, Non-communicable disease, Briefing regarding diet survey (Weighment method) and Personal hygiene.
- They the pain an idea of the common diseases prevailing in rural and semi-urban areas.



JAWAHAR MEDICAL FOUNDATION'S A.C.P.M. MEDICAL COLLEGE & HOSPITAL

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- After their field visit is over presentation of the family field visit is conducted in the department of Community Medicine under guidance of Faculty.
- 9. The questionnaire results show that Field visit tours provided opportunities for students to visit healthcare centers and learn to collect, tabulate, analyze and interpret various health indicators (maternal mortality rate, infant mortality rate, crude birth rate, crude death rate, fully vaccinated children, stillbirth rate, antenatal care, etc.)
- 10. As a result they develop an understanding of common rural health problems.
- They also visit water Filtration plant, Old age home, Orphanage home, ICDS centers,
 RNTCP centers, Immunization clinics, Leprosy centers
- 12. The visit to the local meteorology centre raised their awareness of environmental health (air, water, noise, soil, meteorology, climate change, etc.) which constitutes a major portion of their community medicine curriculum.

Teaching and training (Interns):

All interns during posting in Community Medicine are posted by rotation at both RHC and UHC. Internship is an ideal period to pick up and refine the clinical/ communication skills under the "real field situation".

Other activities:

- a. Observance of various health-related days and weeks: Regular observance of World Health Day, World AIDS Day, malaria fortnight, nutrition week at RHC and UHC helps in generating awareness in community and Paramedical staff posted under department in coordination with regular staff of PHC/UHC are used for community mobilization.
- b. Multi-specialty Clinics RHC and UHC visit(once a week/ month) with proper referral to medical college are also conducted by department which is helpful in providing quality care and building up the rapport with community.



A.C.P.M.MEDICAL COLLEGE & HOSPITAL

JMF'S A.C.P.M. MEDICAL COLLEGE, DHULE BATCH 2016

INTERNSHIP POSTING SCHEDULE

Group	Serial no.	Student Name		Department	Starting	Completion
A		6.10	-		date	date
^	1	Sohib pinjari		COMMUNITY MEDICINE 60 DAYS	01/05/2021	and the state of t
	2	Aayushi Bhamat				
	3	Shivani Pal			-	
	4	Megharani Bansode				
	5	Akshay Patil			-	
	6	Pranav Patil *				
	7	Aakanksha Patil				
	8	Raman Dhande				
	9	Sachin Deshmukh			-	
	10	Yashraj Ahirrao				
	11	Sania Khan	-			
	12	Abhishek Kapure	-			
	13	Shrey Dubey				
В	1	Usman Sheikh	D.			
	2	Soham misar	B1	Casualty B1	01/05/2021	30/06/2021
	3	Nikita Adhaw	B1	7 INTERNS /15DAYS		
	4	Apurva Makeshwar	B1	ENT B2		
	5		81	3 INTERNS/1 MONTH		
		Vidya Mahoriya	B1	OPTHALM B3 3 INTERNS /15DAYS		
	6	Bhushan Deore	В1	7250113		
	7	Jaydeep Patil	81			
	8	Abhishek Patil	B2			
	9	Pratiksha pathak	B2			
		Ramesh valvi	B2			
		Zeeshan Alam	В3			
	12	Asad Ansari	В3			
-	13	Azizul ansari	83			
	1	Ankita Khiste	£14			
		Parkita KIRSTE	C1	PAEDIATRICS C1 7 INTERNS /1MONTH		
	2	Rutuja Gomkale	C1	ORTHO C2		
	3	Arti Gaikwad	C1	7 INTERNS/1MONTH		
		Ashish katekhaye	C1			
		Jayesh bonde	Cl			
		Namdev bongane	C1			
		Shubham payghan	C1			
	-	Mansi gajakos	C2			
		Romin Shah	C2	WEDICA		

1 d 1 949

JMF'S A.C.P.M. MEDICAL COLLEGE, DHULE BATCH 2016

INTERNSHIP POSTING SCHEDULE

	10	Aarsh Sathia	C2			
	11	Sachin Ramchandani	C2			
	12	Harshali deshmukh	C2			
	13	Kunal Bonde	C2			
	14	Shruti duduka	CZ			
D	1	Siddhesh Chavhan		Obgy	01/05/2021	30/06/2021
	2	Ashish Ambad				
	3	Anurag Ladda				
	4	Shivam Yengante				
	5	Nitin Kure				
	6	Akshay Giri				
	7	Mayur Chakrawar				
	8	Omkar Jagtap				
	9	Kiran Chougule				
	10	Ashutosh Badwaik				
	11	Nikita Shahu				
	12	Chaitali Sontakke				
	13	Sonali Mitra				
	14	Akshada Raut				
E	1	Vijayesh Tighare	E1	Surgery E1 9 INT/ 45 DAYS		
	2	Aishwarya Yedke	E1	RADIO E2 2 INTERNS/ 7 DAYS		
	3	Vaibhavi Bedekar	£1	ANAESTHESIA E3 2 INTERNS / 7 DAYS		
	4	Shauryaveer Singh	E1			
	5	Prashant ghoghre	E1			
	6	Akash Ware	E1			
	7	Nihal Dimbar	E1		- 1	
	8	Momin almas	E1			
	9	Rajeev pal	E1			
- 6	10	Yogesh kumar	E2			
	11	Ashutosh joshi	E2			
	12	Sanjay Dhakaroliya	E3			
	13	Abu bakr khan	E3			
F		Riddhi Patil	F1	Bandisha Pi		
	1		F1	Medicine F1 10 INT/45 DAYS	DCA!	-
	2	Akshay Mirge	F1	PSYCHIATRY F2	MEDICAL CO	

fluctury

JMF'S A.C.P.M. MEDICAL COLLEGE, DHULE BATCH 2016

INTERNSHIP POSTING SCHEDULE

			1 INT/ SDAYS	
3	Ratnadeep Patil	F1	TB & CHEST F3 1 INT/ SDAYS	
4	Avanti Arote	F1	SKIN F4 1 INT/ SDAYS	
5	Vaishnavi Raut	F1		
6	Shubham Khare	F1		
7	Ajay Deshmukh	F1		
8	Jagruti Nikam *	F1		
9	Vrajesh Saoji	F1		
10	Devarsh bhirud	F1		
11	Anuj Shirude	F2		
12	Jeet Gujrathi	F3		
13	Jatin baviskar	F4		

INTERNSHIP CO-ORDINATOR JMF'S A.C.P.M. MEDICAL COLLEGE

JMF'S A.C.P.M. MEDICAL COLLEGE





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Ph.No.: 02562 - 276317,18,19 Mob. 8686585839

Ref.No. 106/ACPMMC/Dhule

Date: 24 6/202

JMF'S A.C.P.M. MEDICAL COLLEGE, DHULE BATCH 2016 INTERNSHIP SCHEDULE (JULY-AUGUST 2021)

Batch	1-15 July	16-31 July	1-15 Aug	16-31 Aug
Al	Psych	Med	Med	Med
A2	Med	Psych	Med	Med
A3	Med	Med	Psych	Med
A4	Med	Med	Med	Psych
BI	Pedia	Pedia	Ortho	Electivel
B2	Pedia	Pedia	Elective 1	Ortho
B3	Ortho	Elective I	Pedia	Pedia
B4	Elective I	Ortho	Pedia	Pedia
Cl	Anaes	Surg	Surg	Surg
C2	Surg	Anaes	Surg	Surg
C3	Surg	Surg	Anaes	Surg
C4	Surg	Surg	Surg	Anaes
DI	ENT	Elective 2	Casualty	Ophthalm
D2	Ophthalm	ENT	Elective 2	Casualty
D3	Casualty	Ophthalm	ENT	Elective 2
D4	Elective 2	Casualty	Ophthalm	ENT
E1	Labs	Obgy.	Obgy	Obgy
E2	Obgy	Labs	Obgy	Obgy
E3	Obgy	Obgy	Labs	Obgy
E4	Obgy	Obgy	Obgy	Labs
FI	PHC	PHC	C.M.Dept.	The second secon
F2	PHC	PHC	C.M.Dept.	
F3	C.M.Dept	C.M.Dept	PHC	PHC
F4	C.M.Dept	C.M.Dept	PHC	PHC

DR. PRASHANT SOLANKE

INTERNSHIP CO-ORDINATOR JMF'S ACPM MEDICAL COLLEGE, DHULE

MOB.NO:- 7010389958

22/6/2021

DR. VIJAY PATIL

MF'S A.C.P.M. MEDICAL COLLEGE, DHULE



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Ref.No. 108/ACPMMC/Dhule

Date: 246/202)

GROUP A	A1	A2	A3	A4
ukoor n	SOHIB PINJARI	ABHISHEK KAPURE	AKSHAY PATIL	AAKANKSHA PATIL
	AAYUSHI BHAMAT	SANIA KHAN	PRANAV PATIL	RAMAN DHANDE
	YASHRAJ • AHIRRAO	SACHIN DESHMUKH	SHIVANI PAL	SHREYKUMAR DUBEY
			MEGHARANI BANSODE	
GROUP B	B1	B2	В3	B4
	USMAN SHAIKH	VIDYA MAHORIYA	SOHAM MISAR	ZEESHAN ALAM
	JAYDEEP PATIL	NIKITA ADHAW	ASAD ANSARI	ABHISHEK PAIL
	BHUSHAN DEORE	APURVA MAKESHWAR	AZIZUL ANSARI	PRATIKSHA PATHAK
		, and an extensive the second	RAMESH VALVI	
GROUP C	C1	C2	C3	C4
undor c	RUTUJA GOMKHALE	ROMIN SHAH	ANKITA KHISTE	JAYESH BONDE
	SHUBHAM PAYGHAN	AARSH SETHIYA	NAMDEV BONGANE	AARTI GAIKWAD
	HARSHALI DESHMUKH	SACHIN RAMCHANDANI	KUNAL BONDE	AASHISH KATEKHAYE
	MANSI GAJAKOS		SHRUTI DUDUKA	
GROUP D	D1	D2	D3	D4
	NITIN KURE	SIDDHESH CHAVAN	KIRAN CHOUGULE	OMKAR JAGTAP
	ANURAG LADDA	SHIVAM YENGANTE	NIKITA SHAHU	MAYUR CHAKRAWAR.
	CHAITALI SONTAKKE	AKSHAY GIRI	ASHUTOSH BADWAIK	AASHISH AMBAD
1	SONALI MITRA		AKSHADA RAUT	
GROUP E	E1	EZ	E3	E4
	MOMIN ALMAS	ABU-BAKR KHAN	AKASH WARE	AISHWARYA YEDKI
	ANIKET NEWADKAR	YOGESH RAO	PRASHANT GHOGRE	VIJAYESH TIGHARE
	VAIBHAVI BEDEKAR	ASHLETOSHIOSHI	SANJAY DAKROLIYA	NIHAL DIMBAR

13/3/200

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	SHAURYA RANA	RAJEEV PAL		*
GROUP F	F1	F2	F3	F4
	RIDDHI PATIL	AVANTI AROTE	JATIN BAVISKAR	DEVARSH BHIRUD
	RATANDEEP PATIL	AKSHAY MIRGE	ANUJ SHIRUDE	VAISHNAVI RAUT
	AJAY DESHMUKH	SHUBHAM KHARE	JEET GUJRATHI	VRAJESH SAOJI
	JAGRUTI NIKAM			

John Tales

DR. PRASHANT SOLANKE INTERNSHIP CO-ORDINATOR JMF'S ACPM MEDICAL COLLEGE ,DHULE MOB.NO :- 7010389958 DR. VIJAY PATIL
DEAN
JMF'S A.C.P.M. MEDICAL COLLEGE, DHULE



Ketno: 51) pson | Acpmine 15/8/2017

JMF's A.C.P.M. Medical College, Dhule Revised Internship TrainingProgramme.

Batch- 2012(Odd) Exam Held in Summer-2017

Internship Programme from 31/07/2017 To 30/07/2018 [Orientation - 31/07/2017 to 04/07/2017]

Da	tes	Depart ment	RHTS	UHTS	Paed	Ortho	Gynae	Medici ne	Psychi atry	Opt h	ENT	Casulty	Elective Posting	Anesth esin	Surgery
From	To	Duratio n in days	30	30	30	30	60	45	15	15	15	15	15	15	45
o ting man	19/08/2017	15	A-1,2	A.3.4	B-1,2	B-3.4	C-1.2.3.4	D-2.3.4	D-1 *	E-1	E-2	E-3	E-4	F-1	F-2,3.4
05/08/2017	03/09/1017	15	A-1,2	A3.4	B-1,2	B-3,4	C-1.2.3.4	D-1.3.4	1)-2	E-2	E-1	E-4	E-3	F-2	F-1,3,4
20/08/2017	18/09/2017	15	A,3,4	A-1.2	B-3,4	B-1,2	C-1,2,3,4	D-1,2,4	D-3	E-3	E-4	E-I	E-2	F-3	F-1.2.4
04/09/2017	03/10/2017	15	A-,3,4	A-1.2	B-3,4	B+1.2	C-1.2.3.4	D-1,2,3	10-4	E-4	E-3	E-2	E-1	F-4	F-1,2,3
19/09/2017	18/10/2017	15	B-1,2	B-3.4	C-1,2	C-3,4	D-1,2,3,4	E-2,3,4	E-1	F-1	F-2	F-3	F-4	A-1	A-2.3.4
04/10/2017		15	8-1.2	B- 3,4	C-1,2	C-3,4	D-1,2,3,4	E-1.3.4	E-2	F-2	F-I	F-4	F-3	A-2	A-1.3.4
19/10/2017	02/11/2017	15	B-3,4	B-1,2	C-3,4	C-1,2	D-1,2,3,4	E-1,2,4	E-3	F-3	F-4	F-1	F-2	A-3	A-1,7,4
03/11/2017	17/11/2017	15	B- 3,4	B-1,2	C-3,4	C-1,2	D-1,2,3,4	E-1,2,3	E-4	F-4	F-3	F-2	F-1	A-4	A-1.1.3
18/11/2017	02/012/2017	15	C-1,2	C-3.4	D-1.2	D-3,4	E-1,2,3,4	F-2,3,4	F-1	A-1	A-2	A-3	A-4	13-1	B-2,3,4
03/12/2017	17/12/2017	15	C-1,2	C-3.4	D-1,2	D-3,4	E-1,2,3,4	F-1,3,4	F-2	A-2	A-1	A-4	A-3	13-2	B-1,3,4
18/12/2017	01/01/2018	15	C-3.4	C-1.2	D-3.4	D-1,2	E-1,2,3,4	F-1,2,4	F-3	A-3	A-4	A-1	A-2	13-3	B-1.2.4
02/01/2018	16/01/2018		C-3.4	C-1.2	D-3,4	D-1.2	E-1,2,3,4	F-1,2,3	F-4	A-4	A-3	A-2	A-1	B-4	B-1.2.3
17/01/2018	31/01/2018	15	D-1.2	D-3.4	E-1,2	E-3,4	F-1,2,3,4	A-2,3,4	A-1	B-1	13-2	B-3	3-4	C-I	C-2,3,4
01/02/2018	15/02/2018	15	D-1.2	D-3.4	E-1,2	E-3,4	F-1,2,3,4	A-1.3.4	A-2	B-2	B-1	B-4	8-3	C-2	C-1,3,4
16/02/2018	02/03/2018	15	D-3,4	D-1,2	E-3,4	E-1,2	F-1,2,3,4	A-1,2,4	A-3	B-3	B-4	B-1	8-2	C-3	C-1,2,4
03/03/2018	17/03/2018	15	D-3,4	D-1.2	E-3.4	E-1.2	F-1,2,3,4	A-1,2.3	A-4	B-4	B-3	B-2	B-1	C-4	C-1,2,3
18/03/2018	01/04/2018	15	E-1,2	E-3,4	F-1,2	F-3,4	A-1,2,3,4	B-2,3,4	B-1	C-1	C-2	C-3	C-4	D-1	10-2,3,4
02/04/2018	16/04/2018	15	E-1,2	E-3,4	F-1,2	F-3,4	A-1,2,3,4	B-1.3.4	B-2	C-2	C-1	C-4	C-3	13-2	D-1.3.4
17/04/2018	01/05/2018	15		E-1.2	F-3,4	F-1.2	A-1,2,3,4	B-1,2,4	B-3	C-3	C-4	C-1	C-2	D-3	D-1,2,4
02/05/2018	16/05/2018	15	E-3,4 E-3,4	E-1.2	F-3,4	F-1.2	A-1,2,3,4	B-1,2,3	B-4	C-4	C-3	C+2	C-I	D-4	D-1,2.3
17/05/2018	31/05/2018	15	F-1,2	F-3.4	A-1.2	A-3.4	B-1,2,3,4	C-2,3,4	C-1	D-1	D-2	D-3	D-4	E-1	E-2,3,4
01/06/2018	15/06/2018	15	The state of the s	F-3,4	A-1,2	A-3.4	B-1,2,3,4	C-1.3.4	C-2	D-2	D-1	D-4	D-3	E-2	E-LAA
16/06/2018	30/06/2018	15	F-1,2	F-1,2	A-3,4	A-1.2	B-1,2,3,4	C-1,2,4	C-3	D-3	D-4	D-1	D-2	E-3	E-1,2.4
01/07/2018	15/07/2018	15	F-3,4	F-1.2	A-3,4	A-1.2	B-1,2,3,4	C-1.2.3	C-4	D-4	D-3	D-2	1)-1	E-4	E-1,2,3
16/07/2018	30/07/2018	15	1.02.4	1 1.00	4.85.44.4.2	2.51.41.00									

The internship schedule should be strictly followed. Any change or mutual interchange is not allowed and will be treated as absent. Repeat posting will be done at the end of internship schedule. gulosis& Respiratory Diseases 3- Forensic Medicine 4- Rudio-Diagnoxis Note -Subject- Elective posting -any one will be as follows: 1- Dermatology & Sexually Transmitted Described In

5- Blood Bank & Transfusion Department

214020

Prof. # H.O.D.

Community Medicalepartment of Constrainty Medicine.

A.C.P.M. Medical College Physic Medical Co., 4e, Drule. [M.S.]

P. M. Medleal College, Dhule. Dhule - 424001, IM.S.

JMF's A.C.P.M.Medical College, Dhule One Year Rotating Internship Programme. Internship Programme from 31/07/2017 To 30/07/2018

Batch- 2012(odd) Pass Batch

Batch	Group	Name
A	A1	AAQIB AHMAD MUKHTAR AHMAD
	A2	BHATKAR HARSHAL JAGARAM
	A3	GAURAV SINGH BAGHEL
	A4	KAJAL DANDE
В	B1	PATEL SAURABHKUMAR RAJESHKUMAR
	B2	PATIL SHUBHAM RANVIRSINGH
T	В3	SANKHE RAJIV ASHOK
	B4	SYED QUADRI SALEH IMRAN YUSUF
C	C1	VIKRAM KUMAR MALI
	C2	YEDWAR VISHAL BHUJANGRAO
	C3	UMARTAJ KURESHI
	C4	WARADE AJINKYA RAVINDRA
D	D1	GAVIT PRITI DAVJI
	D2	
	D3	_
	D4	
E	EI	_
- 1	E2	
	E3	
	E4	-
F	F1	-
	F2	
2.79	F3	Volume 1
	F4	-



- ZIMAZA

Department of Community Medicine, A. C. P. M. Medical College, Dhule, [in.5.] Ret No . 384 PSM/2/8/2016

A.C.P.M. Medical College, Dhule

Revised Internship Training Programme

Batch- 2011(odd) Exam Held in Summer-2016

Internship Programme from 29/07/2016 To 28/07/2017 (Orientation - 29/07/2016 to 02/08/2016)

10	lates	Dept	RHTS.	UHTS	PAED	Onho	Gyrtae:	Medicine	Medi. Alfred	Opth	ENT	Casulty	Surg. Allied	Surgery
From	To	Days	30	30	30	30	60	45	15	15	15	30	15	45
UN 16	17/08/16	15	A-1,2	A.3,4	8-1,2	B-3.4	C-1234	0-2,3,4	D-I	E-1	E-3	E-3,4	F-1	1-23.4
8/08/16	1/9/16	15	A-1,2	A+,5,4	0-1,2	B-3,4	C-1.2.3.4	0-13.4	0-2	E-2	E-I	1:34	F-2	1134
29/16	16/99/16	15	A.3.4	A-1.2	15-3,4	8-1,2	C-1,2,3,4	11-1,2,4	0.3	E-3	1.4	E-1,2	F-3	F-1,2,4
7/09/16	1/10/15	15	A-3,4	A-1.2	B-5,4	8-1,2	C-1,2,3,4	10-1,2,3	D-4	E-4	E-J	E-1,2	F-4	F-1,2,3
2/10/16	16/10/16	15	11-1.2	B-3.4	C4.2	£3,4	D-1.2.3.4	E-2,3,4	E-1	F-I	F-2	F-3.4	A-1	A-2,3,4
7/10/16	31/10/16	15	B-1,2	B- 3,4	C-1,2	C-3,4	D-1,2,3,4	E-1.3.4	E-2	F-2	Fil	F-3,4	A-2	A-1,3,4
1/11/16	15/11/16	15	B-3,4	11-1,2	C-3,4	C-1.2	0-1,2,3,4	E-5,2,4	E-3	F-3	F-4	F-1,2	A-J	A-1,2,4
16/11/16	30/11/16	15	B- 3,4	U-1,2	C3,4	C-1,2	D-1,2,3,4	E-1,2,3	E-4	1/4	F-3	F-3,2	A-4	A-1,23
1/12/16	15/12/16	15	C-1,2	C-3,4	0-1,2	D-3,4	E-1,2,3,4	F-2,3,4	1-1	A-1	A-2	A-3,4	BeL	13-2,3,4
16/12/16	30/12/16	15	C-1.2	C-3,4	D-1.2	0-3,4	E-1,2,3,4	F-1,3,4	F-2	A-2	Art	A-3,4	8-2	13-1,3,4
31/12/16	14/91/17	15	C-3,4	C-1.2	D-3,4	D-1,2	E-1,2,3,4	F-1,2,4	1-3	A-3	Ad	A-1,2	11-3	8-1,2.4
15/01/17	29/1/17	18	C-3,4	C-1,2	0-3,4	13-1,2	E-1,2,3,4	F-1,23	F-4	A-4	A-3	A-1,2	11-4	11-1,2,3
36/1/17	13/02/17	15	D-1,2	D-3,4	E-1,2	E-3,4	F-1,2,3,4	A-2,3,4	A-1	B-1	8-3	18-3,4	C-1	C-2,3,4
14/02/17	28/2/17	15	D-1,2	0.3,4	E-1,2	E-3,4	F-1,2,3,4	A-1,3,4	A-2	8-2	B-1	B-3,4	C-2	C-1,3,4
10/17	15/03/17	15	0-3,4	0-1,2	E-3,4	E-1,2	F-1,2,3,4	A-1.2.4	A-3	11-3	84	8-1,2	6.3	C-1,2,4
16/03/17	30/3/17	15	0-3,4	19-1,2	E-3,4	E-1,2	F-1,2,3,4	A-1,2,3	A-4	13-4	11-3	11-1,2	C-4	C-1,2,3
31/3/17	14/04/17	15	E-1,2	E-3,4	F-1,2	F-3,4	A-1,2,3,4	B-2,3,4	B-1	C-1	C-2	C-3,4	10-1	D-2,3,4
15/04/17	29/4/17	15	E-1,2	E-3.4	F-1.2	F-3,4	A-1,2,3,4	B-1,3,4	B-2	C-1	Cit	C-3,4	D-2	11-1-7-4
39/4/17	14/05/17	15	E-3,4	E-1.2	F-3,4	F-1,2	A-1,2,3,4	8-1,2,4	8-3	C-3	C4	C-1,2	0.3	D-1,2,4
15/05/17	29/5/17	15	E-3,4	E-1,2	F-3,4	F-1.2	A-1,2,3,4	13-1,2,3	H-4	C-4	C-3	C+1,2	19-4	13-1-2,3
39/5/17	13/96/17	15	F-1,2	F-3,4	A-1.2	A-3,4	B-1,2,3,4	C-2,3,4	C-1	D-1	10-2	0-3,4	E-1	E-2,3,4
14/06/17	28/6/17	15	F-1,2	F-3,4	A-1,2	A-3,4	B-1,2,3,4	C-1,3,4	C-2	D-2	D-1	10-3,4	E-2	E-1,3,4
29/6/17	13/97/17	15	F-3,4	F-1,2	A-3,4	A-1,2	B-1,2,3,4	C-1.2.A	C-3	0-3	D-4	11-1,7	K-3	E-1,2,4
14/07/17	28/7/17	15	F-3,4	F-1,2	A-3,4	A-1,2	8-1,2,3,4	C-1,2,3	C-4	D-4	D-3	D-1,2	E-4	1-1,2,3

The internship schedule should be strictly followed. Any change or mutual interchange is not allowed and will be treated as absent. Repeat posting will be done at the end of internship schedule.

Note -Subject- for Medicine & Allied Specialities posting will be as follows:

- 1- Dermatology & Sexually Transmitted Disease
- 2-Psychiatry
- 3- Tuberculosis& Respiratory Diseases
- 4-Physical Medicine and Rehabilitation
- 5 Forensic Medicine

Surgery & Allied Specialities 1-Anaesthesia 2- Radio-Diagnosis 3- Blood Bank & Transfusion Department

H.O.D.

Community Medicine

A.P.M. Medical College, Dhule

Department of Constraint, accurate, AT Fill Season Course, Department Principal
A.P.M.Medical College, Dhule

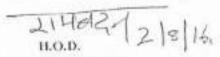
Principal, A.C.P.M.Medical College Dhule 324001 IM 9

A.C.P.M Medical College, Dhule One Year Rotating Internship Programme Internship Programme from 29/07/2016 To 28/07/2017

Batch 2011 (odd) Pass Batch

Batch	Group	Name
	A1.	MAHAJAN DHANASHREE ANIL
Α	A2	SHENDE NIKHIL GAUTAM
	A3	JOGDAND DATTA SHESHERAD
	A4	MORE HITESH DATTATRAY
141	81	NEHA KUMARI MAHATO
В	B2	KHATRI TAIBAH MOHD QASSIM
	В3	SUDANI HETASHVI CHANDUBHAI
	B4	MULCHANDANI RAVI PRAKASHKUMAR
	C1	CHAVAN SHRIKRUSHNA BABURAO
C	C2	GAIKWAD ROHIT RAJENDRA
	C3	SAVSANI SAMARTH DILIPBHAI
	C4	SANAP KANCHAN PRAKASH
	D1	SHINDE DNYANESHWAR ARUNRAO
D	D2	CHIBHADE BALAJI NAGORAO
	D3	ASHTEKAR ANANT SHRIRAM
	D4	SHAH AKSHAY PANKAJ / ASUTOSH SUDAN
	E1	DANGAR VISHAL BHARATBHAI
E	E2	PAWASKAR SALMAN MUBARAK
	E3	SHUBHAM NAGPAL
	E4	RATHOD HARSHITKUMAR TEJASKUMAR
	F1	THAKARE AJINKYA PRADIP
F	F2	SONAWANE KUNAL ATMARAM
	F3	ARSHIYA BINTH ATEEQURRAHEMAN
	F4	HASIBULIAH





Community Medicine A.P.M.Medical College, Dhule

d Sperimentor Communico Medicale.

Department of Community Medicina, A.C.E.M.Medical College, Dhate IM.S.]

A.C.P.M. Medical College, Dhule Revised Internship TrainingProgramme.

Batch-2012(R) Exam Held in winter-2017

Internship Programme from 028/02/2017 To 27/02/2018 [Orientation - 28/02/2017 to 04/03/2017]

De	tos.	Department	RHTS	CHTS	PAED	Ortho	Green	Mediciae	Medicire	Oph	ENT	Caudity.	Surgery	Nerpery
From	1+	Duration in days	30	30	30	30	60	45	15	15	15	30	15	45
05/01/2017	19/61/2617	. 15	A-1.2	A3.4	8-1.2	18-3,4	C-1.2.3.4	D-2,3,4	D-1	E-1	F-2	E-3.4	F-1	F-23.4
20/90/2017	03/64/3817	15	A-1-2	A-J-4	8+,2	8-3,4	C-1,2,3.4	D-1,3,4	11-2	E-1	16-1	E-2,4	F-2	1-1.3,4
94/94/2017	18/04/2017	15	A,3.4	A-1,2	11-3,4	10-1,2	C-1,2,3,4	D-1,2,4	D-3	E-3	E-4	E-1.2	F-3	F-1,2,4
19/04/2017	93/05/2017	15	A-3.4	A-1.2	B-3,4	1,1-11	C-1.2,3,4	D-1,2,3	D-4	E-4	1-3	E-1,2	F-4	F-1.23
BE05/2017	18/05/2017	18	8-1,2	85-3.4	€-1.2	C-3,4	0-1,7,3,4	E-2.3.4	8-1	F-1	F-2	F-1.6	A-1	A-2.3.4
194952017	#2/05/2017	12	8-1,2	B- 3,4	€-1.2	C-3,4	D-1,2,3,4	E-1,3,4	E-2	F-I	1-1	1-3,4	A-2	A-1.3,4
3817	17/06/2017	15	B-3,4	8-1.2	C-3.4	C-1.2	D-1,2,3,4	E-1.2.4	E-3	F-J	14	F-12	A-3	A-1,2,4
18/06/2017	62/07/2017	15	B-3,4	B-1,2	C-3.4	C-12	D-1,2,3,4	E-1.2.3	E-4	F4	1-3	F-1,2	Art	A-1,2,5
03/07/2017	17/07/2017	15	C-1,2	Cd,4	D-1.2	D-3,4	E-1,2,3,4	F-2.3.4	F-1	A-I	A-1	A-3.4	18-1	B-2,3,8
18/97/2017	01/85/2057	19	C-1,2	C-8,4	D-1.2	D-3;4	E-1,2,3,4	F-1-3-4	F-2	A-1	4-1:	A-3.4	88-2	11-1-3-4
92/16/2017	16/99/2007	15	C-3,4	C-1,2	D-3,4	D-12	E-1,2,3,4	F-1.2.4	F-3	A-3	,4-4.	A-1.2	8-3	8-1,2,4
17/08/2017	31/09/2017	15	C-3.4	C-1.2	D-3,4	D-1,2	E-1234	F-1.2.J	F-4	A-4	3-3	A-1,2	8-1	11-1.2.5
01/09/2017	15/09/2017	15	0-1-2	D-3.4	E-1.2	E-JA	F-1.3.3.4	A-2.3,4	A-I	Bit	8-2	B-3.4	C-1	C-2.3.4
1619/2017	36/09/2017	15	D-1,2	D-3,4	E-1.2	E-3,4	F-1,2,3.4	A-1.3.4	A-2	19-2	B-1	11-3,4	C-2	C-13A
01/10/2017	15/10/2017	15	D-3,4	D-1,2	E-3,4	E-1,2	F-1,2,3,4	A-1,2,4	.6-3	83	8-4	B-1,2	C-3	C-1,3,4
16/10/2007	30/10/2017	-15	D-3,4	D-1,2	E-3.4	E-1.2	F-1,2,3,4	A-1.2.3	A-4	B4	B-3	II-1,2	C-4	C-1,2,3
36/10/2017	14/11/2017	15	E4.3	E-3,4	F-1,2	F-3.4	A-1.2.3.4	D-2.3.4	11-1	C-t	C-2	C-3.4	D-I	D-23,4
15/11/2017	29/11/2017	15	E-1,2	E-3,4	F-1.2	F-3.4	A-1,2,3,4	8-1,3,4	8-2	C4	C-1	C-3,4	10-2	D-1-3.4
30/11/2017	14/12/2017	15	E-3.4	E-1.2	F-3,4	F-1.2	A-1,2,3,4	B-1,2,4	8-3	C3	64	C-1,2	D-3	D-1,1,4
15/12/2017	29/12/2017	15	E-3,4	E-1.2	F3,4	V-1.2	A-1,2,3,4	0-1,2,3	B-4	64	C-3	C-1,2	D-4	D-1,2,3
30/12/2017	13.91/2016	15	1-1.2	F-3.4	A-1,2	A-3,4	B-1,2,8,4	C-2.34	64	D-I	D-2	D-3.4	E-I	E-2.5.4
2018	28/01/2018	15	F-1.2	9-3.4	A-1,2	A-3,4	B-1,2,3,4	C-1,3,4	C-2	13-2	(3-1	D-2,4	16-2	E-1.3.4
29/01/2018	12/62/2018	15	F-3,4	F-1.2	A-3,4	A-1,2	8-1234	C-1,2,4	C-3	D-3	0.4	D-1.2	1.3	E-1,2,4
13/02/2018	27/92/2015	15	F-3,4	F-1-2	A-3,4	A-1,2	15-1.2.3,4	C-1.2.3	C4	0-4	D-3.	0-1.2	E-4	E-123

The internship schedule should be strictly followed. Any change or mutual interchange is not allowed and will be treated as absent. Repeat posting will be done at the end of internship schedule.

Note -Subject- for Medicine & Allied Specialities posting will be as follows: 1- Dermatology & Sexually Transmitted Disease 2-Psychiatry 3- Tuberculosis& Respiratory Diseases 4-Physical Medicine and Reliabilitation 5 Forensic Medicine Surgery & Allied Specialities 1- Areasthesia 2- Radio-Diagnosis 1- Blood Bank & Transfusion Department

Prof. & H.O.D.

H.O.D Department of Community Medicine, Community Medical P. M. Medical Gotlege, Dhule. [M.S.]

A.C.P.M. Medical College, Dhule

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A.P.M.Medical College, Dhule

A C.P.M.Media - Cedings Dhale - 424001, RM.S.1

JMF's A.C.P.M.Medical College, Dhule One Year Rotating Internship Programme. Internship Programme from 28/02/2017 To 27/02/2018 Batch- 2012(R) Pass Batch

Batch	Group	Name	
		ABHISHEK CHARAN	
		AHIRRAO SHUBHAM JAYWANT	
	A1	ANNUSHREE KALYAN DHENGLE	
		ANTARA PILLAI	
		ASHTAKAR ANJALI MANIKRAO	
		BAND RUPALI SADASHIV	
	A2	BHAGAT ASHRAY CHETAN	
A		BHANDARGE SNEHAL BHAGWAT	
		BHATKAR YASHASVI PRAKASH	
		BHOSLE MEENA GANESHRAO	
	A3	BRAHME KETAKEE BHAURAO	
		BRAMHANE DIVYANI RAVINDRA	
		BUKKAWAR SHREYA VASANT	
		CHAKRAVORTY RAHUL SHEKHAR	
	A4	CHAUDHARI PRAVINBHAI MAFABHAI	
		CHAVAN HIMANI SANJEEV	
		CHAVAN RAJPAL SUBHASH	
	D1	DESALE RAHUL VILAS	
	B1	DOD SOPAN GANESHRAO	
		GANGARAMANI DEVESH THAKUR	
		GHEWARE POOJA BHIMRAO	
	D2	GONSALVES LANCE LINUS	
-	B2	HANGE AKSHAY NAMDEO	
-		INGLE CHINMAY SHANKARRAO	
В		ISHAN PANDEY >	
	na.	ISRAR AHMAD	
CO	В3	JADHAO SNEHAL AMBADAS	
18	1	JADHAO SURAJ AMBADAS	
(A	9	JIGNESH SINGH	
COLUMN	D4	KAMATH DISHA DEVIDAS	
ESTIV	B4	KANAKE TEJAS VISHWANATH	
		KAWALI NEHA ANAND	

		KHALANEKAR AKSHAY AVINASH	
	C1	KHAN ASAD HAROON	
	0.1	KHAN ASRANAZISH HAMID	
		KHAN DANISH ABDUL RASHID	
		KHAN MOHAMMED ANAS IFTEKHARUL HASAN	
	C2	KHARAT RESHMA HIRAMAN	+
		KHARCHE ABHUEET DILIP	
C		KULURKAR NARENDRA DHANRAJ	
		KUTHE ADHVARYU VIJAY	
	C3	LANJE KUNAL SURESH	
	-	MAHAJAN AVANI RAJENDRA	
		MANE SUMANT MANGESH	
		MANGROLA SHIVANI JASHVANTSINH	
	C4	MANTE SHRINIVAS DATTATRAY	- 3
	-	MARKAD NAMRATA NANDKISHOR	
		MISAL NILESH BHIMRAO	
		MODI FARHINBANU GULAM MAHMAD	
	D1	MOMIN TARIQUE NASEEM SALEEM AHMED	
		MORAY GRISHMA ARUN	
		MORE SHAILESH DATTATRAYA	
	1	MOTHARKAR JAYESH JADHAORAO	
	D2	MUTHA YASH MAHESH	
- 3		NANDI SIDDHARTHA TIRTHANKAR	
D		PAGHDIWALA ALIHUSAIN HUNED	
-		PARMAR KAJALBEN CHIMANBHAI	
	D3	PATEL DHAVALKUMAR VITTHALBHAI	
	-	PATEL DIPEN KIRANBHAI	
		PATIL AMREEN EAKBALKHAN	
		PATIL HEMANT RAMKRISHNA	
	D4	PATIL MOHIT ANANDRAO	
		PATIL SAGAR NANAJI	
		PATIL TEJA GANESHRAO	-



		PATIL ULKESH VISHWAS
		PAWANKAR SUDHIR DAMODHAR
	E1	PAWAR SUVARNA RAVINDRA
		QURESHI MOHD SAAD QURESHI MOHD ALTAF
1		RAHUL GUPTA
	Ea	RAWATE RAJASHREE BHAGWAN
	E2	SACHI SAHU
		SAURABH PRAKASH
E		SAWANT ADITI SHASHIKANT
	v. 2	SHAH CHAITALI PANKAJ
	E3	SHAH NEIL GAUTAM
		SHAH SMIT JAGDISHCHANDRA
		SHAIKH ARSHAD ALI MOHAMMED ALI
	***	SHEIKH ABDUL DANISH ABDUL MATIN
	E4	SHEIKH SANA IQBAL
		SIDDIQUE ANAM MOHD MOBIN
	F1	SONAWANE JAYESHKUMAR MADHUKAR
		SUNDARKAR TANESHWARI TEJSHIV
		SUNIL KUMAR BIDAWAT
	1	TARUN
		TAYDE ASHVINI ATMARAM
	TTO.	THAKARE SNEHAL BHANUDAS
	F2	TIDKE SHIVAJI SHRIKRUSHNA
		TUPE ATUL BABASAHEB
F		VASAIKAR PIYUSH SURESH
	Fra	WADAFALE VAISHNAVI PRADIP
	F3	WAMAN SNEHAL DADASAHEB
		WANJARI CHETAN SHANKAR
		YASHAWITA SINGH
		ZAINAB HAFIZ FAZLA RAB
	F4	DAVE KAVYA KAUSHIKKUMAR
		ANSHIKA SHARMA
		KHANPATE SWATI MAROTRAO



1 Statil Internship coordinator,

Prof. & H.O.D.

Department of Community Medicine,
A. C. P. M. Medic age, Dhule. [M.S.]

Revised Intereship TrainingProgramme

Batch- 2013(R) Exam Held in winter-2017

Internship Programme from 12/02/2018 To 12/02/2019 [Orientation - 12/02/2018 to 17/02/2018]

			misnip en		no mone	TENDER	110 10	12/02/2	Asa I	Oriental	non -	12/02/	2018 to 1	7/02/20	181
		hires	Department	RHTS	uns	FAED	Ortho	Gyrae	Medicine	Medicine Affed	Oya	1507	Canaly.	Surgery Allied	Surgo
	Free	11	Puration is days	30	30	.30	30	68	45	15	15	15	30	15	45
1	18/03/2018	64 OUTSON	18 -44	AIL	A34	812	8-3,4	C-1,23.4	8433	0.1	E-1	6.1	634	314	F-126
	65/03/2018	DATEMENT	- 15	A-12	4-3.4	812	8.3,4	C-1,23,4	D-1,3,6	D-2	0.2	E-1	E-3.4:	1-1	F-1.34
1	28-03/2018	WARRAGES.	- 18	333	A42	B-5,4	816.2	C-1.33.4	D-1,2,4	9.3	8.3	14	E-12	1-1	F-1/2.4
	94.942616	19/94/2018	15	Arda.	44.2	87.6	8-1-2	C-1,3,3,4	0133	0-4	E4	1.3	642	14	F-1,2,2
1	19/842608	93/95/2018	н	8-12	8-3.4	Cit	634	D-1,23,4	6-2,3,4	E-8	Fil	6-2	F-3.4	All	A-2,3
	06/85/2018	19952018	В	8-12	B 3,4	C12	C-3,4	0-1,23.4	E-1,1,4	6.2	12	3-1	F-3.6	A-2	4-L36
	19/85/2018	82/96/2818	15	8-3,6	B-1,2	C-3.4	CHE	8-1,2,3,4	E-1,2,4	63	13	F-4	F4.2	A.3	4-1-2-
	63/96/2019	17/06/2018	0	B-34	11.1,2	C34	C-1.2	8-1.23.4	E-1.2.3	E4	F4	F-3	F-1.2	44	44.27
Ì	18/06/2015	60/97/2018	H	C-1.1	C-54	D-1,2	0.34	1-1-2-2-4	F-2.3.4	61	A-E	4-1	A-3.6	B-I	6-2.3
1	93/67/3615	17/87/2018	8	643	C44	D-1,2	D-3,4	E-1,224	T-1-3-4	Fd	A-2	Art	4-3.4	8-2	F13.
ı	19/67/2008	01/08/2018	- 11	C34	642	D-34	0-1.2	E-1,2,3,4	F134	14	A.3	A-4	4-1-2	8.1	84.24
ł	02/96/2010	14/08/2018	15	C-JA	CIZ	0-34	0-1,2	E-1,2,3,4	F1.23	14	44	AJ	4-1.2	B-4	8-1,33
ł	17/01/2011	31/00/2018	15	B-1.2	D-3,4	E-12	E-3,4	F-1,7,5,4	A-2-3-A	A-1	B-1	8.2	B-3,4	CI	C23/
Ê	91/49/2011	15/99/2018	15	D-1,2	D-3,4	E-1,2	E-3.4	F-1,23,4	A4.54 I	A-E	8.2	8.1	8-3,6	UZ	CHAR
Ì	14/09/2015	30/09/2018	15:	D-3.4	042	E-3.4	E12	F-1,2,3,4	A-124	4.0	11-3	84	84.2	63	6-124
t	01/10/2018	15/10/2018	15	D-5,4	P42	E-3.4	E-1.2	F-1234	A423	44	B-4	B-3	8-1.3	04	6423
t	16/10/2018	30/10/2018	15	E-1.2	E-3.4	F-12	F-3,4	41224	842.34	B-1	C-I	6.2	6.34	DI	P-2,3,4
t	31/10/2016	14/11/2016	15	E-1.2	E-3.4	F-1.7	F-3.4	A1334	9-1,3,4	Bd	64	Ci	C-3.4	9-2	0-134
ŀ	15/11/2012	25/11/2016	15	F-35,4	E-1.2	F-3.4	F42	A1224	8-1-2.4	8-3	Cit	04	C-1.2	8-3	0.1,1,4
t	38/11/2018	14/12/2008	18.	E3,4	E-1,2	F-3,4	F42	4-1-2-14	81,2,3	84	64	Ci	C-1.2	84	6-123
t	15/12/2010	29/12/2018	15	F-3,2	F34	A-IJ	A-3,4	8-1-2-3.4	CAM	C-1	D-I	0.2	6-3.4	T-I	E-2,3,4
Ì	J0/12/2016	13/81/2019	В	Fill	F-3,4	A-8.2	A-3.4	81234	C-13.4	C-2	B-2	D.I	D-3.4	E-2	E-1,3,4
Ì	14/01/2019	28/91/2919	15	F-3.4	F-1,2	A-JA	A42	B1234	C-1,2,4	63	D-3	94	6-1,2	E-3	E-1,2,4
F	29/01/2019	1292/2019	15	F-3.4	F-1.2	A-34	A-1.2	B1234	C-12.3	C-4	D-4	D3	P-1,2	64	E-1,2,3

The internal spaceholde should be strictly followed. Any change or mutual interchange is not allowed and will be treated as absent. Repeat posting will be done at the end of internal spaceholde.

Note -Subject- for Medicine SAting Specializes posting will be as follows: 1- Dermatriogy & Semailly Transmitted Disease

Note - Subject- for Medicine & Atlant Specialities posting will be as follows: 1. Dermatology & Semaily Transmitted Disease 2 Psychiatry 3- Tuberculosis& Respiratory Diseases 4-Physical Medicine and Rehabification 5 Forestic Medicine Surgary & Atlant Specialities: 1-Ansesthesis 2: Radio-Diagnosts 3- Blood Bank & Transfusion Department

2144Z1

Community Medicine

A.C.P.M. Medical College, Dhule

Prof. & H.O.D.

Department of Community Medicine,
A. C. P.M. Medical College, Otula. [M.S.]



A.P.M.Medical College, Dhale Principel, 33.P.M.Medical College Bhalo - 424001. [M.S.]

JMF's A.C.P.M.Medical College, Dhule One Year Rotating Internship Programme. Internship Programme from 12/02/2018 To 12/02/2019

Batch- 2013(R) Pass Batch

Batch	Group	Name	
		ADVANI SONALI TULSI	
	100000	AGRAWAL AMIT RAJENDRA	
	A1	AMAY BILLORE	
		ANSHU ROY	
		ASHISH ANAND	
	2722	BHANDARI BHAKTI RAJENDRA	
	A2	BHAVINEE PATHAK	
		CHETAN MISHRA	
A		DABHADE PRASHANT SHIVAJI	
	0.25	DARSHAK MAITREYI JITENDRASINH	
	A3	DEORE ANKITA MAHENDRA	
		DESHMUKH MAYURI ANANDRAO	
		DESHMUKH NEHA SUNIL	
	A4		
	A		
		DEVNANI MAYURI PRAKASH	
	n.	DIGVLIAY DADHICH	
	B1	DUGGAD ASHWINI SATISH	
		GHOLVE NILESH MAHADEO	
		GIRADKAR AMOL JITENDRA	
	no.	GIRI DHIRAI GANESH	
	B2	HANDI PRITI MANOHAR	
		HARSHDEEP - T	
В		HEMANT KALAL	
		INGOLE SMRUTI RAMESH	
	В3	JOSHI AKSHAY RAOSAHEB	
		JOSHI HARSHAL DIPAKRAO	
		KAFEEL AHMAD	
	B4		
	D4		
		EDICAL COV	

		KANAWADE AKSHAY SHRIKISAN	
		KHAIRNAR PRASAD VASANT	
	CI	KHARADI DHRUTI VISHNUKUMAR - T	
		MAHAJAN CHANDAN GOPAL	
		MAKWANA NIKITA SANJEEV	
	63	MOHAMMAD MOIN MOHAMMAD YASIN	
	C2	MUSKAN RASOOL	
		NACHIKET NAIK	
C		NIDHI	
	67	PALHADE ABHUEET LAXMAN	
	C3	PATEL FORAMBEN JASVANTBHAI	
		PATEL KISHANKUMAR JITENDRABHAI	
		PATIL MANJUSHA SATISHRAO	
	C4	PATIL NAKUL NEHAL	
	DI	String Print Comments and Printing William	
		PATIL SURBHI HEMANT PAWAR KIRTI SURENDRA	
		PAWAR KRISHNA DAMU	_
		PRAMOD VERMA	_
		RAMESH DAGAR	
	D2	RANA KHUSHBU HARENDRASINH	
N-965		RASSAWALA SABRINA MUSHTAQUE ALI	
D		RAY ROHIT AWADHESH	
		RICHA SHARMA	
	D3	RITURAJ JETHMALANI	
		RUPAM	
		SAHIL	
	D4		



		SALUNKE PRIYANKA LAXMAN
	EI	SANA SHAIKH
	E.1	SHAH DARSHIT KIRANKUMAR
		SHAH JALPITKUMAR GAURANGBHAI
		SHAIKH MUBHASHIRA MOHD IQBAL
	Ea	SHINDE VISHAKHA SANJAY
	E2	SHIVAM MISHRA
E		SHUBHAM OJHA
		SHUBHAM SINGH
		SINGH ASHISH ANIL
	E3	SINGH POOJA RAMAVTAR
	7	SONAL RAJ
	124	SWAPNIL OJHA
	E4	
		TALATI RIYA NILESHBHAI
	F1	THAKARE ANISH SHANTARAM
		THAKER JAY SURESH
		THOMBARE DIPANJALI LAXMAN
		VARHADE YASH DINESH
	F2 9	VOHRA MOHAMMADUZAIR ABDULVAHID
		WAGHAMARE ANJU VITTHAL
		KAWADE RAHUL MARUTI
F		KUNJAN PRAJAPATI
	F3	PARMAR TILAKKUMAR CHIMANBHAI
		NAMIT SHUKLA
		SONAVANE PARAG ATMARAM
	775	SONAWANE RAHUL PRADEEP
	(March 18)	
	F4	

Internship coordinator,





JMF's A.C.P.M.Medical College, Dhule One Year Rotating Internship Programme. Internship Programme from 07/08/2018 To 06/08/2019

Batch	Group	013(odd) Pass Batch Name
A	A1	Gaurav Roy
	A2	Gopnarayan Pallavi Ganesh
	A3	Khade Smita Bhaurao
	A4	Khatake Ganesh Sunilrao
В	B1	Mahakal Pallavi Ramdas
	B2	Manisha Kumari
	В3	Masani Mehulrajsinh Ajitsinh
	B4	Nikumbh Aditya Shivraj
C	C1	Patel Poojankumar Nailehbhai
	C2	Pawara Nilesh khatrya
	C3	Priya Anand
	C4	Pryanka
D	D1	Qureshi Shaikh Zubair Shaikhraushan
	D2	Solanki Drumilalsinh
	D3	Vyas Harsh Arunbhai
	D4	Shewale Vasumati Laxman
E	E1	Vivek Bhatt
	E2	4 10 4
	E3	
	E4	
F	F1	
	F2	
	F3	
	F4	4

Prof. & H.O.D.

Department of Community Medicine, A. C. P. M. Medical College, Drule. [M.S.]



Principat, A.G.P.M. Medical Callage Chara - 424001, px. 5

A.C.P.M. Medical College, Dhule Revised Internship TrainingProgramme.

Batch- 2013(odd) Exam Held in Summer-2018

- Pi	littes	Internship	Program	mme fro	m 07/08	/2018	To 06/08	3/2019			- 07/0	8/2018 t	n 11/09	/20181
From	To	Department	RHTS	URTS	PAED	Ortho	Gynae	Medicine	Medicine Allied	Opth	ENT	Casulty.	Surgery	Surgery
12/08/2018	26/98/2013	Duration in days	30	30	30	30	60	45	15	15	15	30	15	45
	20/00/2013	15	A-1,2	A.J.4	B-1,2	B-3,4	C-1,2,3,4	D-2,3,4	D-1	1.1	E-2	E-3,4	F-1	F-2,3,4
27/08/2018	10/09/2018	15	A-1,2	A-3,4	B-1,2	B-3,4	C-1,2,3,4	D-1,3,4	D-2	E-2	E-1	E-3,4	F-2	F-1,3,4
11/09/2018	25/09/2018	15	A.3.4	A-1,2	B-3,4	B-1,2	C-1,2,3,4	D-1,2,4	D-3	E-3	E-4	E-1,2	F-3	F-1.2.4
26/09/2018	10/10/2018	15	A-3,4	A-1,2	B-3.4	B-1,2	C-1,2,3,4	D-1,2,3	D-4	E-4	E-3	E-1,2	F-4	F-123
11/10/2018	25/10/2018	15	B-1.2	B-3,4	C-1.2	C-3,4	D-1,2,3,4	E-2,3,4	E-1	F-1	F-2	F-3,4	A-1	A-2.3,4
26/10/2018	89/11/2618	15	B-1.2	8-3,4	C-1.2	C-3,4	D-1,2,3,4	E-1,3,4	E-2	F-2	F-1	F-3,4	3332	100100101
10/11/2018	24/11/2015	15	B-3,4	B-1,2	C-3,4	013			17/28	1998	1335	8-54	A-2	A-1,3,4
25/11/2018	00/12/2010				C-0,4	C-1,2	D-1,2,3,4	E-1,2,4	E-3	F-3	F-d	F-1,2	A-3	A-1,2,4
	09/12/2018	15	B-3,4	B-1,2	C-3,4	C-1,2	D-1,2,3,4	E-1,2,3	E-4	F-4	FJ	F-1,2	A-4	A-1,2,3
10/12/2018	24/12/2018	15	C-1,2	C-3,4	D-1,2	D-3,4	E-1,2,3,4	F-2,3,4	F-1	A-1	A-2	A-3,4	B-1	B-2,3,4
25/12/2018	88/01/2019	15	C-1,2	C-3,4	D-1,2	D-3,4	E-1,2,3,4	F-1,3,4	F-2	A-2	A-1	A-3,4	B-2	B-1,3,4
09/01/2019	23/01/2019	15	C-3,4	C-1,2	D-3,4	13-1,2	E-1,2,3,4	F-1,2,4	F-3	A-3	A-4	A-1,2	B-3	B-1,2,4
24/01/201	07/02/2019	15	C-3,4	C-1,2	D-3,4	D-1,2	E-1,2,3,4	F-1,2,3	F-4	A-4	A-3	A-1,2	B-4	B-1,2,3
98/02/2019	22/02/2018	15	D-1,2	D-3,4	E-1,2	E-3,4	F-1,2,3,4	A-2,3,4	A-I	B-1	B-2	B-3,4	C-1	C-2,3,4
23/02/2019	09/03/2015	15	10-1,2	D-3,4	E-1,2	E-3,4	F-1,2,3,4	A-1,3,4	A-2	B-2	B-1	B-3,4	C-2	C-1,3,4
10/03/2019	24/03/2019	15	D-3,4	D-1,2	E-3,4	E-1,2	F-1,2,3,4	A-1,2,4	A-3	B-3	B-4	B-1,2	C-3	C-1,2,4
25/03/2019	08/04/2019	15	D-3,4	D-1.2	E-3,4	E-1,2	F-1,2,3,4	A-1,2,3	A-4	B-4	B-3	B-1,2	64	C-1,2,3
9/04/2019	23/04/2019	15	E-1,2	E-3,4	F-1,2	F-3,4	A-1,2,3,4	B-2.3.4	B-I	C-I	C-2	C-3.4	B-1	715,73Mil.
4/04/2019	08/05/2019	15	E-1,2	E-3,4	F-1,2	T-3.4	A-1,2,3,4	B-1,3,4	B-2	C-1	C-1	C-3,4		D-2,3,4
9/05/2019	23/05/2019	15	E-3,4	E-1.2	F-3,4	F-1,2	A-1,2,3,4	B-1,2,4	В.3	C3			D-2	D-1,3,4
4/05/2019	07/06/2019	15	E-3,4	E-1.2	13.4	F-1.2	A-1,2,3,4	B-1,23			C-4	C-1,2	D-3	D-1,2,4
8/06/2019	22/06/2019	15	F-1.2	F-3,4	A-1.2	A-3,4			8-4	C4	C-3	C-1,2	D-4	D-1,23
2.662010	02.002.000			100000	34-1.2	11.574	B-1,2,3,4	C-2.3,4	C-1	D-1	D-2	D-3,4	E-1	E-2,3,4
3/04/2019	07/07/2019	15	F-1,2	F-3.4	A-1,2	A-3,4	B-1,2,3,4	C-1,3,4	C-2	D-2	D-1	D-3,4	E-2	Mark To
8/07/2019	22/07/2019	15	F-3,4	F-1.2	A-3,4	A-1,2	B-1,2,3,4	C-1,2,4	C-3	D-3	D-4	D-1,2	E-3	1/2/26
3/07/2019	06/08/2019	15	F-J,4	F-1,2	A-3,4	A=1,2	B-1,2,3,4	C-1,2,3	C4	D-4	D-3	D-1,2	E-4	¥7.

The internship schedule should be strictly followed. Any change or mutual interchange is not allowed and will be treated as absent. Repeat posting will be done at the end of intereship schedule.

Note -Subject- for Medicine &Allied Specialities posting will be as follows:

- 1- Dermatology & Sexually Transmitted Disease 2-Psychiatry
- 3- Tuberculosis& Respiratory Diseases 4-Physical Medicine and Rehabilitation
- 5 Forensic Medicine

Surgery & Allied Specialties I-Annesthesia

- 2- Radio-Diagnosis
- 3- Blood Bank & Transfesion Department

H.O.D Community Medicine A.C.P.M. Medical College, Dhale

Principal

A.C.P.M. Medical College, Dhule Revised Internship TrainingProgramme. Batch- 2014/R) Fyam Held in Winter-2018

		Internship	Progran	nme from			To 10/02				- 11/0	2/20191	to 15/02	2019
	rative	Department	RHTS	UHTS	PAED	Orthu	Gymae	Medicine	Medicine Allied	Opth	ENT	Casuity.	Surgery Affied	Surgery
From	To	Duration in days	30	30	30	30	60	45	15	15	15	30	15	45
16122109	02+3/2019	15	A-1,2	A,3,4	B-1.2	B-3,4	C-1.2.3.4	D-2.3,4	D-1	E-1	E-2	E-3,4	F-1	F-2,3,4
(\$ #3.5) (a)	1*113-2019	15	A-1,2	A-,3,4	B-1.2	H-3,4	C-1,2,3,4	D-1,3,4	D-2	E-2	E-1	E-3,4	F-2	F-1,3,4
1402200	HZ/04/2019	15	A,3,4	A-1,2	B-3,4	B-1,2	C-1,2,3,4	D-1.2.4	D-3	E-3	E-4	E-1.2	F-3	F-1,2,4
2.142.09	16.04/2019	15	A-3,4	A-1,1	B-3,4	B-1.2	C-1,2,3,4	D-1.2.3	D-4	E-4	E-3	E-1,2	F-4	F-1.2,3
17114411111	01/05/2019	15	8-1,2	B-3,4	C-1.2	C-3,4	D-1,2,3,4	E-23,4	E-1	F-1	F-2	F-3.4	A-1	A-2,3,4
2142010	16/05/2019	15	8-1,2	H- 3.1	C-1,2	C-3.4	D-1,2,3,4	E-13,4	E-2	F-2	F-1	F-3.4	A-2	A-1.3.4
14/19/2019	31/05/2019	15	B-3,4	8-1.2	C-3,4	C-1,2	D-1,2,3,4	E-1.2.4	E-3	F-3	F-4	F-1.2	A-3	A-1,2,4
m =6.2m9	15/06/2019	15	B- 3,4	B-1,2	C-3,4	C-1,2	D-1,2,3,4	E-1.2.3	E-4	F-4	FJ	F-1.2	A-4	A-1.2,3
15 (6.2019)	30/06/2019	15	C-1,2	C-3,4	D-1,2	D-3,4	E-1,2,3,4	F-2.3.4	F-1	A-1	A-2	A-3,4	B-1	B-2.3,4
01/07/2019	15/07/2019	15	C-1,2	C-3,4	D-1,2	D-3,4	E-1,2,3,4	F-13,4	F-2	A-2	A-1	A-3,4	B-2	B-1.3.4
14/07/2019	30/07/2019	15	C-3,4	C-1,2	D-J,4	D-1,2	E-1,2,3,4	F-1,2,4	F-3	A-3	A-4	A-1.2	В-3	H-1,2,4
31/07/2019	14/08/2019	14	C-3,4	C-1,2	D-3,4	D-1,2	E-1,2,3,4	F-1,2,3	F-4	' A-4	A-J	A-1,2	B-4	H-1,2,3
15/08/2019	29/08/2019	15	13-1,2	D-3,4	E-3,2	E-3,4	F-1,2,3,4	A-2.3,4	A-1	8-1	B-2	B-3,4	C-1	C-2.3.4
30/08/2019	13/09/2019	15	D-1,2	D-3,4	E-1,2	E-3,4	F-1.2,3,4	A-1,3,4	A-2	B-2	B-I	B-3,4	C-2	C-1,3,4
14/09/2019	25/09/2019	15	17-3,4	D-1,2	E-3,4	E-1,2	F-1,2,3,4	A-1,2,4	A-3	B-3	B-4	B-1,2	C-3	C-1,2,4
29300-2030	13/10/2019	15	D-J,4	D-1,2	E-3,4	1.1.2	F-1,2,3,4	A-1,2,3	A-4	8-4	B-3	B-1.2	C-4	C-1,2,3
14/10/2019	28/10/2019	15	E-1,2	E-3,4	F-1.2	F-3,4	A-1.2.3.4	B-2,3,4	B-1	C-I	C-2	C-3,4	D-1	D-2,3,4
71/10/2019	12/11/2019	15	E-1.2	E-3,4	F-1,2	F-3,4	A-1,2,3,4	B-1,3,4	B-2	C-2	C-1	C-3,4	D-2	D-1,3,4
U 11/2019	27/11/2019	15	E-3,4	E-1,2	F-3,4	F-1.2	A-1,2,3,4	B-1.2.4	8-3	C-3	C-4	C-1,2	D-3	D-1,2,4
26-11-2019	13/12/2019	15	E-3.4	E-1,2	F-3,4	1-1.2	A-3.2,3,4	B-1,2,3	8-4	C-4	C-3	C-1,2	D-4	D-1,2,3
13/12/2019	27/12/2019	15	F-1,2	F-3,4	A-1,2	1-3,4	B-1.2,3,4	C-2,3,4	(-1	D-1	D-2	D-3,4	E-1	E-2,3,4
29.12.2019	11/01/2020	15	F-1,2	F-3,4	A-1,2	A-3,4	B-1,2,3,4	C-1,3,4	6-2	D-2	D-1	D-3,4	Ed	E-1,3,4
2/01/2020	26/01/2028	15	F-3,4	F-1,2	A-3,4	A-1,2	B-12.3.4	C-1,1,4	C-3	D-3	D-4	D-1,2	EJ	E-1,2,4
2 Subdists	10/02/2020	15	F-3,4	F-1.2	A-3.4	4-12	8-1.2,3,4	€-1.2.3	C-4	D-4	D-3	13-1,2	E-4	E-1,2,3

The interminip schedule should be strictly followed. change or mutual interchange is not allowed and will be treated as absent. Repeat posting will be done at the end of intereship schedule.

Nate -Subject- for Medicine &Allied Specialities posting will be as follows:

- t- Dermatology & Sexually Transmitted Disease 2-Psychistry
- 3- Tuberculosis& Responsory Diseases 4-Physical Medicine and Rehabilitation
- 5 Farms ic Medicine

Surgery & Allied Specialties I-Anaesthesia

- 2 Radio-Diagnusis
- 3- Blood Book & Transfusion Department

Community Medicine A.C.P.M. Medical College. Ohale:

Druie - +247

Principal

JMF's A.C.P.M.Medical College, Dhule One Year Rotating Internship Programme. Internship Programme from 11/02/2019 To 10/02/2020 Batch-2014(R.) Pass Batch

Batch	Group	Batch- 2014(R) Pass Batch Name	
		SHRADDHA SIL	
	A1	JAIPREET KOUR	
	AI	GUPTA ABHIMANYU BHARATBHAI	
		ABHISHEK SHARMA	
		AJAY SHARMA	
	A2	NAAZISH K P	
	112	TARUN SRIVASTAVA	
Α		ABHIJEET	
4.90		ABHISHEK	
	A3	ABHISHEK KUMAR	
		ABHISHEK SINGH	
		ANAND AKASH	
		AVIN M KHUSHIRAMANI	
	A4	CHAUDHARI PRIYANK NARSINBHAI	
		BHUVA VISHWA JAYANTIBHA	
	BI	BORSE TEJSWINI SANJAY	
	ы	BAGUL NIKHIFA YOUGIRAJ	
		CHAUDHARY HARSHADA NAMDEV	
		CHAVAN AKSHAY DNYANDEO	
	B2	DESHMUKH KALYANI MADHUKARRAO	
		DUBEWAR SHREYASH VIVEK	
В		DUKRE SHIVAJI BALASAHEB	
1		EKTA MALIK	
	В3	FOKMARE AKANKSHA SANJAY	
		GIRI KOMAL HARIGIR	
-		GAIKWAD DEEPA JITENDRA	
		GAURAV YADAV	
	B4		



		GAVIT AISHWARYA JASU						
	C1	GINDODIA MAYANK SANJAYKUMAR	_					
	CI.	GAHANE TANUJA DHANANJAY						
		GOLDI KUMARI	_					
		GUDALE NEHA RAOSAHEB						
	C2	JADHAO TUSHAR DHANUSING	_					
		JAIN POOJA ARUN						
C		JAWARE SAMPADA DASHRATH	ī					
-		KATE SHUBHAM BHAGNATH						
	C3	KOKANI NILESH FULJI						
	00	KOLI PRATIKSHA LAXMAN						
		MAHAJAN TUSHAR RAMDAS						
		MIRZA GHAZIYA ABDUL RAHEEM BAIG						
	C4							
	C4							
	C4	MS. BHAWANA SHARMA						
		MS. BHAWANA SHARMA MS. MILAN						
	D1							
		MS. MILAN						
		MS. MILAN NAIR RIYA MURALEEDHARAN						
		MS. MILAN NAIR RIYA MURALEEDHARAN NIMISHA KASHYAP						
	DI	MS. MILAN NAIR RIYA MURALEEDHARAN NIMISHA KASHYAP PATEL JOYALBEN SOMABHAI						
D	DI	MS. MILAN NAIR RIYA MURALEEDHARAN NIMISHA KASHYAP PATEL JOYALBEN SOMABHAI PATEL PRIYANK CHANDRAKANT						
D	DI	MS. MILAN NAIR RIYA MURALEEDHARAN NIMISHA KASHYAP PATEL JOYALBEN SOMABHAI PATEL PRIYANK CHANDRAKANT PATEL RIDDHIBEN JAYESHKUMAR						
D	D1	MS. MILAN NAIR RIYA MURALEEDHARAN NIMISHA KASHYAP PATEL JOYALBEN SOMABHAI PATEL PRIYANK CHANDRAKANT PATEL RIDDHIBEN JAYESHKUMAR PATEL VISHANT KUMAR MANUBHAI						
D	DI	MS. MILAN NAIR RIYA MURALEEDHARAN NIMISHA KASHYAP PATEL JOYALBEN SOMABHAI PATEL PRIYANK CHANDRAKANT PATEL RIDDHIBEN JAYESHKUMAR PATEL VISHANT KUMAR MANUBHAI PATIL YASH HEMANT						
D	D1	MS. MILAN NAIR RIYA MURALEEDHARAN NIMISHA KASHYAP PATEL JOYALBEN SOMABHAI PATEL PRIYANK CHANDRAKANT PATEL RIDDHIBEN JAYESHKUMAR PATEL VISHANT KUMAR MANUBHAI PATIL YASH HEMANT PRIYANSHU RAJAT GABA RAKSHIT SHARMA						
D	D1	MS. MILAN NAIR RIYA MURALEEDHARAN NIMISHA KASHYAP PATEL JOYALBEN SOMABHAI PATEL PRIYANK CHANDRAKANT PATEL RIDDHIBEN JAYESHKUMAR PATEL VISHANT KUMAR MANUBHAI PATIL YASH HEMANT PRIYANSHU RAJAT GABA						
D	D1	MS. MILAN NAIR RIYA MURALEEDHARAN NIMISHA KASHYAP PATEL JOYALBEN SOMABHAI PATEL PRIYANK CHANDRAKANT PATEL RIDDHIBEN JAYESHKUMAR PATEL VISHANT KUMAR MANUBHAI PATIL YASH HEMANT PRIYANSHU RAJAT GABA RAKSHIT SHARMA						

		SHAH ANUJ ANILKUMAR
	E1	SHAIKH MINAJ MAJJID
		SHARWAN KUMAR
		SHREERAM JHAJHARA
		SHWETA
	E2	SIDDIQUI SANA ANEES AHMAD
E		SIRAJUDDIN SAIFI
		SONAWANE KARISHMA RAJENDRA
		SONJE PRATIK SHARAD
	E3	SUNIDHEE PRASAD
		SURBHI CHAUHAN
		SWETA KUMARI
		* 1.22.2
		JOSHI VISHWESH PRADIPBHAI
	FI	MEHTA CHINMAYKUMAR JAYESHBHAI
		PATEL KEYURKUMAR DIPAKBHAI
		TADHANI BHARGAV DAYALAL
		THENGAL KIRAN RAMESH
	F2	THOSARE SHRADHA VIJAY
	-5	VAIBHAV YADUVANSHI
		VARSHRANI MUTHE
F		WANKHADE SIDHARTH PANJAB
	F3	MUDIT SHARMA
		UMESH
-		PANCHAL SHIVAM HASMUKH
	F4	
	F4	

Latonship coordinator

Depondent 1. multiply Medicine. A.C.P. N. Norman (1991) Death (1992)



HWWW. Principal

Principal, F.C.P.M. Mechanismose Ohule - 1750

A.C.P.M. Medical College, Dhule

Revised Internship TrainingProgramme. Batch- 2014(odd) Exam Held in Summer-2019

Internship Programme from 26/08/2019	To 24/08/2020	Orientation - 26/08/2019 to 30/08/2019

Dai	es	Department	RITS	UHTS	PAED	Ortto	Gynar	Medicine	Medicine Affled	Opthim.	ENI	Casulty-	Surgery Altied	Surg
From	To	Duration is	30	30	30	30	60	45	15	15	15	30	15	45
31/98/2019	14/09/2019	days 15	A-1,2	A.3,4	B-1,2	11-3.4	C-1,2,3,4	1)-2.3,4	D-1	E-I	E-2	1.3,4	F-I	F-2,3,4
15/09/2019	29/99/2019	15	A-1,2	A-J.4	B-1,2	B-3.4	C-1,2,3,4	11-1-3,4	D-2	E-2	E-1	E-3,4	F-2	F-LJ.
Mark Street			A,3,4	A-1.2	B-3,4	B-1.2	C-1,2,3,4	15-1.2.4	0-3	E-3	E-4	E-1,2	F-3	F-1.27
30/09/2019	14/10/2019	15	12337		333			D-1,2.3	D-4	E-4	16-3	E-1,2	F-4	F-1.2.
15/10/2019	29/10/2019	15	A-3.4	A-1,2	11-3.4	16-1,2	C-1.2,3,4	- 33355					A-1	A-2.3.
30/10/2019	13/11/2019	15	11-1-2	8-3.4	C-1.2	C-3.4	0-1.2.3.4	E-2,3,4	E-1	[F-]	F-2	1/-3,4		
14/11/2019	28/11/2019	_ 15	B-1.2	B- 3,4	C-1,2	C-3.4	0-1.2.3.4	E-1,3,4	E-2	19-2	F-I	F-3.4	A-2	A-1.3.
29/11/2019	13/12/2019	15	B-3.4	B-1,2	C-3.4	C-1,2	0-1234	E-1,2,4	E-3.	F-3	F-4	F-1,2	A-J	A-1,2
De de constante	1.0000000000000000000000000000000000000	15	B- 3,4	8-1,2	C-3.4	C-1,2	0-1.2.3.4	E-1,2,3	£-4	F-4	F-3	F-1,2	A-4	A-J.2
14/12/2019	28/12/2019			1	0-1.2	D-J,4	E-1.2.3.4	F-2:3.4	F-1	A-1	1.2	A-3,4	II-1	B-2,3.
29/12/2019	12/01/2020	15	C-1.3	C-3.4	100000	O'BOOM.	-0.5-0.000	10000000	200	A-2	A-1	A-3,4	11-2	B-1.3
13/01/2020	27/01/2020	15	C-1.2	C-3,4	D-1,2	D-3,4	E-1.2.3.4	F-13.4	F-2	-	100	110 8750	1000000	- 1125
28/01/2020	11/02/2020	15	€-3,4	C-1,2	D-3,4	13-1.2	E-1234	F-1.2.4	F-3	A-J	14	A-1.2	B-3	B-1.2
12/02/2020	26/02/2020	15	C-3,4	C-1,2	D-3.4	D-1,2	E-1,2,3,4	F-1.2.3	F-4	A-4	A-J	A-1,2	B-4	8-1,2
27/02/2020	12/03/2020	15	0-1,2	D-3.4	E-1,2	15-3.4	F-1,2,3,4	A-2,3,4	A-1	B-1	11-2	11-3,4	C-I	C-2.3
56666		100	D-1,2	D-3,4	E-1.2	E-3,4	F-1,2,3,4	A-1,3,4	A-2	B-2:	B-1	15-3,4	C-2	C-1.3
13/03/2020	27/03/2020	15	3822.1.	\$1600 B	1			A-1.2,4	3-3	B-3	18-4	B-1.2	Cal	C-1.2
28/03/2020	11/04/2020	15	D-3,4	D-1,2	E-3,4	1-12	F-1,2,3,4						(4	C-1.2
12/04/2020	26/04/2020	18	D-3,4	D-1.2	E-3,4	E-1.2	F-1,2,3,4	A-1.2,3	A-4	8-4	18-3	B-1,2		
27/04/2020	11/05/2020	15	E-1,2	E-3,4	F-1.2	17-3,4	A-1,2,3,4	13-2,3,4	11-1	C-I	C-2	C-3,4	13-1	0-2,3
12/05/2020	26/05/2020	15	E-1,2	E-3,4	F-1.2	F-3.4	A-1,2,3.4	8-1.3.4	B-2	C-2.	C-1	C-3,4	D-2	D-1.3
22/2/19/06	STAN STREET, STAN	120	E-3,4	E-1.2	F-3.4	F-1.2	A-1,2,3,4	11-1-2-4	B-3	C-3	C4	C-1.2	16.3	0-1.2
27/05/2020	10/06/2020	15	100000	1000000	D. BYONG		A-1,2,3,4	B-1.2.3	84	C4	C-3	C-1.2	0.4	D-1-2
11/06/2020	25/06/2020	15	E-3,4	E-1,2	F-3,4	F-1,2	905500	3152000	200	18/18	0-2	D-3,4	15-1	E-2.3
26/06/2020	10/07/2020	15	F-1,2	F-3,4	A-1.2	A-3,4	B-1,2,3,4		C-1	11-1	1	0.500	33615	13576
11/07/2020	25/07/2020	15	1-1.2	F-3,4	A-1.2	AJJ	B-1.2.3.4	C-1.3.4	C-2	D-2	11-1	D-3,4	E-2	E-1.3
26/07/2020	09/08/2020	15	F-3.4	F-1,2	A-3,4	A-1.2	8-1,23.4	C-1,2,4	C-3	D-3	10-4	D-1.2	EST	E-1.3
			F-3.4	F-1,2	A-3,4	A-1,2	B-1,2,3,4	C-1.2.3	C-4	D-4	0.3	0-1-2	E-4	E-L2
10/08/2020	24/08/2020	15	1-54	F-1,6	100409		a constant	1 (VC = 26.2)	1000	THESE.	11938	15-2176-7	1	1300-350

Any change or mutual interchange is not allowed, and will be trented as absent. Repeat -posting will be done at the end of intereship schedule.

Note Subject for Medicine SAlbed Specialities posting will be as follows:

- 1. Dermatology & Sexually Transmitted Disease
- 2-Psychiatry
- 3. Tuberculosis& Respiratory Diseases 4-Physical Medicine and Rehabilitation 5 Forensic Medicine

Surgery & Allied Specialties I-Anaesthesia

2- Radio-Diagnosis

Transfusion Department

3- Blood Bank &

ILO.D Community Medicine A.C.P.M. Medical College.

Dinde

Principal

A.C.P.M. Medical College, Dhole - 424001, [M.S.]

JMF's A.C.P.M.Medical College, Dhule One Year Rotating Internship Programme. Internship Programme from 26/08/2019 To 24/08/2020

Batch- 2014(odd) Pass Batch

Batch	Group	Name
		DESAI DHRUMIT GEMARBHAI
	AI	DINESH GURJAR
	AI	DINESH HARITWAL
		KAZI ARBAAZ
		KUDRAT DEDEIA
	A2	MAHENDRA KUMAR YADAV
A	AZ	MOHAMMAD SAJID
		MRINALINI PARMANAND
		PANKAJ BARALA
		PATEL MAULIK DINESHBHAI
	A3	PATEL SATISH MANUBHAI
		RAMLAVAT HARSHRAJSINH PRAKASHSINH
		THAKKAR RUTVIK JIGNESHBHAI

Internship coordinator

Prof. & H.O.D.

Department of Community Medicine,
A. U. P. M. Medicine uniege, Unide. [M.S.]

Principal

Principal, A.C.P.M. Medical College, Daure - 424001. [M.S.]



A.C.P.M. Medical College, Dhule Revised Internship TrainingProgramme.

Batch- 2015(R) Exam Held in Winter-2020

	Internship Programme from 25/02/2020 To 23/02/2021 Orienta													
tes	Department	RHTE	UIITSC	PAED	Ortho	Gymae		Medicine Allied				Surgery Allied		
To	Duration in days	30	30	30	30	60	45	15	15	15	30	15	45	
15/03/2020	15	A-1,2	A,3,4	B-1,2	B-3,4	C-1,2,3,4	D-2,3,4	D-1	E-I	E-2	E-3,4	F-I	F-2,3,4	
30/03/2020	15	A-1,2	A-,3,4	B-1,2	B-3,4	C-1,2,3,4	D-1,3,4	D-2	E-2	E-1	E-3,4	F-2	F-1,3,4	
14/04/2020	15	A,3,4	A-1,2	B-3,4	B-1,2	C-1,2,3,4	D-1,2,4	D-3	E-J	E-4	E-1,2	F-3	F-1,2,4	
29/04/2020	15	A-,3,4	A-1,2	B-3,4	B-1,2	C-1,2,3,4	D-1,2,3	D-4	E-4	E-3	E-1,2	F-4	F-1,2,3	
14/05/2020	15	B-1,2	B-3,4	C-1,2	C-3,4	D-1,2,3,4	E-2,3,4	E-I	• F-1	F-2	F-3,4	A-I	A-2,3,4	
29/05/2020	15	B-1,2	B- 3,4	C-1,2	C-3,4	D-1,2,3,4	E-1,3,4	E-2	F-2	F-1	F-3,4	A-2	A-1,3,4	
13/06/2020	1.5	B-3,4	B-1,2	C-3,4	C-1,2	D-1,2,3,4	E-1,2,4	E-3	F-3	F-4	F-1,2	A-3	A-1,2,4	
28/06/2020	15	B- 3,4	B-1,2	C-3,4	C-1,2	D-1,2,3,4	E-1,2,3	E-4	F-4	FJ	F-1,2	A-4	A-1,2,3	
13/07/2020	15	C-1,2	C-3,4	D-1,2	D-3,4	E-1,2,3,4	F-2,3,4	F-1	A-I	A-2	A-3,4	B-I	B-2,3,4	
28/07/2020	15	C-1,2	C-3,4	D-1,2	D-3,4	E-1,2,3,4	F-1,3,4	F-2	A-2	A-I	A-3,4	B-2	B-1,3,4	
12/8/2020	15	C-3,4	C-1,2	D-3,4	D-1,2	E-1,2,3,4	F-1,2,4	F-3	A-3	A-4	A-1,2	В-3	B-1,2,4	
27/08/2020	15	C-3,4	C-1,2	D-3,4	D-1,2	E-1,2,3,4	F-1,2,3	F-4	A-4	A-3	A-1,2	B-4	B-1,2,3	
	15	D-1,2	D-3,4	E-1,2	E-J,4	F-1,2,3,4	A-2,3,4	A-1	B-1	B-2	B-3,4	C-1	C-2,3,4	
26/09/2020	15	D-1,2	D-3,4	E-1,2	E-3,4	F-1,2,3,4	A-1,3,4	A-2	B-2	B-1	B-3,4	C-3	C-1,3,4	
11/10/2020	15	D-3,4	D-1,2	E-3,4	E-1,2	F-1,2,3,4	A-1,2,4	A-3	B-3	B-4	B-1,2	C-3	C-1,2,	
26/19/2020	15	D-3,4	D-1,2	E-3,4	E-1,2	F-1,2,3,4	A-1,2,3	A-4	B-4	B-3	B-1,2	C-4	C-1,2,3	
10/11/2020	15	E-1,2	E-3,4	F-1,2	F-3,4	A-1,2,3,4	B-2,3,4	B-I	C-1	C-2	C-3,4	D-1	D-2,3,4	
	15	E-1,2	E-3,4	F-1,2	F-3,4	A-1,2,3,4	B-1,3,4	B-2	C-2	C-1	C-3,4	D-2	D-1,3,4	
100000000000000000000000000000000000000	15	E-3,4	E-1,2	F-3,4	F-1,2	A-1,2,3,4	B-1,2,4	II-3	C-3	C-4	C-1,2	D-3	D-1,2,4	
	15	E-3,4	E-1,2	F-3,4	F-1,2	A-1,2,3,4	8-1,2,3	B-4	C-4	C-3	C-1,2	D-4	D-1,2,2	
18-010-010-0	15	F-1,2	F-3,4	A-1,2	A-3,4	B-1,2,3,4	C-2,3,4	C-I	D-1	D-2	D-3,4	E-1	E-2,3,4	
	15	F-1,2	F-3,4	A-1,2	A-3,4	B-1,2,3,4	C-1,3,4	C-2	D-2	D-1	D-3,4	E-2	E-1,3,4	
100000000000000000000000000000000000000	15	F-3,4	F-1,2	A-3,4	A-1,2	B-1,2,3,4	C-1,2,4	. C-3	D-J	D-4	D-1,2	E-3	E-1,2,4	
200000000000000000000000000000000000000	15	F-3.4	F-1.2	A-3,4	4-1,2	B-12.3.4	C-1,2,3	C-4	D-4	D-3	D-1,2	E-4	E-1,2,3	
	To 15/03/2020 30/03/2020 14/04/2020 29/04/2020 14/05/2020 29/05/2020 13/06/2020 28/06/2020 28/07/2020 28/07/2020 27/08/2020 11/9/2020 26/09/2020 11/10/2020	To Department To Duration in days 15/03/2020 15 30/03/2020 15 14/04/2020 15 29/04/2020 15 29/04/2020 15 29/05/2020 15 13/06/2020 15 28/06/2020 15 28/07/2020 15 28/07/2020 15 28/07/2020 15 28/07/2020 15 12/8/2020 15 11/9/2020 15 27/08/2020 15 11/9/2020 15 26/09/2020 15 26/10/2020 15 26/10/2020 15 26/10/2020 15 25/11/2020 15 25/11/2020 15 25/11/2020 15 25/11/2020 15 25/11/2020 15 25/11/2020 15 25/11/2020 15 25/11/2020 15 25/11/2020 15 25/11/2020 15 25/11/2020 15	To Department 30 15/03/2020 15 A-1,2 30/03/2020 15 A-1,2 14/04/2020 15 A-3,4 29/04/2020 15 B-1,2 29/05/2020 15 B-3,4 28/06/2020 15 B-3,4 13/07/2020 15 C-1,2 28/07/2020 15 C-3,4 12/8/2020 15 C-3,4 27/08/2020 15 D-1,2 11/10/2020 15 D-1,2 25/11/2020 15 D-3,4 26/10/2020 15 D-3,4	To Duration in days 30 30 30 30 30 30 30 30 30 30 30 30 30	To Duration in days 30 30 30 30 30 15 A-1,2 A-3,4 B-1,2 A-3,4 B-1,2 A-3,4 B-1,2 B-3,4 A-1,2 B-3,4 C-1,2 B-3,4 C-1,2 B-3,4 C-1,2 B-3,4 C-1,2 B-3,4 B-1,2 C-3,4 B-1,2 B-3,4 B-1,2 B-1,2 B-3,4 B-1,2 B-1,	Department RITTE UIITSC PAED Oribo	To Duration in days 30 30 30 30 60 1503/2020 15	To	Department RIFEC UHYSC PAED Ortho Gymate Medicine Medicine Medicine Miles Mile	Department Refer Country Part Country Part Country Part Country Part Pa				

The internship schedule should be strictly followed. Any change or mutual interchange is not allowed and will be treated as absent. Repeat posting will be done at the end of luternship schedule.

Note -Subject for Medicine & Allied Specialties posting will be as follows:

- 1- Dermatology & Sexually Transmitted Disease
- 2-Psychiatry 3- Tuberculosis&
- Respiratory Diseases
- 4-Physical Medicine and Rehabilitation
- 5 Forensic Medicine

Surgery & Allied Specialties

- 1-Anaesthesia
- 2- Radio-Diagnosis
- 3- Blood Bank & Transfusion Department

ILO.D Community Medicine A.C.P.M. Medical College, Dhule

Dr. Vijay B.Patil

Dean

ACPMMC

Dhule

JMF's A.C.P.M.Medical College, Dhule One Year Rotating Internship Programme. Internship Programme from 25/02/2020 To 23/02/2021

Batch- 2015(R) Batch

Batch (Group	Name						
		AGRAWAL ANIKET SANDEEP						
		AHIRE PUNAM TARACHAND						
	A1	AHIRE SWAPNIL KISAN						
		ANSARI NOMAAN ARSHI JALALUDDIN						
		ARSH KAMBOJ						
	42	ASHUTOSH BURI						
	A2	AYUSH KUMAR						
		BELE TEJASHREE BABARAO						
A		BHUPENDRA SINGH						
	4.2	CHAKRAVATI ANKIT VASANTKUMAR						
	A3	CHAUDHARI ADITI PATHUBHAI						
		KANADE SHREYA AVINASH						
	A4	CHAUHAN KRISHNA SUMERBHAI						
		CHEFRIESH R B						
	B1	DHAGE BALASAHEB BHARATRAO						
	ы	FAHADULLAH KHAN KHAWAJA MOINULLAH KHAN						
		GAIKWAD DEEPAK RATIRAM						
		GARIMA SHOORA						
	B2	GIRASE NISHANTSINGH JAIDEEPSINGH						
В		GOMASE TEJAS GAJANAN						
		GOVIND SHARMA						
		INGOLE MONALI SUBHASH						
	В3	JADHAO HIMANGI VISHNU						
	В3	JADHAV PRITHI GOKULDASRAO						
		JAGTAP BALASAHEB HARIRAM						
	B4	JASLEEN KAUR						
		A DATE						



Batch	Group	Name		
	C1	JAYBHAYE PRAFULL NIVRUTTI		
		JOSHI DHAIRYA BHARATKUMAR		
		JUGELE AAYUSH SHYAM	Т	
		KAILASH CHAND SAMOTA		
	C2	KAMBLE ANKITA DIGAMBAR		
		KANKUL SHRINGI		
		KAPALE MADHURI VIJAYKUMAR		
C		KHADKE SHRADDHA NARAYAN		
		KHADSE ASHWINI SUDHAKARRAO		
	C3	KHANDE RADHIKA RAMESHWAR		
	CS	KORE TEJAS ANIL		
		KULKARNI JAGANNATH VIJAYKUMAR		
		LATTHE NEHA CHANDRAKANT		
	C4		_	
		MANE RUTUJA BALASAHEB		
	D1	MANIKA SHARMA		
	Di	MHATRE RITESH PRAMOD		
		MOHAMMAD SAQUIB		
	D2	MOHD AZAM		
		MUTHAL SHUBHAM DNYANESHWAR		
		NABEELA JABEEN MOHAMMED SARWAR		
D		NADE ABHISHEK PRAMOD		
~	D3	NAVDEEP		
		NIKITA MUKUND SHARMA		
		PAGORE PALLAVI DINKAR		
		PARMAR PANKAJ MERAMANBHAI		
	D4	PATIL ARJUN SANJAY		



Batch	Group	Name		
	E1	PATIL ASHWINI RAMESH		
		PATIL GAURAV DILIP		
		PATIL SARA AJAY		
		PATIL SHRUTI DEELIP		
		PATIL TEJAS AJAY		
		PATIL TEJAS SANJAY		
	E2	PATIL VAIBHAV NARENDRA		
E		PATIL VIVEK BHATU		
		PAWAR RAKHI BALASAHEB		
	102	PELAGADE AKSHAY SHASHANKRAO		
	E3	PINGLE AJINKYA ANNASAHEB		
		PONKIYA DHRUVIK ASHOKBHAI		
	E4	QURESHI MOHD. SAMEER ARIF		
	F1	RAJPUT PRANALI GOPALSING		
		RIYA DHAKA		
		ROHIT		
		SAPKAL SHUBHAM HARIDAS		
		SARDARE NIDHI MOHAN		
	F2	SHAIKH FARHEENA ABDUL SAMAD		
		SHAIKH SABER JABBAR		
		SONAR PRERNA SHAM MANISHA		
F	F3	SRIVASTAVA DIKSHA SUBODH		
		SUBHAM		
		SURANI AZIMAH AMIN		
		TATHE PRAJAKTA MADHUKAR		
	F4	THAKARE YASHWANT SURESHRAO		
		THOTE SHRINIDHI AVINASH		
		TIWARI KUMUD SHITALAKANT		
		VADHADIA RUTU DHANJIBHAI		
		YOGRAJ PARMAR		

A.C.P.M.MEDICAL COLLEGE & HOSPITAL DHULE

Internship coordinator,

Prof. & H.O.D.

Department of Community Madicine.

A. C. P. M. Medicar college, Dhule. [M.o.]

- Email : deanacpm@gmail.com
- acpmmcdbule@gmail.com
- website: www.jmfacpm.com

- Sakri Road, Dhule 424001 (Maharashtra)
- Ph.No.: 02562 276317,18,19 Mub. 8686585839

Policy of Midcourse Continuous Improvement Evaluation

This document envisage the measures to be adopted to support the students to identify their challenges in teaching learning process and for continuous monitoring ahead of end term assessment. The policy document on continuous improvement evaluation summarizes opportunities to be provided to students for enhance learning abilities and improvement in their performance before end term examination/professional examination. The initiatives included for midcourse continuous improvement are listed as below:

- Periodical surveys from the students about the teaching learning process for departmental faculty
- Periodical Academic appraisal of students [attendance + Interaction abilities+ marks and submission of assignment]
- Analysis of inter-departmental and intra-departmental Academic appraisal of students
- Extension of facilities of library reading room, book bank to desired students.
- 24X7 virtual class room facilities for students with designated faculty though learning management system
- Intensive teaching sessions for students joining voluntarily for module wise lectures/demonstration and practical's after regular teaching schedule.

- Remedial teaching programme for students falling shorts of requisite attendance during semester
- 8. Enhancement of question writing skill by giving structured questions
- Faculty participation to support the students in enhancing their skills of case presentation, patient examination skills, and communication skills.
- 10.Periodical counselling of the students by mentors, faculty for motivation and to resolve their academic, social challenges.
- 11. Access to the question bank of MUHS for students
- 12.Model Answer to the students
- 13. Practice of question answer writing to the students
- 14. Students are given short seminars on the topics learned in earlier classes
- 15.Poster preparation on conceptual theme
- 16.Comments on video lectures/presentation
- 17. Peer to peer evaluation using marking scheme
- 18. Case presentation during clinical posting and bedside clinic session
- 19.Structured Viva-voce examination after clinical posting, completion of module of the course.
- 20. Simple online survey, delivered through Google forms to the students.
- 21. Anonymous class feedback and analysis.
- 22. Assessment of the class test by the students themselves with marking scheme of questions provided by the faculty.
- 23. Periodical Review by the faculty colleagues
- 24.Discussion of the midcourse evaluation feedback with students and necessary changes in T/L Process.
- 25.Students form small groups and discuss answers and reach consensus on the questions about strength of course and measures for improvement.
- 26.Students are given 5 minutes test by giving question based on learning outcome of the lectures immediately after lectures and submit to faculty



- 27.MCQ with clinical application/interpretation of measurements/reasoning are given before beginning of the lectures covered previously.
- 28. Written tutorial on question with very brief answer once in month
- 29.Feedback by the faculty to students about their performance in continuous assessment, highlighting marking scheme.
- 30. Providing marking scheme after each assessment
- 31.Feedback after every semester/term examination about part completion.
- 32.Periodical journal club, seminars, clinical case discussion, group discussion for postgraduate students
- Remedial internal assessment examination for the students performed below benchmark.
- 34.Moderation of answer sheets by the faculty using standard marking scheme.



ACPINEDICAL COLLEGE & HOSPITAL

Periodical Course Evaluation Form

- I find the format of this class (lecture, discussion, problem-solving) helpful to the way that I learn. [1,2,3,4]
- 2. I feel that this class format engages my interest. [1,2,3,4]
- 3. I feel comfortable speaking in this class. [1,2,3,4]
- I learn better when the instructor summarizes key ideas from a class session.
 [1,2,3,4]
- I find the comments on exams or other written work helpful to my understanding of the class content. [1,2,3,4]
- I find that this class stimulates my interest in reading about this subject outside of class. [1,2,3,4]
- I feel comfortable approaching the instructor with questions or comments.
 [1,2,3,4]
- I think that I would learn better if a different format were used for this class.
 [1,2,3,4]
- 9. The instructor holds the students to high academic standards [1,2,3,4]
- 10. The instructor effectively challenges me to think and to learn. [1,2,3,4]
- 11. The instructor is well prepared. [1,2,3,4]
- 12.Examinations and/or other graded components cover course concepts in a challenging manner. [1,2,3,4]
- 13. The instructor shows enthusiasm for the subject. [1,2,3,4]
- 14.I feel free to ask questions and to make comments in class. [1,2,3,4]
- 15. The instructor deals with questions and comments effectively. [1,2,3,4]
- The instructor is generally available during office hours. [1,2,3,4]





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- Sakri Road, Dhule 424801 (Maharashtra)
- Ph.No.: 02582 276317,18,19 Mob. 8686585839

List of Initiatives Provided For The Students For Midcourse

Improvement

- 1. Intensive teaching lectures for poorly understood concepts of topics
- Remedial teaching programme for students falling shorts of requisite attendance during semester
- 3. Enhancement of question writing skill by giving structured questions
- Faculty participation to support the students in enhancing their skills of case presentation, patient examination skills, and communication skills.
- Periodical counselling of the students by mentors, faculty for motivation and to resolve their academic, social challenges.
- 6. Access to the question bank of MUHS for students
- 7. Discussion are carried out on previous year University question papers
- 8. Model Answer to the students
- 9. Practice of question answer writing to the students
- 10. Students are given short seminars on the topics learned in earlier classes
- 11. Case presentation during clinical posting and bedside clinic session
- 12.Structured Viva-voce examination after clinical posting, completion of module of the course.

DEAN
A.C.P.N.MEDICAL COLLEGE & HOSPITAL
DHULE

DEPARTMENT OF ANATOMY

TEACHING SCHEDULE FOR REPEATER STUDENTS

FIRST MBBS 2016-17 BATCH

DATE	NAME OF ACTIVITY	TEACHER	
08/09/2017	Discussion of bones	Dr Gopal Bagal	
12/09/2017	Discussion of histology slides	Dr Shahin Kazi	
15/09/2017	Discussion of soft parts above diaphragm	Dr Anjali Pise	
18/09/2017	Heart internal features and blood supply	Dr Roopali Mali	
21/09/2017	Brachial plexus	Dr Roopali Mali	
24/09/2017 Discussion of soft parts below diaphragm		Dr Harsha Keche	
29/09/2017	Demonstration of axilla and cubital fossa	Dr Shahin Kazi	
04/10/2017	Demonstration of femoral triangle and adductor canal	Dr Gopal Bagal	
09/10/2017	Anterior and posterior triangle of neck	Dr Harsha Keche	
12/10/2017	Discussion of x ray and surface anatomy	Dr Anjali Pise	
16/10/2017	Discussion of embryology models	Dr Gopal Bagal	
19/10/2017 Discussion of university question papers		Dr Roopali Mali	

Time: 2-4 pm



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ACPM MC DHULE DEPARTMENT OF PHYSIOLOGY EXTRA LECTURES FOR REPEATER BATCH 2019-20

Sr.no	Date	Time	Topic	Teacher
1	3/4/2021	2-3 pm	Important CVS topic discussion	Dr Shinde
2	10/4/2021	2-3 pm	Important RS topic discussion	Dr Sharma
3	17/4/2021	2-3 pm	Important CNS topic discussion	Dr Kulkarni
4	24/4/2021	2-3 pm	MUHS paper discussion	Dr Makone



PROF & HOD DEPT OF PHYSIOLOGY ACPM MC COLLEGE DHULE

Professor & Head.
Department of Shustology
A.C.P.M. Medical Calleon Ton. 2.1

ACPM MC DHULE DEPARTMENT OF PHYSIOLOGY EXTRA LECTURES FOR REPEATER BATCH 2016-17

Sr.no	Date	Time	Topic	Teacher
1	5/9/2017	4-5 PM	Important CVS topic discussion	Dr Koranne
2	12/9/2017	4-5 PM	Important RS topic discussion	Dr Joshi
3	19/9/2017	4-5 PM	Important CNS topic discussion	Dr Chitale
4	26/9/2017	4-5 PM	MUHS paper discussion	Dr Monica



PROF & HOD
DEPT OF PHYSIOLOGY
ACPM MC COLLEGE DHULE

Professor & Head, Department of Physiology, A.C.P.M.Medical College.

PACPM MEDICAL COLLEGE DHULE Department of Biochemistry Repeater student Teaching Schedule Batch 2016 – 17

Date	Topic	Teacher
4/9/2017	Tutorial on Chemistry of Proteins & Carbohydrate	Dr. Rahul Ghone
5/9/2017	Tutorial on ETC & Cancer	Dr.Aarti Karnik
11/9/2017	Tutorial on Nutrition, vitamins & minerals	Dr. Rahul Ghone
12/9/2017	Presentation – Lipid Storage disease	Mrs Leela Singhal
18/9/2017	Viva – Small Ans Lipid Metabolism	Dr. Nilima Patil
19/9/2017	Viva- Lipid Chemistry	Dr.Aarti Karnik
25/9/2017	S LAQ Covered on Enzyme	Dr.Aarti Karnik
26/9/2017	Tutorial – Biological oxidation	Dr. Rahul Ghone
9/10/2017	Tutorial – Glycolysis, TCA , HMP Uric Acid	Mrs Leela Singhal
10/10/2017	L AQ – on Minerals (Ca, Iron)	Dr. Nilima Patil
16/10/2017	S LAQ Covered on Enzyme	Dr. Rahul Ghone
17/10/2017	Tutorial – Carbohydrate Metabolism	Dr.Aarti Karnik

Time 10 -12 am



PROF & HOD

Department of Biochemistry
Department of Biochemistry
A.C.P.M. Medical College, Dhule (M.C.)

ACPM MEDICAL COLLEGE DHULE Department of Biochemistry Repeater student Teaching Schedule Batch 2019 – 20

Date	Topic	Teacher
18/3/2021	Case presentation on CHO	Mr.T Ilanchezhian
25/3/2021	Tutorials on ETC, Aids	Dr.Aarti Karnik
1/4/2021	Tutorials on ETC, Aids	Mr.T Ilanchezhian
8/4/2021	Tutorial on carbohydrate proteins	Dr. Nilima Patil
15/4/2021	LAQ Revision test Lipid	Dr. Rahul Ghone
22/4/2021	SAQ on Lipid, Nucleic acid	Dr.Aarti Karnik
29/4/2021	LAQ Revision test Proteins Metabolism	Dr.Aarti Karnik
6/5/2021	Tutorials on Biological oxidation	Dr. Rahul Ghone
13/5/2021	Tutorials on Biological oxidation	Dr. Rahul Ghone
20/5/2021	SAQ – Acid Base balance	Dr.Aarti Karnik
27/5/2021	Tutorials on Enzymes	Mr.T Ilanchezhian
31/5/2021	Tutorials on Cancer	Dr. Rahul Ghone

Time 11-1 pm



PROF & HOD

Professor & deadtry
Department of Siechemistry

A.C.P.M. Medical Coffege, Dhule (M.1)



Flot No.

Jawahar Medical Foundation's

Annasaheb Chudaman Patil Memorial Medical College

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43(02562)200317, 201298, 201569, 200297 Fax (02562)202027 e-mail-aupm threditinal com

Date

Teaching Plan Of Midcourse

2017

Date	Name Of the Activity	Teacher
24/03/2017	Discussion of General Pathology	Dr. S. N. Kanthika
28/03/2017	Discussion of Hematology	Dr. D. B. Nikumbh
31/03/2017	Discussion of Systemic Pathology	Dr. N. V. Dravid
03/04/2017	Discussion of Clinical Pathology	Dr. Rajshri Damle
07/04/2017	Discussion Of Histopathology Slides	Dr. A.S. Gadre
11/04/2017	Discussion Of Hematology Slides	Dr. Kishor Suryawanshi
14/04/2017	Discussion of University Question Papers	Dr. Rajeshwari K.



Prof. and Head of the Department, Department of Pathology JMF's ACPM Medical College, Dhule





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Ret No.

Teaching Plan Of Midcourse - 2018

Date	Name Of the Activity	Teacher
22/03/2018	Discussion of General Pathology	Dr. D Newadkar
26/03/2018	Discussion of Hematology	Dr. Prashant Deore
30/03/2018	Discussion of Systemic Pathology	Dr. N. V. Dravid
04/04/2018	Discussion of Clinical Pathology	Dr.Honey Desle
08/01/2018	Discussion Of Histopathology Slides	Dr. A.S. Gadre
09/04/2018	Discussion Of Hematology Slides	Dr. N V Dravid
13/04/2018	Discussion of University Question Papers	Dr. Nilesh Sonawane,



Prof. and Head of the Department, Department of Pathology JMF's ACPM Medical College, Dhule



Jawahar Medical Foundation's

Annasaheb Chudaman Patil Memorial Medical College

Fost Box No. 145 Bakri Road, Dhule (M.S.) 424001. 12 (02562) 2003 17, 201298, 201569, 200297 Fax (02562) 200207 H-mail-acpm 07 codimal com

Date

Ref. No.

Teaching Plan Of Midcourse - 2019

Date	Name Of the Activity	Teacher
22/03/2019	Discussion of General Pathology	Dr. Honey Desle
28/03/2019	Discussion of Hematology	Dr. Nilesh Sonawane
02/04/2019	Discussion of Systemic Pathology	Dr. N. V. Dravid
08/04/2019	Discussion of Clinical Pathology	Dr. P Deore
12/04/2019	Discussion Of Histopathology Slides	Dr. A.S. Gadre
16/04/2019	Discussion Of Hematology Slides	Dr. D Newadkar
22/04/2019	Discussion of University Question Papers	Dr. N V Dravid,



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छ (02562)200317, 201298, 201569, 200297 Fax (02562)202027 स-mail-acpmit reditings com

Date

Teaching Plan Of Midcourse - 2020

Date	Name Of the Activity	Teacher
23/03/2020	Discussion of General Pathology	Dr. D Newadkar
27/03/2020	Discussion of Hematology	Dr. D.J Shah
31/03/2020	Discussion of Systemic Pathology	Dr. N. V. Dravid
03/04/2020	Discussion of Clinical Pathology	Dr. Honey Desle
07/04/2020	Discussion Of Histopathology Slides	Dr. A.S. Gadre
15/04/2020	Discussion Of Hematology Slides	Dr. P Deore
20/04/2020	Discussion of University Question Papers	Dr. Nilesh Sonawane,



Prof. and Head of the Department, Department of Pathology JMFs ACPM Medical College, Dhule

TEACHING SCHEDULE FOR REPEATER STUDENTS

2016-2017

DATE	TIME	TOPIC	TEACHERS NAME
07/02/2017	2-3 pm	Sterilization and disinfection	Dr. Karuna Ahire
14/02/2017	2-3 pm	Culture Media	Mr. Bothiker S.T.
21/02/2017	2-3 pm	Hypersensitivity	Dr. Wadile Rahul
28/02/2017	2-3 pm	Comaebacterium diptheriae	Dr. Karuna Ahire
07/03/2017	2-3 pm	Salmonella	Mr. Bothiker S.T.
14/03/2017	2-3 pm	Mycobacterium Tuberculosis	Dr. Wadile Rahul
21/03/2017	2-3 pm	HIV	Dr. Karuna Ahire
21/03/2017	2-3 pm	Viral Hepatitis	Mr. Bothiker S.T.
04/04/2017	2-3 pm	Bio medical waste disposal	Dr. Wadile Rahul
11/04/2017	2-3 pm	Pyrexia of unknown origin	Dr. Karuna Ahire
18/04/2017	2-3 pm	Malarial parasite	Dr. Wadile Rahul



Department of Microbiology, A.C.P.M.Medical Coilege, Dhule (M.S.)

TEACHING SCHEDULE FOR REPEATER STUDENTS

2017-2018

DATE	TIME	TOPIC	TEACHERS NAME
06/02/2018	2-3 pm	Sterilization and disinfection	Dr. Karuna Ahire
14/02/2018	2-3 pm	Culture Media	Mr. Bothiker S.T.
20/02/2018	2-3 pm	Hypersensitivity	Dr. Wadile Rahul
27/02/2018	2-3 pm	Cornaebacterium diptheriae	Dr. Karuna Ahire
06/03/2018	2-3 pm	Salmonella	Mr. Bothiker S.T.
13/03/2018	2-3 pm	Mycobacterium Tuberculosis	Dr. Wadile Rahul
20/03/2018	2-3 pm	HIV	Dr. Karuna Ahire
27/03/2018	2-3 pm	Viral Hepatitis	Mr. Bothiker S.T.
03/04/2018	2-3 pm	Bio medical waste disposal	Dr. Wadile Rahul
09/04/2018	2-3 pm	Pyrexia of unknown origin	Dr. Karuna Ahire
16/04/2018	2-3 pm	Malarial parasite	Dr. Wadile Rahul



Professor & Head,
Department of Microbiology,
A.C.P.M.Medical College, Bhule (M.S.)

TEACHING SCHEDULE FOR REPEATER STUDENTS 2018-2019

DATE	TIME	TOPIC	TEACHERS NAME
05/02/2019	2-3 pm	Sterilization and disinfection	Dr. Karuna Ahire
12/02/2019	2-3 pm	Culture Media	Mr. Bothiker S.T.
20/02/2019	2-3 pm	Hypersensitivity	Dr. Wadile Rahul
26/02/2019	2-3 pm	Cornaebacterium diptheriae	Dr. Karuna Ahire
05/03/2019	2-3 pm	Salmonella	Mr. Bothiker S.T.
12/03/2019	2-3 pm	Mycobacterium Tuberculosis	Dr. Wadile Rahul
20/03/2019	2-3 pm	HIV	Dr. Karuna Ahire
26/03/2019	2-3 pm	Viral Hepatitis	Mr. Bothiker S.T.
02/04/2019	2-3 pm	Bio medical waste disposal	Dr. Wadile Rahul
09/04/2019	2-3 pm	Pyrexia of unknown origin	Dr. Karuna Ahire
16/04/2019	2-3 pm	Malarial parasite	Dr. Wadile Rahul



Professor & Head,
Department of Microbiology,
A.C.P.M.Medical College, Dhule (M.S.)

TEACHING SCHEDULE FOR REPEATER STUDENTS 2019-2020

DATE	TIME	TOPIC	TEACHERS NAME
04/02/2020	2-3 pm	Sterilization and disinfection	Dr. Karuna Ahire
11/02/2020	2-3 pm	Culture Media	Mr. Bothiker S.T.
18/02/2020	2-3 pm	Hypersensitivity	Dr. Wadile Rahul
25/02/2020	2-3 pm	Cornaebacterium diptheriae	Dr. Karuna Ahire
03/03/2020	2-3 pm	Salmonella	Mr. Bothiker S.T.
11/03/2020	2-3 pm	Mycobacterium Tuberculosis	Dr. Wadile Rahul
17/03/2020	2-3 pm	HIV	Dr. Karuna Ahire
24/03/2020	2-3 pm	Viral Hepatitis	Mr. Bothiker S.T.
31/03/2020	2-3 pm	Bio medical waste disposal	Dr. Wadile Rahul
07/04/2020	2-3 pm	Pyrexia of unknown origin	Dr. Karuna Ahire
15/04/2020	2-3 pm	Malarial parasite	Dr. Wadile Rahul



Professor & Head,
Department of Microbiology,
A.C.P.M.Medical College, Dhyle (M.S.)

Date :- 19/8/2016

Teaching Schedule for Repeater Students.

Date	Time	Venue	Topic	Teacher's Name
26/8/2016	2 to 3 pm.	FMT, Demo Hall	Postmortem Changes	Dr. A.S. Keche
28/8/2016	2 to 3 pm.	FMT, Demo Hall	Injury	Dr. S. K. Singhal
8/9/2016	2 to 3 pm.	FMT, Demo Hall	Hanging &Strangulation	Dr. A. S. Keche
15/9/2016	2 to 3 pm.	FMT, Demo Hall	Head Injury	Dr. S. K. Singhal
22/9/2016	2 to 3 pm.	FMT, Demo Hall	Forensic Psychiatry	Dr. A. S. Keche
26/92016	2 to 3 pm.	FMT, Demo Hall	Sexual Assault	Dr. S. K. Singhal
29/9/2016	2 to 3 pm.	FMT, Demo Hall	Important Poisons	Dr. A. S. Keche



Prof. & HOD

Dept of FMT

ACPM Medical College, Dhule Professor & Head,
Department of Forensic Medicine & Toxicology,
A.C.P.M.Medical College, Dhule [M.S.]

Date :- 03/8/2017

Teaching Schedule for Repeater Students.

Date	Time	Venue	Topie	Teacher's Name
05/8/2017	2 to 3 pm.	FMT, Demo Hall	Postmortem Changes	Dr. A.S. Keche
12/8/2017	2 to 3 pm.	FMT, Demo Hall	Injury	Dr. S. K. Singhal
24/8/2017	2 to 3 pm.	FMT, Demo Hall	Hanging &Strangulation	Dr. A. S. Keche
28/8/2017	2 to 3 pm.	FMT, Demo Hall	Head Injury	Dr. S. K. Singhal
04/9/2017	2 to 3 pm.	FMT, Demo Hall	Forensic Psychiatry	Dr. A. S. Keche
13/9/2017	2 to 3 pm.	FMT, Demo Hall	Sexual Assault	Dr. S. K. Singhal
26/9/2017	2 to 3 pm.	FMT, Demo Hall	Important Poisons	Dr. A. S. Keche



Prof. & HOD

Dept of FMT

ACPM Medical College, Dhule
Professor & Head,
Department of Forensic
Medicine & Toxicology,
A.C.P.M.Medical College, Dhule [M.S.]

Date :- 03/8/2018

Teaching Schedule for Repeater Students.

Date*	Time	Venue	Topie	Teacher's Name
05/8/2018	2 to 3 pm.	FMT, Demo Hall	Postmortem Changes	Dr. A.S. Keche
12/8/2018	2 to 3 pm.	FMT, Demo Hall	Injury	Dr. S. K. Singhal
24/8/2018	2 to 3 pm.	FMT, Demo Hall	Hanging &Strangulation	Dr. A. S. Keche
28/8/2018	2 to 3 pm.	FMT, Demo Hall	Head Injury	Dr. S. K. Singhal
04/9/2018	2 to 3 pm.	FMT, Demo Hall	Forensic Psychiatry	Dr. A. S. Keche
13/9/2018	2 to 3 pm.	FMT, Demo Hall	Sexual Assault	Dr. S. K. Singhal
26/9/2018	2 to 3 pm.	FMT, Demo Hall	Important Poisons	Dr. A. S. Keche



Prof. & HOD

Dept of FMT

ACPM Medical College, Dhule
Professor & Head,
Department of Forensic
Medicine & Toxicology,
A.C.P.M.Medical College, Dhule [M.S.]

Date :- 06/9/2019

Teaching Schedule for Repeater Students.

Date	Time	Venue	Topic	Teacher's Name
10/9/2019	2 to 3 pm.	FMT, Demo Hall	Postmortem Changes	Dr. A.S. Keche
16/9/2019	2 to 3 pm.	FMT, Demo Hall	Injury	Dr. S. K. Singhal
23/9/2019	2 to 3 pm.	FMT, Demo Hall	Hanging &Strangulation	Dr. A. S. Keche
27/9/2019	2 to 3 pm.	FMT, Demo Hall	Head Injury	Dr. S. K. Singhal
03/10/2019	2 to 3 pm.	FMT, Demo Hall	Forensic Psychiatry	Dr. A. S. Keche
08/10/2019	2 to 3 pm.	FMT, Demo Hall	Sexual Assault	Dr. S. K. Singhal
16/10/2019	2 to 3 pm.	FMT, Demo Hall	Important Poisons	Dr. A. S. Keche



Prof. & HOD

Dept of FMT

ACPM Medical College, Dhule
Professor & Head,
Department grensic

cology,

Januage, Dhule [M.S.]

TEACHING SCHEDULE FOR REPEATER STUDENTS 2016-2017

DATE	TIME	TOPIC	TEACHERS NAME
01/02/2017	8-9 am	Hypertension	Dr. Punit Patil
08/02/2017	8-9 am	Diabetes mellitus	Dr. S.D.Nikumbh
15/02/2017	8-9 am	Congestive cardiac failure	Dr. Dilip Patil
22/02/2017	8-9 am	Myocardial infarction	Dr. Dilip Patil
28/02/2017	8-9 am	Glomerulinephritis	Dr.Chudaman Patil
01/03/2017	8-9 am	Renal failure	Dr. Pargnesh Shah
08/03/2017	8-9 am	Anaemia	Dr. Dushyant Patil
15/03/2017	8-9 am	Stroke	Dr. Punit Patil
22/03/2017	8-9 am	Parkinsonism	Dr. S.D.Nikumbh
29/03/2017	8-9 am	Jaundice	Dr. Dilip Patil
06/04/2017	8-9 am	Multiple myeloma	Dr.Chudaman Patil
13/04/2017	8-9 am	Lymphoma- Hodgkins	Dr. Pargnesh Shah
20/04/2017	8-9 am	ALL/CML	Dr. Punit Patil



Professor & Head,
Department of General Medicine
A.C.P.M. Medical College, Dhule (M.S.)

TEACHING SCHEDULE FOR REPEATER STUDENTS

2017-2018

DATE	TIME	TOPIC	TEACHERS NAME
01/02/2018	8-9 am	Hypertension	Dr. Punit Patil
08/02/2018	8-9 am	Diabetes mellitus	Dr. S.D.Nikumbh
15/02/2018	8-9 am	Congestive cardiac failure	Dr. Dilip Patil
22/02/2018	8-9 am	Myocardial infarction	Dr. Dilip Patil
01/03/2018	8-9 am	Glomerulinephritis	Dr.Chudaman Patil
08/03/2018	8-9 am	Renal failure	Dr. Pargnesh Shah
15/03/2018	8-9 am	Anaemia	Dr. Dushyant Patil
22/03/2018	8-9 am	Stroke	Dr. Punit Patil
05/04/2018	8-9 am	Parkinsonism	Dr. S.D.Nikumbh
12/04/2018	8-9 am	Jaundice	Dr. Dilip Patil
19/04/2018	8-9 am	Multiple myeloma	Dr.Chudaman Patil
26/04/2018	8-9 am	Lymphoma- Hodgkins	Dr. Pargnesh Shah



Professor & Head.

Department of General Medicine

A.C.P.M. Medical College, Dhuie (M.S.)

TEACHING SCHEDULE FOR REPEATER STUDENTS

2018-2019

DATE	TIME	TOPIC	TEACHERS NAME	
07/02/2019	8-9 am	Hypertension	Dr. Punit Patil	
14/02/2019	8-9 am	Diabetes mellitus	Dr. S.D.Nikumbh	
21/02/2019	8-9 am	Congestive cardiac failure	Dr. Dilip Patil	
28/02/2019	8-9 am	Myocardial infarction	Dr. Dilip Patil	
01/03/2019	8-9 am	Glomerulinephritis	Dr.Chudaman Patil	
08/03/2019	8-9 am	Renal failure	Dr. Pargnesh Shah	
15/03/2019	8-9 am	Anacmia	Dr. Dushyant Patil	
22/03/2019	8-9 am	Stroke	Dr. Punit Patil	
29/03/2019	8-9 am	Parkinsonism	Dr. S.D.Nikumbh	
04/04/2019	8-9 am	Jaundice	Dr. Manjit Sisode	
11/04/2019	8-9 am	Multiple myeloma	Dr.Chudaman Patil	
18/04/2019	8-9 am	Lymphoma- Hodgkins	Dr. Pargnesh Shah	
25/04/2019	8-9 am	ALL/CML	Dr. Punit Patil	



Professor & Head,
Department of General Medicine
A.C.P.M. Medical College, Dhule (M.S.)

TEACHING SCHEDULE FOR REPEATER STUDENTS 2019-2020

DATE	TIME	TOPIC	TEACHERS NAME
03/02/2020	8-9 am	Hypertension	Dr. Punit Patil
13/02/2020	8-9 am	Diabetes mellitus	Dr. S.D.Nikumbh
20/02/2020	8-9 am	Congestive cardiac failure	Dr. Dilip Patil
27/02/2020	8-9 am	Myocardial infarction	Dr. Dilip Patil
05/03/2020	8-9 am	Glomerulinephritis	Dr.Chudaman Patil
12/03/2020	8-9 am	Renal failure	Dr. Pargnesh Shah
19/03/2020	8-9 am	Anaemia	Dr. Dushyant Patil
26/03/2020	8-9 am	Stroke	Dr. Punit Patil
09/04/2020	8-9 am	Parkinsonism	Dr. S.D.Nikumbh
16/04/2020	8-9 am	Jaundice	Dr. Manjit Sisode
23/04/2020	8-9 am	Multiple myeloma	Dr.Chudaman Patil
30/04/2020	8-9 am	Lymphoma- Hodgkins	Dr. Pargnesh Shah

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Professor & Head,
Department of General Medicine
A.C.P.M. Medical College, Dhule (M.S.)

ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF OBSTETRICS & GYNAEOLOGY TEACHING SCHEDULE FOR REPEATER STUDENTS

2016-2017

DATE	TIME	TOPIC	TEACHERS NAME
06/02/2017	9-10 am	Anemia in pregnancy	Dr. Alka Patil
13/02/2017	9-10 am	Normal labour	Dr. Amol Korane
20/02/2017	9-10 am	Post-partum hemorrhage	Dr. Nitin Kulkarni
27/02/2017	9-10 am	Puerperium	Dr. Amod Mahajani
06/03/2017	9-10 am	Placenta pravia	Dr. Kanade L.R.
13/03/2017	9-10 am	Caesarean section (LSCS)	Dr. Alka Patil
20/03/2017	9-10 am	Fibroid of uterus	Dr. Amol Korane
27/03/2017	9-10 am	Endometriosis	Dr. Nitin Kulkarni
03/04/2017	9~10 am	Ca. Cervix	Dr. Amod Mahajani
10/04/2017	9-10 am	Drugs in pregnancy	Dr. Kanade L.R.
17/04/2017	9-10 am	Menstrual disorder	Dr. Alka Patil
24/04/2017	9-10 am	Preeclampsia	Dr. Nitin Kulkarni



Professor & Head,
Department of Obstetrics
& Gynaecology,
A.C.P.M. Medical College,
DHULE. [M.S.]

ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF OBSTETRICS & GYNAEOLOGY TEACHING SCHEDULE FOR REPEATER STUDENTS

2017-2018

DATE TIME		TOPIC	TEACHERS NAME
05/02/2018	9-10 am	Anemia in pregnancy	Dr. Alka Patil
12/02/2018	9-10 am	Normal labour	Dr. Amol Korane
20/02/2018	9-10 am	Post-partum hemorrhage	Dr. Nitin Kulkarni
27/02/2018	9-10 am	Puerperium	Dr. Amod Mahajani
05/03/2018	9-10 am	Placenta pravia	Dr. Kanade L.R.
12/03/2018	9-10 am	Caesarean section (LSCS)	Dr. Alka Patil
19/03/2018	9-10 am	Fibroid of uterus	Dr. Amol Korane
26/03/2018	9-10 am	Endometriosis	Dr. Nitin Kulkarni
02/04/2018	9-10 am	Ca. Cervix	Dr. Amod Mahajani
09/04/2018	9-10 am	Drugs in pregnancy	Dr. Kanade L.R.
16/04/2018	9-10 am	Menstrual disorder	Dr. Alka Patil
23/04/2018	9-10 am	Preeclampsia	Dr. Nitin Kulkarni



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& Gynaecology,
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DEACE. [M.S.]

ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF OBSTETRICS & GYNAEOLOGY TEACHING SCHEDULE FOR REPEATER STUDENTS

2018-2019

DATE	TIME	TOPIC	TEACHERS NAME
04/02/2019	9-10 am	Anemia in pregnancy	Dr. Alka Patil
11/02/2019	9-10 am	Normal labour	Dr. Amol Korane
18/02/2019	9-10 am	Post-partum hemorrhage	Dr. Nitin Kulkarni
25/02/2019	9-10 am	Puerperium	Dr. Amod Mahajani
05/03/2019	9-10 am	Placenta pravia	Dr. Kanade L.R.
11/03/2019	9-10 am	Caesarean section (LSCS)	Dr. Alka Patil
18/03/2019	9-10 am	Fibroid of uterus	Dr. Amol Korane
25/03/2019	9-10 am	Endometriosis	Dr. Nitin Kulkarni
01/04/2019	9-10 am	Ca. Cervix	Dr. Amod Mahajani
08/04/2019	9-10 am	Drugs in pregnancy	Dr. Kanade L.R.
15/04/2019	9-10 am	Menstrual disorder	Dr. Alka Patil
22/04/2019	9-10 am	Preeclampsia	Dr. Nitin Kulkarni



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DHULE. [M.S.]

ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF OBSTETRICS & GYNAEOLOGY

TEACHING SCHEDULE FOR REPEATER STUDENTS

2019-2020

DATE	TIME	TOPIC	TEACHERS NAME
03/02/2020	9-10 am	Anemia in pregnancy	Dr. Alka Patil
10/02/2020	9-10 am	Normal labour	Dr. Amol Korane
17/02/2020	9-10 am	Post-partum hemorrhage	Dr. Nitin Kulkarni
24/02/2020	9-10 am	Puerperium	Dr. Amod Mahajani
02/03/2020	9-10 am	Placenta pravia	Dr. Kanade L.R.
09/03/2020	9-10 am	Caesarean section (LSCS)	Dr. Alka Patil
16/03/2020	9-10 am	Fibroid of uterus	Dr. Amol Korane
23/03/2020	9-10 am	Endometriosis	Dr. Nitin Kulkarni
30/03/2020	9-10 am	Ca. Cervix	Dr. Amod Mahajani
13/04/2020	9-10 am	Drugs in pregnancy	Dr. Kanade L.R.
20/04/2020	9-10 am	Menstrual disorder	Dr. Alka Patil
27/04/2020	9-10 am	Preeclampsia	Dr. Nitin Kulkarni



Professor & Head,
Department of Obstetrics
& Gynaecology,
A.C.P.M. Medical College,
DHULE. [M.S.]

ANATOMY DEPARTMENT

Information on examination reforms



Teaching Hours UG according to Old Curriculum and New Guideline (CBME)

Year	Old Curriculum		CBME		
Duration of phase first	12 months		14 months		
Foundation course	Not inclu	ded	Yes (1 month	1)	
No. of internal assessment exam	2 3		3		
Internal assessment exam	Theory	Practical	Theory	Practical	
Inernal	60	40	100	50	
			100	50	
Prelim	100	40	200	100	
Eligibility Criteria	35%		50%		
University examination	100	60	200	100	
Early clinical exposure	Not inclu	ided	Newly introduced		
Self directed learning	Not inclu	ıded	Newly introduced		
AETCOM	Not inclu	ided	Newly introd		
Sports and ECA	Not included		Newly introduced		
Formative assessment	No		Yes		
Log book	No		Yes		



Professor & Head, Department of Anatomy, A.C.P.M.Medical College, Dhule [M.S.)

BLUE PRINT OF QUESTION PAPER (2014-2015 TO 2018-19) PRELIMINARY EXAMINATION ANATOMY PAPER – I

Syllabus-

Superior extremity

Thorax

Head, Neck & Face

Central nervous system

Histology

Embryology

Skeleton of question paper

Qus .No.	Sections	Questions	Actual marks	Marks with options	
1	A	Multiple choice questions	10	10	
2	В	Short answer questions	24	28	
3	c	Long answer questions	16	24	
		Total marks	50	62	



Professor & Head,
Department of Anatomy,
A.C.P.M. Medical College, Dhole [M.S.]

Marks allotted to each topic of syllabus

Topic Marks allotted	Multiple choice question			Short answer questions			Long answer questions			Total marks	
	Recail	comprehensive	Application base	Recall	Comprehensive	Application base	Recall	comprehensive	Application base		
Supex	10	1.5		0.5	4		4				
thorax	14	1.5		0.5			4	8			
HNF	14	1.5		0.5	4					8	62
CNS	14	1.5		0.5	4			8			
Histo.	0.5	1			4						
Embryo	05	1					4				
Total marks	62		Attain 20 MCQ (1/2 Marks each)		1 200 1805	Attain 6 out of 7 (4 marks each)		Attain 2 out of 3 (8 marks each)			



Professor & Head, Department of Anatomy, AC.P.H.Medoxi Cologo, Dhule [M.S.]

BLUE PRINT OF QUESTION PAPER (2014-2015 TO 2018-19) PRELIMINARY EXAMINATION ANATOMY PAPER -II

Syllabus -

General Anatomy

Inferior extremity

Abdomen

Pelvis

General histology

General embryology

Genetics

Systemic histology

Systemic embryology

Skeleton of question paper

Ous.No.	Sections	Ouestions	Actual marks	Marks with options		
1	A	MULTIPLE CHOICE QUESTIONS	10	10		
2	В	SHORT ANSWER QUESTIONS	24	28		
3	С	LONG ANSWER QUESTIONS	16	24		
		TOTAL MARKS	50	62		

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Professor & Head,
Department of Anatomy,
A.C.P.M.Minucal College, Ditule [M.B.]

Marks allotted to each topic of syllabus

Topic	Marks allotted			Short answer questions			Long answer questions			Total marks	
		Recall	comprehensive	Application base	Recall	Comprehensive	Application base	Recall	comprehensive	Application base	
Gen.anatomy	05	1			4						
Infex	09	0.5		0.5						8	
Abdomen	14	1.5		0.5			4	8			62
Pelvis	09	1						8			
Gen. histology	05	1			4		4				
Gen. embryology	05	0.5		0.5			4				
Genetics	05			1		4					
Syst.histology	05	1				4					
Syst. embryo	05	1									
Total marks	62	Attain 20 MCQ (1/2 Marks each)		Attain 6 out of 7			Attain 2 out of 3 (8 marks each)				

Professor & Head, Department of Anatomy, A.C.P.M. Medical College, Dhele [M.S.)

BLUE PRINT OF QUESTION PAPER(2014-2015 TO 2018-19)TERMINAL EXAMINATION ANATOMY PAPER

Syllabus -

General Anatomy

Superior extremity

Inferior extremity

Thorax

General histology

General embryology

Skeleton of question paper

Ous.No.	Sections	Questions	Actual marks	Marks with
1	A	MULTIPLE CHOICE QUESTIONS	12	12
2	В	SHORT ANSWER QUESTIONS	24	28
3	С	LONG ANSWER QUESTIONS	24	32
		TOTAL MARKS	50	72

SOUTH BANCAL COLORS

Professor & Head, Department of Anatomy, A.P.P.M.Medical College, Dhuis [M.S.)

Marks allotted to each topic of syllabus

Topic	Marks allotted	Multip	ole choice quest	ion	Short answer questions			Long ar	Total marks		
		Recall	comprehensive	Application base	Recall	Comprehe nsive	Application base	Recall	comprehensive	Application base	
Gen. Anatomy	08				4		4				
Sup.extremity	17	3		2			4	8			
Inf.extremity	17	3		2			4			8	72
Thorax	26	4		2	4			8		8	
Gen. Histo.	08	3		1	4						
Gen. Embryo	08	3		1	4						
Total marks	72		Attain 24 MC		1000	6 out of 7 rks each)		100000000000000000000000000000000000000	3 out of 4 s each)		

Professor & Head, Department of Anatomy, A.C.P.M.Medical College, Dhule [M.\$fl

BLUE PRINT OF QUESTION PAPER(2019-20) FIRST INTERNAL ASSESSMENTEXAMINATION PAPER

Syllabus -

General Anatomy

General histology

General embryology

Inferior extremity

Thorax

Abdomen & Pelvis

Systemic histology

Systemic embryology

Skeleton of question paper

Ous.No.	Sections	Ouestions	Actual marks	Marks with	
1	A	MULTIPLE CHOICE QUESTIONS	20	20	
3	В	SHORT ANSWER QUESTIONS	20	25	
		Long answer questions	20	30	
5	С	SHORT ANSWER QUESTIONS	20	25	
		LONG ANSWER QUESTIONS	20	30	
		TOTAL MARKS	100	130	

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Professor & Head,
Department of Anatomy,
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BLUE PRINT OF QUESTION PAPER(2014-2015 TO 2018-19) SECOND INTERNAL ASSESMENT EXAMINATION PAPER

Syllabus -

Abdomen & Pelvis

Head, Neck & Face

Systemic histology

Systemic embryology

Skeleton of question paper

Ous.No.	Sections	Questions	Actual marks	Marks with
1	A	MULTIPLE CHOICE QUESTIONS	20	20
3	В	BRIEF ANSWER QUESTIONS	20	22
		SHORT ANSWER QUESTIONS	40	45
4	С	LONG ANSWER QUESTIONS	20	30
		TOTAL MARKS	100	117

OYGUE TO HOLE

Professor & Head, Department of Anatomy, 'A.C.P.M.Medical Covege, Dhule (M.S.)

Marks allotted to each topic of syllabus

Topic	marks allotted	Multiple choice questions			Brief answers questions			Short answers questions			Long answers questions			
		recall	Compr ehensi ve	Applic ation base	recali	Compr ehensi ve	Applicati on base	Recall	Compreh ensive	Application base	recall	compreh	Application base	
Abdomen & pelvis	50	6		3	6		4	5+5		5	06		10	
HNF	33	3		2	6		2	5		5	10			
Gen. histology	17	2		1	2			5+5			2			117
Gen. Embryo	17	2		1	2			5		5	2	*****		
Total marks	117	(1	Attain 20-MCC mark for	1		Attai 10 out o 2 mark fo	of 11		Attai 8 out (5 mark fo	of 9		Attain 2 out of (10 mark for		



Professor & Mead,
Department of Anatomy,
A.C.P.M.Medical College, Dhule [M.S.f.

Blue print of question paper (2019-20) Preliminary examination anatomy paper-1

Syllabus-

Superior extremity

General embryology

Genetics

Head, Neck & Face

Central nervous system

AETCOM

Systemic Histology

Systemic embryology

Skeleton of question paper

Ques.no.	Sections	Questions	Actual Marks	Marks with options
1	A	Multiple choice questions	20	20
2		Brief answers questions	20	22
3	В	Short answers questions	40	45
4		Long answers questions	20	30
		Total marks	100	117

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Professor & Head,
Department of Anatomy,
A.C.P.M.Medical Golsge, Chule (M.S.)

Marks allotted to each topic according to syllabus

Topic	Marks allotted	Multipl questi	le choice ons		Brief ar	nswers questio	ens	Short a	nswers quest	ions	Long a	nswers ques	tions	Total mark
		Recall	Comp rehen sive	Applic ation base	Recall	Comprehen	Application base	Recall	compreh ensive	Application base	Recall	Compreh ensive	Application base	
Supex	19	1		1			2	1		5			10	117
General. embryo	10	1			2		2	5						
Genetics	05							5						1
HNF	29	5		2	2+2		2	5		5	6			1
CNS	29	5		3	2+2		2	5			10			
AETCOM	05					-		5						1
Systemic histology	10	1			2					5	2			
Systemic embryo	10	1			2			5			2			
Total marks	117		tain 20-M		Attain 10 out of 11 (2 mark for each)		Attain 8 out of 9 questions (5 mark for each)			Attain 2 out of 3 (10 mark for each)				



Professor & Head, Department of Anatomy, A.C.P.M.Medical Cologe, Chule [M.S.]

Blue print of question paper (2019-20) Preliminary examination anatomy paper-2

Syllabus-

General Anatomy

General histology

Abdomen & pelvis

Thorax

Systemic Histology

Systemic embryology

Skeleton of question paper

Ques.no.	Sections	Questions	Actual Marks	Marks with options
1	A	Multiple choice questions	20	20
2		Brief answers questions	20	22
3	В	Short answers questions	40	45
4		Long answers questions	20	30
		Total marks	100	117



Professor & Head, Department of Anatomy, A.C.P.M.Madical College, Dhuse [M.S.)

Marks allotted to each topic according to syllabus

Topic	Marks allotted	Multipl	e choice ons		Brief a	nswers ques	tions	Short an	swers questio	ons	Long an	swers question	ns	Total mark	
		Recall	Comp rehen sive	Applic ation base	Recall	Compreh ensive	Application base	Recall	compreh	Application base	Recall	Comprehe nsive	Application base		
General Anatomy	10	1			2		2	5							
General. Histology	10	1			2		2	5							
Abdomen & pelvis	29	6		3	2		2	5		5	6				
Inferior extremity	19	1		1	2					5			10	117	
Thorax	29	3		2	2		2	5		5	10			1	
Systemic histology	10	1			2					5	2				
Systemic embryo	10	1			2						2				
Total marks	117	THE PARTY OF	20-MCQ k for each	1)	100000000000000000000000000000000000000	Attain 10 out of 11 (2 mark for each)			Attain 8 out of 9 questions (5 mark for each)			Attain 2 out of 3 (10 mark for each)			



Professor & Head,
Department of Anatomy.

A.C.P.M.Medical College, Dhule [M.S.1]

SKELETON OF PRACTICAL EXAMINATION

			Anatomy													
	Practical										Oral /Viva					
Seat no.	Soft parts	Microana tomy (10 spots)	Microanato my slide discussion(2 slides)	Axial skeleton	Embryology models	Clinical anatomy incl. Genetic charts	Journal /Logbook	Total	Appendicular skeleton	х-гау	Surface living anatom v	Total	Practical/oral total			
	A	В	С	D	E	F	G	н	1	J	K	L	M			
Max. marks	25	10	05	10	10	10	10	80	10	05	05	20	100			



Professor & Head, Department of Anatomy, A.C.P.M.Medical College, Dhule [M.S.]

OBJECTIVE STRUCTURAL PRACTICAL EXAMINATION

A) Appendicular Skeleton (one bone from each extremity ,5 marks each 10 M)

- Q.1 Identify bone and its type (1M)
- Q.2 Identify the side and hold in anatomical position (1M)
- Q.3 General features (1M)
- Q.4 Special features i.e. Enumerates structure passing through the mark area/foramens (1M)
- Q.5 Applied Aspect of bone

B) Axial Skeleton (2 bones 5 marks each -10M)

- Q.1 Identify the bones & its type (1M)
- Q.2 General Features & Anatomical position (1M)
- Q.3 Special features i.e. enumerates structure passing through the mark area/ foramens (1M)
- Q.4 Structure attached or related to mark area/ Sex difference

C) Soft parts (Any one structure/muscle from superior & Inferior extremity, 5 marks each-10M)

- Q.1 Identification (1M)
- Q.2 Origin & Insertion (1M)
- Q.3 Nerve supply & Blood supply (1M)
- O.4 Action /Branches (2M)
- Q.5 Applied (1M)

D) Soft parts (Any one organ from Thorax Abdomen & HNF< 5 marks each -15M)

- Q.1 Identify the organ & anatomical position (1M)
- Q.2 Describe its parts or lobes (1M)
- O.3 Relations or muscles with action (1M)
- Q.4 Blood supply & Nerve supply (1M)
- Q.5 Applied (1M)



J) Radiology (any one, 5 marks each-5M)

- Q.1 Identification of X-ray with view (1M)
- Q.2 Which are the structures seen in X-ray (2M)
- Q.3 Movements / Procedure (2M)

K) Journal /Logbook(10-marks)

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Professor & Head, Department of Anatomy, A.C.P.M.Metical Covage, Dhule [M.S.]

OBJECTIVE STRUCTURAL CLINICAL EXAMINATION

Any one of the following

A) Arteries and veins (5 marks each -5 marks)

- Q.1 Instructions by students (1M)
- Q.2 Site of identification by students (1M)
- Q.3 Methods of palpation (1M)
- Q.4 Viva vores (1M)

B) Muscles (5 marks each -5 marks)

- Q.1 Instructions by students (1M)
- Q.2 Demonstration of various actions (2M)
- Q.3 Viva vores (1M)

C) Anatomical Spaces(5 marks each -5 marks)

- Q.1 Instructions by students (1M)
- Q.2 Site of identification by students (1/2M)
- Q.3 Methods of palpation/demonstration (1M)
- Q.4 Viva vores (1M)

D) Movements at Joints (5 marks each -5 marks)

- Q.1 Instructions by students (1M)
- Q.2 Demonstration of various movements(2M)
- Q.3 Viva (2M)

SAN CONTROL OF THE PROPERTY OF

Professor & Head, Department of Anatomy, A.C.P.M.Medical Covage, Dhule [M.S.I Physiology Exam Reforms

1" MBBS 2019-20 Batch

BLUE PRINTING (QUESTIONPAPER)

FIRST TERMINAL EXAMINATION

Sr no	Topics	Weightage	Marks allotted	MCQ I mark each	SAQ 5 mark each	LAQ 10 mark each
1	General Physiology	2	20	5	5	10
2	Nerve Physiology	2	20	5	15	-
3	Muscle Physiology	2	20	5	5	10
4	Blood	3	30	2	10	20
5	Respiratory System	1	30	5	5	*
6	Cardiovasc ular System	3	10		10	20
	Total	13	130	20	50	60

Patten of question Paper -

Question Type	No of Items	Marks	Marks with options
MCQ (1 mark each)	20	20	20
SAQ (5 marks Each)	8	40	50
LAQ (10 marks each)	4	40	60

Perfeeter & Head, Department o Physiology, A.C.PM.Medical Callege, Challe [M.S.]

BLUE PRINTING (QUESTION PAPER)

SECOND TERMINAL EXAMINATION

Sr no	Topic	Weightage	Marks Allotted	MCQ 1 mark each	BAQ 2 marks each	SAQ 5 mark each	LAQ 10 mark each
1	Respiratory system	3	27	3	4	10	10
2	ECG	1	9	3	6	14.	
3	Endocrines	2	18	3	1	5	-
4	GIT + AETCOM	2	18	4	4	10	10
5	Renal	3	27	3	4	10	-
6	Eye	2	18	4	4	10	10
	Total	13	117	20	22	45	30

Pattern of question Paper -

Question Type	No of Items	Marks	Marks with options
MCQ (1 mark each)	20	20	20
Brief Answer Question BAQ (2 marks Each)	10	20	22
SAQ (5 marks Each)	8	40	45
LAQ (10 marks each)	2	20	30



Professor & Read,

BLUE PRINTING (QUESTION PAPER)

Preliminary examination - Paper -I

Sr no	Topic	Weightage	Marks Allotted	MCQ 1 mark	BAQ 2 marks	SAQ 5 mark each	LAQ 10 mark
1	Blood	3	27	3	4	TO	10
2	CVS	3	27	6	6	5	10
3	RS	3	27	5	2	10	33.7
4	Renal	2	18	4	1	10	10
5	GIT AETCOM	2	18	2	6	10	-
Total		13	117	20	22	45	30

Pattern of question Paper -

Question Type	No of Items	Marks	Marks with options
MCQ (1 mark each)	20	20	20
BAQ (2 marks Each)	10	20	22
SAQ 1 5 marks Each)	8	40	45
LAQ (10 marks each)	2	20	30



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Profer for & Meed, Department of Physiology, A.C.P.M.Medas College, Utola (M.S.)

OSPE

HEMOGLOBIN ESTIMATION

Aim: To convert a known volume of blood sample into acid hematin using the apparatus provided.

Checklist:

- Selects the Hb pipette and tube and checks that they are clean and dry. (Y/N)
- 2. Takes N/10 in the Hb tube up to the mark 20% or 3 g %. (Y/N)
- Shakes the container of blood and draws blood into the pipette exactly to the mark
 µl (Y/N)
- Wipes off blood from the tip of the pipette and blows out the blood into acid solution.
 (Y/N)
- 5. Rinses the pipette several times into acid solution. Notes the time. (Y/N)

RBC COUNTING

Aim: To dilute the given sample of blood 200 times using a pipette and diluent.

Checklist:

OSPE-I

- Selects the correct pipette and checks that it is clean and dry and patent. (Y/N)
- Takes enough diluents in a watch glass and sucks blood to the exact 0.5 mark and sees that there are no air bubbles (Y/N)
- 3. Wipes off blood sticking to the outside of the tip of the pipette. (Y/N)
- Sucks diluting fluid exactly to the mark 101.

(Y/N)



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Holds the pipette horizontally between the palms and rolls it gently to mix the contents of the bulb.

(Y/N)

OSPE-II

Aim: To charge the Neubauer's chamber with diluted blood provided to you in a RBC pipette.

Checklist:

- 1. Ensures that the chamber and cover slip are clean and dry. (Y/N)
- Mixes the contents of the bulb between her palms. (Y/N)
- Places the cover slip on the central plateau of the chamber to cover both the ruled areas. (Y/N)
- Discards the first two drops from the pipette and allows a suitrable-sized drop to form. (Y/N)
- Places the tip of pipette on the chamber, touching the edge of the coverslip and allows the fluid to spread evenly over the counting grid without over- or under-charging. Charges the other side also. (Y/N)

TOTAL LEUCOCYTE COUNT

OSPE-I

Aim: To dilute the given sample of blood 20 times for TLC by using diluent and a a pipette provided.

Checklist:

- 1. Checks that the pipette is clean, dry, and patent. (Y/N)
- 2. Takes sufficient diluting fluid in a watch glass and sucks blood exactly to the mark



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- 0.5 and confirms that there is no air bubble. (Y/N)
- Wipes off blood sticking to the outside of the pipette tip. (Y/N)
- 4. Sucks diluting fluid to the mark 11. (Y/N)
- 5. Holds the pipette horizontally between the palms and rolls it gently. (Y/N)

OSPE-II

Aim: To charge the counting chamber for TLC with diluted blood provided in a Pipette.

Checklist:

- 1. Checks that the chamber and the pipette are clean and dry. (Y/N)
- Places the coverslip on the floor piece and trenches. (Y/N)
- Mixes the contents of the pipette by rolling it between her palms and discards the first two.

(Y/N)

- Charges the chamber by slow and controlled release of diluted blood at the edge of the coverslip. (Y/N)
- Allows the diluted blood to spread under the coverslip to cover the ruled area. Allows the cells to settle down. (Y/N)

DIFFERENTIAL LEUCOCYTE COUNT

OSPE-I

Aim: To prepare a blood film from a sample of blood provided.

Checklist:

 Selects 3-4, clean, grease-free, dry slides and places these on a blotting paper. Mixes the provided sample of blood thoroughly without frothing. (Y/N)



Professor & Head, Department of Physiology, A.C.P.M.Metical College, Ditale [M.S.] Using a dropper, she places a small drop of blood near the end of a slide about 1 cm from the end.

(Y/N)

- 3. Supporting the left end of the slide between thumb and middle finger of left hand, she places the spreader in front of the blood drop at an angle of 40°, and draws the spreader back and allows the blood to spread along its width. (Y/N)
- 4. Maintaining a light and even pressure and 40° angle, she moves the spreader forward, with a fairly fast and gliding motion, pulling the blood behind it in the from of a thin smear. (Y/N)
- 5. Makes 3-4 more such smears. (Y/N)

OSPE-II

Aim: To stain the given blood film for differential count.

Checklist:

- Places the blood film horizontally over the parallel glass rods assembled over the sink. (Y/N)
- Pours 8-10 drops of Leishman's stain from a drop -bottle to cover the blood film.
 (Y/N)
- After 1-2 minutes (or as advised), she adds equal amount of buffered water, or double-distilled water, over the stain till the mixture stands from the edges of the slide. (Y/N)
- Mixes the stain by blowing on it through a glass dropper for 8-10 minutes Watches
 that at no stage the stain is allowed to dry on the blood film. (Y/N)
- Then drains off the stain under a gentle stream of distilled/tap water. Then puts the slide against a support, stained side facing down. (Y/N)



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OSPE-III

Aim: To examine the provided stained blood film under oil-immersion lens and focus any leukocyte.

Checklist:

- Checks the stained slide to confirm the side on which the smear was made. Then
 examines it under LP and HP lenses by making suitable adjustments of light to check
 staining and cell distribution. (Y/N)
- Raises the body tube, places a drop of cedar wood oil and swings the OI lens into position. (Y/N)
- Looking from the side, brings the OI lens down slowly till it just enters the oil drop.
 (Y/N)
- Raises the condenser and opens the iris diaphragm.

(Y/N)

Looks into the microscope and scans the smear, 'racking' the microscope all the time till she focuses a leukocyte. (Y/N)

OSPES-IV, V, VI, VII

Aim: To examine a stained blood film and to focus a large lymphocyte, small lymphocyte, monocyte, trilobed neutrophil

Check list: On similar lines of OSPE III.



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ERYTHROCYTE SEDIMENTATION RATE

OSPE-I

Aim: To load the Wintrobe tube with the supplied anticoagulated blood.

Checklist:

Selects the tube and sees that it is clean and dry.

(Y/N)

Mixes the blood sample and draws blood into a Pasteur pipette or a dropper with a long nozzle.

(Y/N)

- 3. Fills the tube with blood, starting from its bottom and withdrawing the pipette till blood column reaches the zero mark. (Y/N)
- Checks that there are no bubbles; if there are, she removes them with a filter paper strip. (Y/N)
- 5. Places the tube vertically in the Wintrobe stand and notes the time. (Y/N)

OSPE-II

Aim: To load the Westergren tube with the supplied anticoagulated blood.

Checklist:

- 1. Selects the Westergren tube and checks that it is dry and clean. (Y/N)
- 2. Mixes the blood sample. (Y/N)
- Sucks blood into the tube and takes it to the zero mark, taking care to avoid any bubbles. (Y/N)
- Presses the lower end of the tube into the rubber cushion of the stand and the upper end under the screw cap. (Y/N)
- 5. Confirms that it is vertical and notes the time. (Y/N)



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CLINICAL PHYSIOLOGY

OSPE

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OSPE-I

Aim: To assess the expansion of lower part of chest on the back.

Check-list:

- 1. Gives proper instructions to the subject Exposes the chest. (Y/N)
- Places both hands on either side of lower chest on the back, with fingers stretched out on either side, and thumbs just touching in the midline. (Y/N)
- Asks the subject to take two or three deep breaths.

(Y/N)

- Observes the expansion of chest by noting the movement of each thumb away from the midline. (Y/N)
- 5. Repeats the maneuver once again. (Y/N)

OSPE- II

Aim: To test the vocal resonance in the subject provided.

Checklist:

- Explains the procedure to the subject. (Y/N)
- 2. Applies the stethoscope to her ears and checks the diaphragm. (Y/N)
- Places the diaphragm on the infrascapular region on the back. (Y/N)
- Asks the subject to say 1,2,3 or 99 in a normal clear voice and listens to the sound.
 (Y/N)
- 5. Places the stethoscope on the other side of the chest and repeats the process. (Y/N)

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OSPE-I

Aim: To locate the apex beat of the subject provided.

Checklist:

- Stands on the right side of the subject and exposes the chest completely and inspects the precordium to see if there is any cardiac pulsation. (Y/N)
- Places the flat of the hand over the precordium, its base on the base of the heart and fingers towards the apex. (Y/N)
- Uses the ulnar border of her hand to locate the apex beat. (Y/N)
- 4. Uses the tip of her forefinger to confirm the apex beat and marks it. (Y/N)
- 5. Counts the intercostals spaces and reports the exact position of apex beat. (Y/N)

OSPE-II

Aim: To examine the radial artery of the subject provided.

Checklist:

- 1. Stands on the subject's right side and explains the procedure. (Y/N)
- Holds the subject's right hand in a semipronated and slightly flexed position. Then places her three middle fingers on the radial artery and compresses it slightly against the bone. (Y/N)
- 3. Notes the rhythm, volume, and character of the pulse. Counts the rate for one minute and notes the result. (Y/N)
- Compresses the artery with the proximal finger and tries to roll the artery against the bone with the other two finger. (Y/N)



Professor & Hostis Denomination Physiology, Cause destaction Chine (M.S.) Compares the equality of pulses in both arms. Counts the heart rate to see if there is any pulse deficit. (Y/N)

OSPE-III

Aim: To auscultate the mitral area for the heart sounds.

Checklist:

- Stands on the subject's right side and completely exposes the chest (Y/N)
- Checks for the correct functioning of the stethoscope. (Y/N)
- 3. Locates the apex beat and marks its position

(Y/N)

- Applies the stethoscope to her ears and places its diaphragm on the mitral area. (Y/N)
- 5. Listens to the heat sounds and checks these with carotid artery pulse. (Y/N)

GIT

OSPE

Aim: To palpate the liver of the subject provide.

Check-list:

- Asks the subject to lie flat on the bed, relax with knees and hips flexed, and to breathe through the mouth. Asks if there is any tenderness or pain. (Y/N)
- Bends down or kneels beside the subject's right side. Ensures that her hands are warm. (Y/N)
- Places her right hand flat on the abdomen (with wrist and forearm in the same horizontal plane) and moulds it to the abdomen. (Y/N)

4 Starting in the right iliac fossa, with fingers almost straight and slightly flexed at metacarpopharyngeal joints, presses inwards and upwards, works up towards costal margin. (Y/N)

5. Asks the subject to take a deep breath and at the height of inspiration, tries to

Professor al fead, Department of Physiology, feel the liver (does not poke fingers into the subject's abdomen). (Y/N)

CNS

CRANIAL NERVES

OSPE-I

Aim: To test the 5th cranial nerve in the subject provided.

Checklist:

- Makes the subject sit on a stool and explains the procedure. (Y/N)
- Asks the subject to look at a distance, and touches his/her conjunctiva with a wisp of cotton, and notes the response. (Y/N)
- Tests the sensations of touch and pain with a wisp of cotton and a pin on identical points on the two sides of the face. (Y/N)
- Asks the subject to show his/her teeth and then to clench his/her teeth.
 Watches and feels the masseter and temporalis muscles contracting. (Y/N)
- Asks the subject to open his/her mouth and move the mandible from side to side Then tests the mandibular reflex. (Y/N)

OSPE-II

Aim: To test the 7th cranial nerve in the subject provided.

Checklist:

- Explains the procedure to the subject. Looks for facial symmetry, furrows on the forehead, and the width of the palpebral fissure. (Y/N)
- Asks the subject to look up and wrinkle his/her forehead, and then to shut his/her eyes as tightly as possible against the examiner's resistance. (Y/N)
- Asks the subject to show his/her upper teeth and to smile. (Y/N)
- 4. Asks the subject to inflate his/her mouth with air and to blow out his/her cheeks. Then taps his/her cheeks, on either side with his/her finger, to see if air escapes from the angle of the mouth. (Y/N)

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5. Asks the subject to depress his/her lower lip. (Y/N)

OSPE-III

Aim: To test the 11th cranial nerve of the subject provided.

Checklist:

- 1. Asks the subject to sit comfortably and explains the procedure, (Y/N)
- Stands behind the subject and places his/her hands on his/her shoulders. Then asks him/her to shrug his/her shoulders against his/her resistance. (Y/N)
- Places his/her hand on the right side of the subjects face and asks him/her to rotate his/ her head to the opposite side. Watches the left sternomastoid. (Y/N)
- Repeats the procedure on the left side and asks him/her to rotae his/her head to the left, and watches the right sternomastoid muscle. (Y/N)
- Places his/her hand on the subject's forehead and asks him/her to bend his/her head forwards against resistance. (Y/N)

OSPE-IV

Aim: To test the 12th cranial nerve in the subject provides.

Checklist:

- 1. Explains the procedure to the subject (Y/N)
- Asks the subject to push out his/her tongue as far as possible, Then inspects its position, evidence of wasting and fasciculation. (Y/N)
- Asks the subject to move his/her tongue from side to side over the lips and against the walls of the cheeks. (Y/N)
- Places his/her finger over the subject's cheek and asks him/her to push against it. Repeats on the opposite side. (Y/N).
- Asks the subject to touch the tongue to the palate, and then to depress it into the floor of the mouth. (Y/N)

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MOTOR SYSTEM

OSPE-I

Aim: To assess the muscle tone in the upper limb of the subject provided.

Checklist:

- Explains the procedure to the subject and seats him comfortably. (Y/N)
- Holds the forearm of the subject and alternately flexes and extends his wrist with her other hand, (Y/N).
- Performs similar passive movements at the fingers, elbow and shoulder.
 (Y/N)
- 4. Compares the muscle tone on the opposite side by passive movements. (Y/N)
- Notes down the results. (Y/N)

OSPE-II

Aim: To assess the muscle strength in the right upper limb of the subject provided.

Checklist:

- 1. Explains the procedure to the subject. (Y/N)
- Asks the subject to shake her hand with full force and then to cause active movements of the fingers and wrist against resistance. (Y/N)
- Asks the subject to flex and extend the elbow against resistance and watches the prominence of biceps and triceps. (Y/N)
- Asks the subject to move his shoulder in different directions against resistance. (Y/N)
- 5. Compares the strength of identical muscles on the opposite side. (Y/N)



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OSPE-III

Aim: To elicit the knee jerk in the subject provided.

Checklist:

- 1. Seats the subject on a stool and asks him to cross one leg over the other. (Y/N)
- Gives instructions about the procedure and assures him that the hammer will not cause any pain. (Y/N)
- Places her hand on the subject's quadriceps muscle. (Y/N)
- Locates the patellar tendon and then strikes it between the patella and the tibial tuberosity, holding the hammer between thumb and fingers and swinging it from the wrist. (Y/N)
- Watches/feels the contraction of quadriceps muscle, and the kicking forward of the leg. Compares the response with the opposite side. (Y/N)

OSPE-IV

Aim: To elicit the ankle jerk in the supine position in the subject provided.

Checklist:

- Gives instructions about the procedure and assure that the hammer will not cause pain. (Y/N)
- Asks him to lie supine on the examination couch, and place the right knee semiflexed and externally rotated. (Y/N)
- Sightly dorsiflexes the foot with her hand to stretch the Achilles tendon.
 Holding the patellar hammer between the thumb and fingers, strikes the tendon with a movement at the wrist. (Y/N)

4. Watches the plantar flexion of the foot, toes, and ankle, with contraction of

calf muscles. (Y/N)

Profesor & Wood, Department of Trymology, 5. Elicits the ankle jerk on the other side for comparison, (Y/N)

OSPE-V

Aim; To elicit the right plantar reflex on the subject provided.

Checklist:

- Explains the procedure and asks the subject lie supine on the examination couch. (Y/N)
- Stands on the subject's right side, asks him to relax the leg and foot, and flex the knee slightly. (Y/N)
- 3. Supports the foot by placing her hand on the medial malleolus. (Y/N)
- 4. Gives a light scratch with the blunt point of the patellar hammer along the outer edge of the sole of the foot, starting from the heel towards the little toe and then medially along the base of the toes. (Y/N)
- 5. Watches the response carefully. Repeats once more if required. (Y/N)

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SENSORY SYSTEM

OPSE-I

Aim: To test the sensation of fine touch on the frontal aspect of the subject's left forearm.

Checklist:

- Makes the subject sit on a stool and explains the procedure. (Y/N)
- Asks her to bare her forearms and put them on the table in front. Tells her to close hes eyes. (Y/N)
- Takes a piece of cotton and twists it into a pointed 'wisp'. Then lightly touches the skin on the

fingertips, palms, and forearm and asks "now?" and the subject responds with a "yes', "no", or "don't know" (Y/N)

- Checks the responses occasionally without the stimulus. (Y/N)
- Compares the responses on the opposite forearm. (Y/N)

OSPE-II

Aim: To test two-point discrimination on the anterior forearm of the right side.

Checklist:

- Explains the procedure to the subject and asks him to respond "one", "two", or "don't know" when she touches his skin with the compass points. (Y/N)
- Asks him to close his eyes. Opens the compass a little and lightly touches the fingertips, palm, back of fingers and hand, front and back of forearm, one after another. (Y/N)

 If the response is "one" at any place, she opens the compass points and tests again, till he responds with "two). (Y/N)

In this way she notes the discrimination of two points at various places. (Y/N)

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5. Compares the responses on the opposite side.

(Y/N)

OSPE-III

Aim: To test the sensation of vibration in the left leg and arm of the subject provided.

Checklist:

- Explains the procedure and assures him that no pain will be caused. (Y/N)
- Selects a tuning fork of 128 Hz, strikes one prong against the edge of her hand to set it into vibration. Then places its base on his knuckle to familiarize him with the 'vibrating tremor' (Y/N)
- Tests the vibration on his knuckles, head of radius, elbow, patella, and medial.
 malleolus Then asks "now"? She occasionally tests with her finger tip or a pencil. (Y/N)
- 4. Notes the response in each case with a "yes", "no", or "don't know" If the response is "no" or "don't know", she tests on another bony prominence. (Y/N)
- 5. Compares the responses on the other side.(Y/N)

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BLUE PRINTING (2019 – 20) (Preliminary exam)

Paper - I

Topic	Competency No.	Weight age
Basic Biochemistry	1.1	1
	2.1 - 2.7	3
Enzymes Chemistry & metabolism of carbohydrates	3.1 – 3.10	3
Chemistry & metabolism of lipids	4.1 - 4.7	3
Biological oxidation	6.6	2
Xenoblotics	7.5	1
Antioxidants & defence system	7.6 - 7.7	3
Nutrition	8.1 -8.5	3
Extracellular matrix	9.1-9.3	1
Oncology, oncogenesis & immunity	10.1 - 10.5	3
Biomedical waste	11.1	1
Physical characteristics and chemical compostion of CSF	11.15	1
Energy contents of lipids, carbohydrate & proteins in common food items. Advantages of unsaturated fats. Disadvantages of saturated and trans fats in food	11.23 & 11.24	3
AETCOM.	Module 1.4	2



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BLUE PRINTING (2019 – 20) (Preliminary exam)

Paper-II

Topic	Competency No.	Weight age
Chemistry & metabolism of proteins	5.1 - 5.5	3
Integration & starvation	6.1	2
Nucleic acid metabolism	6.2 - 6.4	2
Vitamins	6.5	3
Water electrolyte balance & acid base balance	6.7 – 6.8	3
Mineral metabolism	6.9-6.10	2
Haemoglobin chemistry and metabolism	6.11 - 6.12	3
Organ function test	6.13 - 6.15	2
Molecular biology	7.1 - 7.3	2
Genetic engineering	7.4	2
Urine: Screening of inborn errors	11.5	2
Principle, application and working of following lab equipments / teachniques: Ph meter chromatography of amino acids, protein electrophoresis, TLC, PAGE, Electrolyte analysis by ISE, ABG analyzer, ELISA, immunodiffusion, auto analyzer, quality control, DNA isolation from blood / tissue	11.16	2



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Skeleton of question paper

Sr. no	Section	Question	Actual Marks	Marks with options
1	A	Multiple choice question (20 x 1)	20	20
2		Brief answer question (10 x 2)	20	22
3	В	Short answer question (8 x 5)	40	45
4		Long answer question (10 x 2)	20	30
		Total marks	100	117



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Weight age for Pre - Clinical Subjects

Sr. no	Clinical application of topic.	Weight age
1	The topic have no or little clinical application	1
2	The topic have moderate clinical application	2
	The topic have high clinical application	3



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(Internal assessment I & II) (2019 – 20)

Weight age for Pre – Clinical Subjects

Sr. no	Clinical application of topic.	
	TOPIC HAVE NO III.	
2	The topic have moderate dinical application	Weight age
3 7	The topic have moderate clinical application The topic have moderate clinical application The topic have high clinical application	1
	g. c.m.car application	2



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Syllabus for (Internal assessment I) 2019 – 20

no	Topic	Weightage
	Cell	1
	Chemistry & metabolism of carbohydrates	3
	Chemistry & metabolism of proteins	3
	Chemistry & Hemoglobin with hemoglobinopathies	3
	Nutrition	3
	Enzymes	3
	Biological oxidation	2
	The state of the s	1
_	Oxidative stress in arheroseterosis	

Skeleton of question paper (Internal assessment I)

Sr no	Section	Question	Actual Marks	Marks with options
1	Α	Multiple choice question (20 x 1)	20	20
2	В	Short answer question (4 x 5)	20	25
3		Long answer question (10 x 2)	20	30
4	С	Short answer question (4 x 5)	20	25
		Long answer question (10 x 2)	20	30
		Total marks	100	130



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Marks allotted to each topic of syllabus

Topic	Alloted Marks	Multiple choice question			Short answer question			Long answer question			
		Recall	Compreh ensive	Applicati on on base	Recall	Compr ehensi ve	Appli catio n on base	Recal I	Compre hensive	Application on base	
Cell	7	1	1				5				
Chemistry & metabolism of Carbohydrates	21	2	2	2			5	10			
Chemistry & metabolism of proteins	21	1			5		5	10			
Chemistry of Hemoglobin with hemoglobinop athies	20				5		5	1		10	
Nutrition	20	2	1	2	5			10			
Enzymes	22	2			5		5			10	
Biological oxidation	14	2	1	1				10			
Oxidative stress in atherosclerosis	5				5						
Total	130										



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Syllabus for (Internal assessment II) 2019 - 20

Sr no	Topic	Weightage
1	Kidney Function Test	2
2	Liver Function Test	2
3	Chemistry & metabolism of Nucleic Acid	2
4	Chemistry & metabolism of Lipid	3
5	Vitamin	3
6	Integration / Starvation	2
7	Hemoglobin metabolism	3

Skeleton of question paper (Internal assessment II)

Sr. no	Section	Question	Actual Marks	Marks with options
1	A	Multiple choice question (20 x 1)	20	20
2		Brief answer question (10 x 2)	20	22
3	В	Short answer question (8 x 5)	40	45
4		Long answer question (10 x 2)	20	30
		Total marks	100	117



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Marks allotted to each topic of syllabus

Topic	Allote d Marks	question		Brief answer question			Long answer question			Long answer question			
		Rec all	Comp rehen sive	Applica tion on base	Recal I	Compr ehensi ve	Applic ation on base	Recall	Com pre hen sive	Appli catio n on base	Recal	Com preh ensiv e	Appli catio n on base
Kidney Function Test	13	2	1	1	2	2		5					
Liver Function Test	13	1	1	2	2		2	5					
Chemistry & metabolism of Nucleic Acid	13	1					2	5		5			
Chemistry & metabolism of Lipid	22	2						5	1	5	10		
Vitamin	22	1	1	1	2		2			5	10		
Integration / Starvation	13	2	1	1	2	2				5			
Hemoglobin metabolism	21	1	1		2	2				5			10
Total =	117												



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DEPARTMET OF OBSTETRICS & GYNAECOLOGY

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6th Semester

Step-1

List of Topics -PAPER I (Gynaecology)

Sr. No.	Topics	
1	Development of Genital tract	
2	Physiology of Menstruation	
3	Menstrual abnormalities	
4	Puberty	
5	Menopause	
6	Infection of genital tract	
7	Leiomyoma	
8	Adenomyosis	
9	Endometriosis	
10	Prolapse	
11	Urinary disorders in Gynaecology	
12	Contraception	
13	MTP	





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Step -2

Skeleton of the assessment tool

Question Pattern/ Type	No. of Interns	Marks	Marks Including Options
MCQs	10 (0.5 marks each)	5	10
LAQs	1 (6 marks each)	6	6
SAQs	Any 3 out of 4 (3 marks each)	9	9
Total	15	20	23



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Step-1

List of Topics - PAPER II (Obstetrics)

Sr. No.	Topics	
1	Hyperemesis gravidarum	
2	Abortion	
3	Ectopic Pregnancy	
4	Gestational Trophoblastic Disease	
5	Ante-partum haemorrhage	_
6	Anemia in pregnancy	
7	Heart disease in pregnancy	
8	Pre-eclampsia and eclampsia	
9	Diabetes in pregnancy	
10	Jaundice in pregnancy	_
11	Pulmonary disease in pregnancy	



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Step -2

Skeleton of the assessment tool

Question Pattern/ Type	No. of Interns	Marks	Marks Including Options
MCQs	10 (0.5 marks each)	5	10
LAQs	1 (6 marks each)	6	6
SAQs	Any 3 out of 4 (3 marks each)	9	9
Total	15	20	23



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OSCE for Undergraduate students

Station 1: Demonstration of Abdominal Examination

Checklist:

Station Requirement: Examination table, Patient, Pen and paper.

Time: 5-10 mins

Steps	Yes/No/Correct answer	Marks
Greet the Patient		1/2
Is the procedure explained to the patient?		1/2
Is proper position given to the patient?		1/2
Is hand warming done?		1/2
Is privacy of patient maintained?		1/2
Is Uterus centralised?		1/2
Examination done according to Leopold's manoeuvre		1
Write your findings		1
Enumerate Abdominal Grips		1

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Station 2: Demonstration of Foley's Catheterisation

Checklist:

Station Requirement: Examination Table, Patient, Light source, Sterile gloves, Foley's catheter, 10 cc syringe, Urobag, NS.

Time: 5-10 mins

Steps	Yes/No/Corre ct answer	Marks
Greet the patient		1/2
Is the procedure explained to the patient?		1/2
Is proper position given to the patient?		1/2
Is privacy of the patient is maintained?		1/2
Use of proper sterile gloves.		1/2
Introduction of Foley's cather under all aseptic precaution		1
Fluid used for inflation of foley's bulb and Quantity used.		1/2

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Station 3: Demonstration of Phantom forceps application

Checklist:

Station Requirements: Examination table, Patient, Sterile gloves, Forceps, episiotomy scissors.

Time: 5-10 mins

Steps	Yes/No/Correct Answers	Marks
Greet the patient, take proper consent.		1/2
Is the procedure explained to the patient?		1/2
Is proper position given to the patient?		1/2
Is privacy of the patient is maintained?		1/2
Use of proper sterile gloves.		1/2
Check pre requisite for forceps application		1/2
Carry out proper application of forceps under all aseptic precautions.		1
Give complication for forceps application.		1/2
Give indication for forceps application.		1/2

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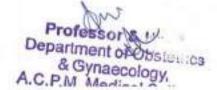
Station 4: Demonstration of PAP Smear

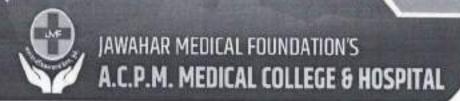
Checklist:

Station Requirements: Examination table, Patient, Light source, sterile gloves, Speculum, Ayer's spatula, Slide, Fixing agent.

Time: 5-10 mins

Steps	Yes/No/Corr ect Answers	Marks
Greet the patient		1/2
Is the procedure explained to the patient?		1/2
Is proper position given to the patient?		1/2
Is privacy of the patient maintained?		1/2
Use of proper sterile gloves.		1/2
Use of proper light focus		1/2
Introduction to speculum		1/2
PAP smear taken from transformation zone with Ayer's spatula		1/2
PAP smear fixing		1/2
Making a smear on slide		1/2
Fixing smear		1/2
Labelling the slide	lia.	1/2





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Station 5: Demonstration of Examination PNC mother (FTND).

Checklist:

Station Requirements: Examination table, Patient, Pen and paper.

Time: 10 mins

Steps	Yes/No/Correct answer	Marks
Greet the Patient		1/2
Is the procedure explained to the patient?		1/2
Is proper position given to the patient?		1/2
Is hand warming done?		1/2
Is privacy of patient maintained?		1/2
Are vitals measured properly?		1/2
Is breast examination done properly?		1/2
Is uterine height checked?		1/2
Is episiotomy checked?		1
Write your findings		1



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DEPARTMENT OF SURGERY

PRELIMINARY EXAMINATION

BLUEPRINT UG

LIST OF TOPICS - PAPER 1

SR.NO	TOPICS	
1.	GENERAL PRINCIPLES OF SURGERY	
2.	ONCOLOGY	
3.	HEAD, FACE, NECK	
4.	BREAST, ENDOCRINE SURGERY AND TRAUMA	

LIST OF TOPICS - PAPER 2

SR.NO	TOPICS
1.	GASTROINTESTINAL TRACT INCLUDING COLON, RECTUM, ANAL CANAL
2.	HERNIA
3.	LIVER, PANCREAS, BILIARY TRACT, SPLEEN
4.	PAEDIATRIC SURGERY
5.	UROLOGY
6.	CARDIOTHORACIC SURGERY
7.	PLASTIC SURGERY
8.	DENTAL SURGERY
9.	RADIOLOGY AND RADIOTHERAPY
10.	ANAESTHESIOLOGY



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DEPARTMENT OF SURGERY

SKELETON OF THE ASSESSMENT TOOL FOR PAPER - 1

QUESTION PAPER/TYPE	NO. OF ITEMS	MARKS	MARKS INCLUDING OPTION
MCQ'S	20(O.5 marks each)	10	10
LAQ'S	2(8 marks each)	16	16
SAQ'S	Any 3 out of 5 (3 marks each)	9	15
TOTAL		35	41

SKELETON OF THE ASSESSMENT TOOL FOR PAPER - 2

QUESTION PAPER/TYPE	NO. OF ITEMS	MARKS	MARKS INCLUDING OPTION
MCQ'S	30(0.5 marks each)	15	15
LAQ'S	3(8 marks each)	24	24
SAQ'S	Any 7 out of 11 (3 marks each)	21	33
TOTAL		60	72

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DEPARTMENT OF SURGERY

OSCE FOR UNDER- GRADUATE STUDENTS

OSCE - 1

PER ABDOMEN EXAMINATION

- Q.1 Perform per abdominal examination of this patient and write your findings.(2 marks)
- Q.2 What is rebound tenderness. (1 mark)
- Q.3 What is shifting dullness. (1 mark)
- Q.4 How do you differentiate between superficial and deep lump. (1 mark)

CHECKLIST:-

- Communication skill(1/2)
 Proper examination of patient(1/2)
- 2. Proper method of demonstration(1)
- Correct answer(1)
- Correct answer(1)



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ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF SURGERY OSCE FOR UNDERGRADUATE STUDENTS

OSCE 2

30 YEAR OLD MALE WITH SWELLING IN SCROTUM

- Q.1 Take proper history and perform examination of patient. (2 marks)
- Q.2 What is the diagnosis? (1)
- Q.3 What investigations are to be done in this case? (1)
- Q.4 Write the treatment modalities in this case? (1)

CHECKLIST :-

- 1. Communication skill(1)
- 2. Correct method of examination(1)
- 3. Correct answer (1)
- 4. Correct answer (1)
- 5. Correct answer (1)



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OSCE 3

60 year old male with history of non healing ulcer over right foot.

- Q.1 Perform examination of ulcer. (3)
- Q.2 What is an ulcer? (1)
- Q.3 Demonstrate palpation of dorsalis pedis artery. (1)

CHECKLIST:-

- 1. Communication skill (1/2)
- 2. Proper diagnosis(1/2)
- 3. Description of ulcer(2)
- 4. Correct answer (1)
- 5. Correct demonstration (1)



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ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF SURGERY

OSCE FOR UNDERGRADUATE STUDENTS

OSCE 4

EXAMINE A 48 YEAR OLD FEMALE PATIENT PRESENTING WITH PAIN IN ABDOMEN ON RIGHT SIDE SINCE 24 HOURS.

- Q.1 Take proper history and do abdominal examination. (2)
- Q.2 What are the different quadrants of abdomen. (1)
- Q.3 What is biliary colic (1)
- Q.4 What are causes of obstructive jaundice in 48 yr old female. (1)

CHECKLIST :-

- 1. Communication skill (1)
- 2. Proper abdominal examination (1)
- 3. Correct answer (1)
- 4. Correct answer (1)
- Correct answer (1)

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ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF SURGERY OSCE FOR UNDERGRADUATE STUDENTS OSCE 5

A 44 YEAR OLD FEMALE PRESENTS WITH THE LUMP IN RIGHT BREAST.

- Q.1 Take proper history and do clinical examination. (3)
- Q.2 What is differential diagnosis. (1)
- Q.3 What is true cut needle biopsy. (1)

CHECKLIST :-

- 1. Communication skill (1)
- 2. Clinical examination (2)
- 3. Differential diagnosis (1)
- 4. Correct answer (1)



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OSCE- Objective Structured Clinical Examination

The Department of General Medicine implements the OSCE assessment format, in which the candidates

(Students) rotate around a circuit of stations, at each of which specific tasks are to be performed, usually involving clinical skills. All the candidates are presented with the same test and specific skill modalities are tested at each station viz.

- History taking
- Clinical examination
 - Procedure demonstration
 - Diagnosis
- Patient management

OSCE is structured and objective format of assessment, reducing examiner variability and bias and minimizing case variability presented to the students, apart from allocating specific weightage for testing different competencies.

OSCE BLUE PRINT

stations	History taking	General examination	procedure	Systemic examintion	Other systems	diagnosis	management	Pt. counselling
CVS								
RS								
PA								
CNS								
Marks	10	5	5	5	10	5	5	2

Total Marks-50 Total Time-60 minutes



Department of General Department of General College, Orbide 14 53

OSCE STATIONS

We have 4 OSCE stations pertaining to 4 systems in General Medicine-CVS, RS, PA, CNS.

Each Station has

- · A specific task for the student
- · Written candidate instructions
- Time allotted.
- Marks allotted

The department also conducts prior training of the examiners. At each station the examiner has a copy of the students instructions.

Patient selection and training

- · Real patients to examine clinical skills Select simulation/standardized patients (ap)
- Simulated pts also can simulate number of clinical sigis (sudden visual loss localized abdominal pain

Simulated patients instructions:

- Give as much detail as possible so they can be consistent. Try to leave as little as possible for them toad lib
- · Give enough information to enable them to answer questions consistently
- Be specific about affect in each role
- Specify patient demographics Le. gender, age ethnicity, social class etc.

Practical Arrangements

Instructions to candidates

You should able to show communication skills You should be able to counsel
a patient regarding his disease and treatment

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 You should be able to break bad news. You should be able to perform intubation on mannequin

 You should be able to assemble commonly med equipments like IV set, intracath etc.

Instructions to Examiners

- · You should examine student according to checklist.
- · You should check time management of each student at each station...
- You should check communication skills, counseling and management from students and give marksaccordingly.



Department of General Medicine A.C.P.M. Medical College, Dhule (M.S.)

OSCE Station Writing 1. CNS Case

Station 1- History Taking

65 year of male admitted with complaints of right upper and lower limb weakness since 4 days and deviationof mouth since 4 days. Student instructions: checklist

S.N	Student instructions	Marks
1	Your are expected to take focused history detailed history of present illness, past history family history history of treatment and history of etiology	4
2	You will be tested on your ability to take a fucined history	3
3	Your interpersonal and communication skill	3

Time Allotted: 15 Minutes

Marks Allotted: 10 Marks

Station 2: Differential Diagnosis

S.N	Student Instructions	Marks
1	You should able to draw at least 2-3 differential diagnosis with given complaints and in given	5

Time Allotted-5

Marks Allotted-5 Marks

Station 3: General Examination

S.N	Student Instructions	Marks
1	You should be able to find out Nutrional status of patient	2
2	You should able to check pullor, terus, lymphadenopathy and demonstrate methods of palpations and inspection of these findings, comme sites we leave	3

Time Alloted 5 Minutes Marks Allotted-5 Marks

Station 4: Procedure Demonstration

S.N	Student Instructions	Marks
1	You should able to measure pulse and blood pressureof the patient.	2
2	You should know the normal readings of pulse and blood pressure and normal character	2
3	You should be able to palpate all peripheral pulsations and know their sites of palpations	1

Time allotted-5 min.

Marks allotted- 5 marks

Station 6- Systemic Examination Related To The Case

S.N	Student instructions	Marks
1	You should be able to examine motor sensory system	5
2	You should be able to calculate Glasgow Coma Scale	5

Time allotted- 5 minutes Marks allotted- 2 marks

Station 7: Diagnosis

S.N	Student Instructions	Marks
1	You should be able to conclude the probable diagnosis of the	5
	patient with associated risk factors	

Time Alloted- 5 minutes Marks Alloted-5 marks

Station 8: Management

S.N	Student Instructions	Marks
1	You should able to differentiate between CT scan and MRI films	1
2	You should know the management of ischemic stroke and haemorrhagic stroke	1

Time Alloted-5 minutes Marks Alloted- 2 marks



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Station 9: Patient Counselling

S.N	Student Instructions	Marks
1	You should be able to communicate with patient and reletives regarding seriousness of condition in their mother tongue	3

Time allotted- 5 minutes Marks Alloted -3 Marks Total Time – 60 minutes Marks – 50 marks



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Department of College, Dhule (M.S.)
A.C.P.M. Medical College, Dhule (M.S.)

OSCE Station writing 2. CVS Case

Station 1- History Taking

Patient admitted with breathlessness on exertion and palpitations.

Student instructions: Checklist

You are expected to take focused history, detail history of present illness and past history, family history, history of treatment and history of etiology. You will be tested on your ability to take a focused history Your interpresent and communicational skill.	.N.	Student Instructions	Marks
	1	illness and past history, family history, history of treatment and	4
2 Vary interparated and communicational skill	2	You will be tested on your ability to take a focused history	3
3 Four interpersonal and communicational Skill	3	Your interpersonal and communicational skill	3

Time Alloted: 15 minutes Marks Alloted: 10 marks

Station 2: Differential Diagnosis

Based on your history what are your differential diagnosis

S.N.	Student Instructions	Marks
1	You should able to draw at least 2-3 differential diagnosis with given complaints and in given time.	5

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 3: General Examination

S.N.	Student Instructions	Marks
1	You should be able to find a nutritional status of patient	2
2	You should be able to check pallor, icterus, lymphadenopathy and demonstrate methods of palpations and inspection of these findings, common sites we look for.	3

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 4: Procedure Demonstration

S.N.	Student Instructions	Marks
1	You should able to measure pulse and blood pressure of the patient	2
2	You should know the normal readings of pulse and blood pressure and normal character.	2
3	You should able to palpate all peripheral pulsations and their sites	1

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

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Station 5: Systemic Examination Related To The Case

S.N.	Student Instructions	Marks
1	You Should able to Examine CVS(inspection, Palpation, percussion, Auscultation)	- 5
2	You should able to locate apex beat and abnormal sound on auscultation	5

Time Alloted: 10 Minutes Marks Alloted: 10 Marks

Station 6: Relevant Other Systemic Examination

S.N.	Student Instructions	Marks
1	Respiratory System- inspection, palpation, Percussion and auscultation	2
2	Per abdomen inspection, palpation, Percussion	1
3	CNS- sensory motor higher functions you should be able to calculate GCS score in any patient	2

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 7: Diagnosis

S.N.	Student Instructions	Marks
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1	You should be able to conclude the probable diagnosis of the	5
	patient with associated risk factors	

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 8: Management

S.N.	Student instructions	Marks
1	You should be able to know what are different anticoagulation therapy and diuretics	1
2	You should know the basics of ECG	1

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 9: Patient Counseling

S.N.	Student Instructions				
1	You Should be able to communicate with patient and relatives				
	ding seriousness of condition in there mother tongue.				

Time Alloted: 5 Minutes Marks Alloted: 3 Marks

Total Time- 60 Minutes Marks- 50 Marks



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OSCE Station Writing 3.RS Case

Station 1: History taking

Patient admitted with complaints of dyspnea& cough with expectoration Students Instruction Checklist

S.N.	Students Instruction	Marks
1	You are expected to take focused history, detail history of present illness, past history, family history of treatment & history of etiology	4
2	You will be tested on your ability to take a focused history	3
3	Your interpersonal &communication skill	3

Time Allotted: 15 minutes Marks Allotted: 10 marks

Station 2: Differential Diagnosis

Based on your history what are your differential diagnosis

S.N.	Students Instruction	Marks
1	You should be able to draw at least 2-3 differential diagnosis with	5
	given complaints and in given time	

Time Allotted: 5 minutes Marks Allotted: 5 marks

Station 3: General Examination

S.N.	Students Instruction	Marks
1	You should be able to find out Nutrional status of the pateint	2
2	You should be able to check pallor, icterus ,lymphadenopathy& demonstrate methods of palpatations& inspection of these findings common sites we look for	3

Time Allotted: 5 minutes Marks Allotted: 5 marks

Station 4: Procedure Demonstration

S.N.	Student Instructions	Marks
1	You should able to measure pulse and blood pressure of the patient	2
2	You should know the normal readings of pulse and blood pressure and normal character.	2
3	You should able to palpate all peripheral pulsations and their sites of palpations	1

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

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Station 5: Systemic Examination Related To The Case

S.N.	N. Student Instructions				
1	You Should able to Examine RS(inspection, Palpation, percussion, Auscultation)	5			
2	You should able to differentiate between bronchial and vesicular signs	5			

Time Alloted: 10 Minutes Marks Alloted: 10 Marks

Station 6: Relevant Other Systemic Examination

S.N.	.N. Student Instructions					
1	CVS- inspection, palpation, Percussion and auscultation	2				
2	Per abdomen inspection, palpation, Percussion	1				
3	CNS- sensory motor higher functions you should be able to calculate GCS score in any patient	2				

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 7: Diagnosis

S.N.	Student Instructions				
1	You should be able to conclude the probable diagnosis of the patient with associated risk factors	5			

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 8: Management

S.N.	Student instructions					
1	You should be able to know the management of acute attacks of bronchial asthma with intra venous theophylline / aminophylline therapy	1				
2	You should know the antibiotics commonly used in pneumonia	1				

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 9: Patient Counseling

S.N.	Student Instructions	Marks
1	You Should be able to communicate with patient and relatives	3
	ding seriousness of condition in there mother tongue.	

Time Alloted: 5 Minutes Marks Alloted: 3 Marks

Total Time- 60 Minutes Marks- 50 Marks



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OSCE Station Writing 4.Per Abdomen Case

Station 1: History taking

45 year of male admitted with complaints of abdominal distension since 20 days & b/1 lower limb swelling since 10 days

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S.N.	Students Instruction	Marks
1	You are expected to take focused history, detail history of present illness past history, family history of treatment & history of etiology	4
2	You will be tested on your ability to take a focused history	3
3	Your interpersonal &communication skill	3

Time Allotted: 15 minutes Marks Allotted: 10 marks

Station 2: Differential Diagnosis

Based on your history what are your differential diagnosis

S.N.	Students Instruction	Marks
1	You should be able to draw at least 2-3 differential diagnosis with given complaints and in given time	5

Time Allotted: 5 minutes Marks Allotted: 5 marks

Station 3: General Examination

S.N.	Students Instruction	Marks
1	You should be able to find out Nutrional status of the pateint	2
2	You should be able to check pallor, icterus ,lymphadenopathy& demonstrate methods of palpatations& inspection of these findings common sites we look for	3

Time Allotted: 5 minutes Marks Allotted: 5 marks

Station 4: Procedure Demonstration

S.N.	Student Instructions	Marks
1	You should able to measure pulse and blood pressure of the patient	2
2	You should know the normal readings of pulse and blood pressure and normal character.	2
3	You should able to palpate all peripheral pulsations and their sites of palpations	1

Time Alloted: 5 Minutes Marks Alloted: 5 Marks



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Station 5: Systemic Examination Related To The Case

P/A Examination-

S.N.	Student Instructions	Marks
1	You Should able to do inspection, Palpation, percussion, Auscultation of P/A system	4
2	You should able to find out volume of ascites clinically	3
3	You should know methods of ascitic tapping	3

Time Alloted: 10 Minutes Marks Alloted: 10 Marks

Station 6: Relevant Other Systemic Examination

S.N.	Student Instructions	Marks
1	CVS- inspection, palpation, Percussion and auscultation	2
2	R/S - inspection, palpation, Percussion	2
3	CNS- sensory motor higher functions you should be able to calculate GCS score in any patient	1

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 7: Diagnosis

S.N.	Student Instructions	Marks
1	You should be able to conclude the probable diagnosis of the	5
	patient with associated risk factors	

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 8: Management

S.N.	Student instructions	Marks
1	You should be able to draw signs of portal hypertension clinically eg. Able to palpate spleen to perform fluid thrill	1
2	You should know the management of hepatic encephalopathy	1

Time Alloted: 5 Minutes Marks Alloted: 5 Marks

Station 9: Patient Counseling

S.N.	Student Instructions	Marks
1	You Should be able to communicate with patient and relatives ding seriousness of condition in there mother tongue.	3

Time Alloted: 5 Minutes Marks Alloted: 3 Marks

Total Time- 60 Minutes Marks- 50 Marks



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Demonstration of the CNS Reflexes-UG (Central Nervous System)

Sr. No.	Checklist	Yes/No
1	Introduction of oneself to the patient	
2	Explain the procedure	
3	Take oral consent of examination	
4	Examination by standing on the right side the patient	
5	Able to hold the hammer in proper manner	
6	Able to demonstrate superficial & deep tendon reflexes with their root values	
7	Able to perform jendarsacksmaneuvour (tight holding of hands or clinching of teeth) while performing reflexes	
8	Able to tell grades reflexes, & able to elicit whether reflexes are normal or absent or diminished or brisk or exaggerated or clonus(ankle/clonus)	
9	Able to perfom Babinskis sign	



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Central Line Insertion -UG

Sr. No.	Checklist	Yes/No
1	Introduction of oneself to the patient	
2	Explain the procedure	
3	Positioning of the patient in the supine positon	
4	Local Anastesia at the insertion site	
5	Recognizing the carotid triangle and carotid artery	
6	Insertion of central line	
7	Insertion of guide wire	
8	Check venous blood	
9	Remove guide wire and fix catheter	



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Palpatation of Liver & Spleen -UG (Gastro-intestinal System)

Sr. No.	Checklist	Yes/No
1	Introduction of oneself to the patient	
2	Explain the procedure	
3	Positioning of the patient in the supine positon examining from right side of the patient	
4	Take proper oral consent for examination	
5	Inspect the patient's status whether he or she is comfortable at rest or obviously short of breath	
6	Palpation of abdomen first in deep inspiration & expiration	
7	Palpation of liver & methods of palpation	
8	Palpation of spleen & methods of palpation	
9	Able to out line the border of liver & spleen on palpation	
10		



Department of Madrethe (M.S.)

Lung Percussion -UG (Respiratory System)

Sr.	Checklist	Yes/No
No.		100/110
1	Introduction of oneself to the patient	
2	Explain the procedure	
3	Take oral consent for examination	
4	Examination by standing on the front and back side of the patient seating position given to the patient	
5	Percussion of the lung fields, alternating form top to bottom and comparing both sides ,areas of percussion i.e. supraclavicular infraclavicular, inframmary, supramammary, axillary, suprascapular, infrascapular, interscapular	
6	Whether able to differentiate between resonant , hyper resonant and dull note	
7	Tympanic note on chest percussion	



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Department of Medicine
Professor & Head,
Department of General Medicine
A.C.P.M. Medical College, Dhule (M.S.)

CHECK LIST OF MARKS ALLOTED IN EACH EXAMINATIONS

Theory Examination:

Terminal Examination: - First and Second

MCQ

- 14 Marks

Section B

-20 Marks

Section C

- 16 Marks

Preliminary Examination: -

MCO

- 8 Marks

Section B

- 20 Marks

Section C

- 12 Marks

Practical Examination:

Terminal Examination: - First and Second

Prescription writing - 5 Marks

Pharmacy

- 5 Marks

Spots

- 10 marks

Viva 1

- 10 Marks

Viva 2

- 10 Marks

Preliminary Examination:

Prescription Writing - 5 Marks

Criticism

4 Marks

Justification

- 4 Marks

Pharmacy

- 5 Marks

Spots

- 8 Marks

Viva I

- 7 Marks

Viva 2

- 7 Marks



Department of Pharmacology, A.C.P.M.Medical College, Chule (M.S.)

ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF PHARMACOLOGY

OBJECTIVE STRUCTURED PRACTICAL EXAMINATION (OSPE)

1) Prescription Writing - OSPE

a) Single Drug Therapy- Check List

Sr. No.	Check List	Marks - 2
1	Drug Name	0.5
2	Drug Dose	0.5
3	Duration, Frequency	0.5
4	Format	0.5

b) Multiple Drug Therapy- Check List

Sr. No.	Check List	Marks - 3
1	Drug Name	01
2	Drug Dose	0.5
3	Duration	0.5
4	Frequency	0.5
5	Format	0.5

c) Criticize, Correct and rewrite

Sr. No.	Check List	Marks - 4
1	Criticize	01
2	Correct	01
3	Rewrite	02

d) Justification

Sr. No.	Check List	Marks - 4
1	Justification	01
2	Rationale	01
3	Indication, Contraindication, Interaction	02



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2) Pharmacy:

Sr. No.	Check List	Marks - 5
1	Label	02
2	Oral Viva	03

3) Spots - Total 10 - (Terminal Exam - First and Second)

Sr. No.	Topics	No. of questions
1	Experimental Pharmacology	3
2	Human Pharmacodynamics	3
3	Therapeutic Problem	2
4	ADR and Interaction	2

4) Spots - Total 08 - (Preliminary Examination)

Sr. No.	Topics	No. of questions
1	Experimental Pharmacology	2
2	Human Pharmacodynamics.	2
3	Therapeutic Problem	2
4	ADR and Interaction	2



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ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF MICROBIOLOGY

Examination Structured format

(Blue Print)

THEORY EXAMINATION

First Terminal Examination - Theory

Topic	Sec A MCQ - 28	Sec B- 12 SAQ	Sec C - 3 LAQ
Gen. Microbiology	15	6	1
Immunology	5	4	1
Systemic	8	2	1

Second Terminal Examination - Theory

Topic	Sec A MCQ - 28	Sec B- 12 SAQ	Sec C - 3 LAQ
Systemic	-		
GPC	2	2	
GNC	2	1	1
GNB	6	2	1
GPB	6	2	
Others	1	1	
Mycology	6	2	
Virology	5	2	1

PRACTICAL (VIVA VOCE) EXAMINATION

First Terminal Examination - Practical - Viva Voce

Topic	Viva - 1 (No. of question)	Topic	Viva - 2 (No. of question)
Gen. Microbiology	5	Gen. Microbiology	5
Immunology	3	Immunology	3
Systemic	2	Systemic	2

Second Terminal Examination - Practical - Viva Voce

Topic	Viva (No. of question)	Topic	Viva (No. of question)
Gen. Microbiology	5	Virology	5
Immunology	5	Mycology	5
Systemic	5	Serology	5



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PRELIMINARY EXAMINATION

Paper 1

Topic	Sec A MCQ - 16	Sec B- 6 SAQ	Sec C-3 LAQ
Gen. Microbiology	8	3	1
Systemic	8	3	2

Paper 2

Topic	Sec A MCQ - 16	Sec B- 6 SAQ	Sec C - 3 LAQ
Immunology	2	1	*
Parasitology	4	1	1
Virology	5	2	1
Mycology	4	1	-
Applied Microbiology	1	1	1

Practical Examination (Viva Voce)

Topic	No. of questions
General Microbiology	6
Immunology	6
Systemic	4
Virology	4
Mycology	4
Parasitology	4



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DEPARTMENT OF MICROBILOGY

OBJECTIVE STRUCTURED PRACTICAL EXAMINATION (OSPE)

1) Term First - Spots and Gram Stain - OSPE

a) Spots

Sr. No.	Spots	Marks - 10
1	General	4
2	Immunology	3
3	Systemic	3

b) Gram Staining

Sr. No.	Check List	Marks - 10
1	Staining Technique	2
2	Focusing	2
3	Identification and Diagram	2
4	Viva	4

2) Term First - Spots and Gram Stain - OSPE

a) Spots

Sr. No.	Spots	Marks - 10
1	Vaccine	1
2	Slide- Systemic Bacteriology	4
3	Un inoculated Media	1
4	Instruments	2
5	Animal	1
6	Serological Reactions	1

b) Gram Staining

Sr. No.	Check List	Marks - 5
1	Staining Technique	1
2	Focusing	1
3	Identification and Diagram	1
4	Viva	2



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CHECK LIST FOR STAINING PROCEDURES

A) CHECKLIST FOR GRAM STAINING AND ZN STAINING

Sr. No.	Check list	Yes/No
1	Identification of side of smear on slide	
2	Quality of staining	
3	Position of condenser adjusted	
4	Position of diaphragm adjusted	
5	Focusing is done properly	
6	Identification done correctly	
7	Diagram drawn and labeled correctly	
8	Viva question answered correctly and confidently	

B) CHECKLIST FOR STOOL EXAMINATION

Sr. No.	Check list	Yes/No
1	Iodine and normal saline mounts made correctly	
2	Quality of mounts	
3	Position of condenser adjusted	
4	Focusing is done properly	
5	Identification of structure done correctly	
5 6	Diagram drawn and labeled correctly	
7	Viva question answered correctly and confidently	1



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A.C.P.M. Medical College & Hospital, Dhule

Department of Forensic Medicine and Toxicology

Blue Printing

Structured format for 1st terminal exam - Theory

Topic	Sec A (16 MCQ half mark each (8 marks)	Sec B (20 SAQ)	Sec C (12 LAQ)
State medicine	4	2	1
Identification	2	4	
Injuries	1	4	
Violent Asphyxia death	3	2	1
Clinical Forensic	2	2	
Forensic Psychiatry	1	2	4
Thanatology	1	2	
Toxicology	2	2	6

Structured format for 1st terminal Viva voce

Topic	Viva I (No. of questions)	Topic	Viva 2 (No. of questions)
State Medicine	2	Forensic psychiatry	1
Clinical Forensic	2	Injuries	2
Toxicology	1	Thanatology	2

Structured format for 2nd terminal exam - Theory winter

Topic	Sec A MCQ (8)	Sec B (20 SAQ)	Sec C (12 LAQ)
State Medicine	-	4	-
Identification	2	4	
Thanatology	01	2	4
Injuries	0 -	3	
Clinical Forensic	02	3	6
Forensic Psychiatry	01	4	2
Toxicology	02		6



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Structured format for 2nd terminal Viva voce

Topic	Viva I (No. of questions)	Topic	Viva 2 (No. of questions)
State Medicine	2	Clinical Forensic	2
Toxicology	2	Forensic Psychiatry	1
Identification	1	Injuries	2

Structured format for Preliminary examination

Topic	Sec A MCQ (8)	Sec B (20 SAQ)	Sec C (12 LAQ)
State Medicine	3	4	-
Identification	3	4	-
Thanatology	2	2	(00)
Injuries	1	4	
Violent Asphyxia death	2		06
Clinical Forensic	3	6	(#c)
Forensic Psychiatry	1		-
Toxicology	2		06

Structured format for Preliminary examination Viva

Viva – 1	5 Marks	Viva-2	5 Marks
Topic	No. of Questions	Topic	No. of Questions
State Medicine	2	Toxicology	3
Medical Jurisprudence	3	Clinical Forensic	2



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A.C.P.M. Medical College & Hospital, Dhule

Department of Forensic Medicine and Toxicology

Structured format for Practical - Terminal & Preliminary examination

Certification of Age estimation or injury report/ victim of sexual assault (OSPE)

Objective Structure Practical Examination

Sr. No.	If Student Mention	Marks = 06
1	Performa writing	02
2	Importance of Consent (Oral, implied, written, and informed consent)	01
3	Important of Identification marks	01
4	Important of opinion	0.5
5	Proper signature and address of doctor are mention correctly	01
6	Injury report are correctly written	0.5

2) Medical certification of cause of death report (OSPE)

Sr. No.	If Student Mention	Marks = 05
1	Performa writing is correct	01
2	Medico-legal importance of Identification mark of deceased/	01
3	Why Informant's address are important.	01
4	Important of cause of death, time and place of death also mention	01
5	Signature and Address of doctor Full name, reg. no also mention correctly	01



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Medicine & Toylor ...y,
A.C.P.M.Medical College, Dhule (M.S.)

Examination of Drunkenness (certification of alcohol) / Certification of potency (SOPE)

Sr. No.	If Student Mention	Marks = 03
1	Performa writing is correct	01
2	Preservation of blood and urine and preservative used no mention	01
3	Opinion report should be rewrite	01

4) Certification of Sickness/Fitness (SOPE)

Sr. No.	If Standard Mention	Marks = 03
1	Performa is correct	01
2	Identification mark is not mention correctly	01
3	Cause of illness not correctly mentions, Should be rewrite	01



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A.C.P.M.Medical College, Dhule [M.S.]

Spotters: 10 Marks - (Terminal exam-1 and 2) Five Spotters - Two marks each

Topie	Questions
Toxicology (poisons)	Identify poisons and write its Medico – important. Marks 2
Museum specimen (wet specimen like rapture of liver, gun ser injury of heart. Write types of injuries?	Which weapon causes rapture o liver? And what is the Medico-legal important? Marks 2
Identification of bones (male of female pelvis)	Identify male or female bone? Marks 2
Instrument like Dagger, knife, spade, meat chopper.	Write the medico-legal aspect of weapons? Whether this instrument is causes sample or Grievous in nature? 2 Marks
Identification of photography and X-rays.	What is important of this photography? In x- rays report, whether this injury is sample or Grievous in nature? 2 marks



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A.C.P.M. Medical College & Hospital, Dhule

Department of Forensic Medicine and Toxicology

Self Assessment for Students

Questions	YES/NO
Do you think the present UG syllabus is sufficient to know about Medico legal responsibilities?	
Are you aware about consumer protection act?	
Do you have knowledge about injury certificate?	
Do you know what is rule of nine?	
Do you have kind and ge about death certificate and MCCD?	
Can you handle MLC cases independently (Paper writing)	
Do we need to register MLC irrespective of patients or relative indust?	
Is Hospital legal and to maintain records?	
Do you need to circulco-legal records in computer?	
Do you have keep about examination of sexual assault	
Do you know the state of consent for examination of the first state patient?	
Do you have to about Medical Negligence's a tethics?	
Do you have kn a bout MTP net?	
Do you have keep a about important steps	
in management Hilling cases?	
Do you have known embout classification poisons?	
Do you Attend 1 y demonstration?	
Do you Attend - moustration?	



Department of Forensic

(Dept. of Forensic Medicine & Toxicology,

A.C.P.M.Medical College, Division and St.)

ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF OPHTHALMOLOGY

OSCE FOR UNDEGRADUATE STUDENTS

OSCE 1

VISUAL ACUITY MEASUREMENT

- Q.1. Measure the distant visual acuity of the given patient using Snellen's chart 3 Marks
- Q.2. What is normal visual acuity of a person?

- 1 Mark

Q.3. Which chart is used for measuring visual acuity in an illiterate person?

- I Mark

Checklist

Sr. No.	Check List	Marks
1	Introduces oneself to patient	0.5
2	Explain the procedure	0.5
3	Proper distance of the patient from snellen's chart maintained	0.5
4	Occlude one eye and reords vision of the other eye	0.5
5	Accurate Visual acuity written	1
6	Correct answer for Q.2	1
7	Correct answer for Q.3	1

OHULE TO OHU

Or. S. P. Wadgaonkar Professor & Head,

Department of Ophthalmology, A.C.P.M.Medical College, Dhule

DIGITAL TONOMETERY DEMOSTRATION

Q.1. Demonstrate the correct method of digital tonometry in a given patient - 3 Marks
Q.2. What is normal intraocular pressure? - 1 Mark
Q.3. What are the different types of tonometry? - 1 Mark

Checklist

Sr. No.	Check List	Marks
1	Introduces oneself to patient	0.5
2	Explain the procedure	0.5
3	Instruct the patient to look down	0.5
4	Occlude one eye and reords vision of the other eye	0.5
5	Place the index fingers of both the hands on the same eye above the tarsal plate	0.5
6	Taps with one finger and feels fluctuation with the other	0.5
7	Correct answer for Q.2	1
8	Correct answer for Q.3	1



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Professor & Head,
Department of Ophthalmology,
A.C.P.M.Medical College, Dhule

DEMONSTRATTION OF IRIS SHADOW

Q.1. Demonstrate the Iris shadow on a given patient

- 3 Marks

Q.2. When will you get a negative iris shadow test?

- 1 Mark

Q.3. Why do you get a positive iris shadow test?

- 1 Mark

Checklist

Sr. No.	Check List	Marks
1	Introduces oneself to patient	0.5
2	Explain the procedure	0.5
3	Show torch light from temporal side and focuses on the pupil and lens	0.5
4	Occlude one eye and reords vision of the other eye	0.5
5	Correct interpretation	1
6	Correct answer for Q.2	1
7	Correct answer for Q.3	- 1
		-



Dr. S. P. Wadgaonkar Professor & Head, Department of Ophthalmology, A.C.P.M.Medical College, Dhule

NEAR VISION ASSESSMENT

Q.1. Measure the near vision in the given patient		2 Marks
Q.2. What is Presbyopia?		1 Mark
Q.3. Name any two near vision charts?		1 Mark
O.4. What do you mean by progressive lens	K.	1 Mark

Checklist

Sr. No.	Check List	Marks
1	Introduces oneself to patient	0.5
2	Explain the procedure	0.5
3	Hold the chart at proper distance	1
4	Correct answer for Q.2	1
5	Correct answer for Q.3	1
6	Correct answer for Q.4	- 1



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Professor & Head,
Department of Ophthalmology,
A.C.P.M.Medical Colle_ Chule

DEMONSTRATION OF PUPILLARY LIGHT REATION

Q.1. Demonstrate the direct and consensual pupillary light reactions in the given patient

3 Marks

Q.2. What is Marcus Gunn pupil?

1 Mark

Q.3. Which colour pupillary reflex is seen in Aphakia?

1 Mark

Checklist

Check List	Marks
Introduces oneself to patient	0.5
Explain the procedure	0.5
Accurate direct pupillary light reaction method	1
Accurate consensual pupillary light reaction method	1
Correct answer for Q.2	1
Correct answer for Q.3	1
	Explain the procedure Accurate direct pupillary light reaction method Accurate consensual pupillary light reaction method Correct answer for Q.2



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ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF E.N.T.

OSCE FOR UNDEGRADUATE STUDENTS

STATION 1:

Ear examination demonstration using Bull's Eye Lamp

Time: 5 minutes

Sr. No.	Check List	Yes/No	Marks
1	Introduces oneself to patient		0.5
2	Explain the procedure to patient		0.5
3	Sterilize the aural speculum		0.5
4	Adjusting head mirror to focus the light of Bull's eye lamp on the ear		0.5
5	Pulls the pinna backwards and outwards during examination		0.5
6	Asking patient to do Valsalva		0.5
7	Repeat procedure on other side		1
8	Draw the diagram		1



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STATION 2:

Indirect Laryngoscopy Examination

Time: 5 minutes

Sr. No.	Check List	Yes/No	Marks
1	Introduces oneself to patient		0.5
2	History Taken		0.5
3	Explain the procedure to patient		0.5
4	Used Head mirror and lamp		0.5
5	Warm the laryngeal mirror using spirit lamp		0.5
6	Check the warmth of mirror		0.5
7	Instruction to patient given and Hold the tongue with		0.5
8	gauze piece Move the laryngeal mirror & the pt to speak "ah"		0.5
9	Ask the patient to breathe		0.5
10	Draw the diagram		0.5



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STATION 3:

Demonstration of Rinnes Test using Tuning Fork

Time: 5 minutes

Sr. No.	Check List	Yes/No	Marks
1	Introduces oneself to patient		0.5
2	Explain the procedure to patient		0.5
3	Proper selection of tuning fork done and charge it by striking it on suitable surface		0.5
4	Proper placement of tuning fork done		0.5
5	Place the tuning fork on mastoid process		0.5
6	Repeat the test on other side also		1
7	Interpret the result		1



Profession of E.N.T. (M.S.)

Deportment of E.N.T. (M.S.)

A.C.P.M. Medical College, Unule (M.S.)

STATION 4:

Demonstration of Weber's Test using Tuning Fork

Time: 5 minutes

Sr. No.	Check List	Yes/No	Marks
1	Introduces oneself to patient		0.5
2	Explain the procedure to patient		0.5
3	Proper selection of tuning fork done and charge it by striking it on suitable surface		1
4	Proper placement of tuning fork done		1
5	Ask the patient if the sound is lateralized to one ear		1
6	Interpret the result		1



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STATION 5:

Demonstration of Absolute Bone ConductionTest using Tuning Fork

Time: 5 minutes

Sr. No.	Check List	Yes/No	Marks
1	Introduces oneself to patient		0.5
2	Explain the procedure to patient		0.5
3	Proper selection of tuning fork done and charge it by striking it on suitable surface		0.5
4	Occlude the EAC by pressing the tragus inwards and place the tuning fork on the mastoid process		0.5
5	Ask the patient to notify when he/she stops hearing sound		0.5
6	Compare bone conduction with that of the examiner		
7	Repeat the test on other side also		1
8	Interpret the result		1



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Department of F. N.T.

Department of F. N.T.

A.C.P.M. Medical College, Unule (M.S.)

OBJECTIVE STRUCTURED PRACTICAL EXAMINATION

DEPARTMENT OF PATHOLOGY ACPM MEDICAL COLLEGE, DHULE

SAMPLE STATIONS

PROCEDURE STATION

1) PHEBOTOMY

Sample check list for observer

		S	TUD	ENTS	" RO	LLN	UMB	ER	100	TV-	
Items	Marks given if done/ not done	1	2	3	4	5	6	7	8	9	10
1.Choice of equipment: - Selects needle and syringe of correct dimensions - Selects correct anticoagulant bulb and labels it properly	0.5 / -0.5										
2. Applies tourniquet correctly	0.5/0										
3. Wears gloves	0.5/-0.5										
4. Chooses best vein and cleans skin	0.5/0										
5. Withdraws sample smoothly with correct bevel insertion	0.5/-0.5										
 Releases tourniquet in time before removing needle and applies pressure correctly 	0.5/0										
7. Removes needle before pouring sample into anticoagulant bulb and mixes sample correctly	0.5/- 0.5										
8. Disposes gloves, needle and syringe into correct bins	0.5/0										
Total score	4										



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2) PROCEDURE STATION:

Urine (Physical/ Chemical Examination)

Sample Check list for observer

		STUDENTS' ROLL NUMBER									
	Marks given if done/ not done	1	2	3	4	5	6	7	8	9	10
Checks expiry date on uristix bottle and chooses the correct bottle	0.5/0										
Chooses the correct urine sample after verifying the label	0.5/0										
 Removes one dipstick from the bottle and replaces the cap on the bottle immediately 	0.5/-0.5										
 Starts timer and immerses the pads on the dipstick in the patient sample and removes immediately 	0.5/0										
Wipes the edge of the dipstick across the container rim to remove excess urine	0.5/0										
 Holds the dipstick in a level position to avoid mixing reagents from adjacent pads 	0.5/-0.5										
Reads tests on the dipstick at the specified time intervals	0.5/-0.5										
8. Records results correctly	0.5/0										
Total score	4										



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3) RESPONSE STATION:

Hematology Chart Interpretation

A 45 year old male presented with severe pallor. The following are his hematological findings:

Hemoglobin

: 3 gm/dl

MCV

: 120 fl

MCH

: 32 pg

Total WBC count

: 3000 cells/cumm

Differential count

Granulocytes

: 56%

Lymphocytes

: 41%

Monocytes

: 1%

Eosinophils

: 2%

Platelets

: 1,00,000/mm3

PS: Macro-ovalocytic normochromic RBCs. WBC show presence of hypersegmented neutrophils. Platelets are reduced on smear.

1. What is the normal value of MCV?

1 mark

2. What is the probable diagnosis in this case?

1 mark

3. What investigations would you like to order for confirmation of this diagnosis? I mark

4. What are the positive diagnostic findings that you will expect?

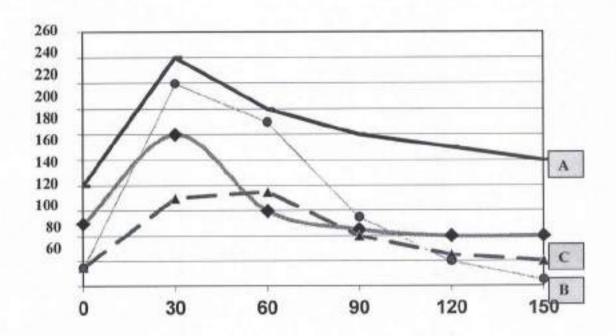
2 marks



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4. RESPONSE STATION:

Clinical Pathology Chart Interpretation



Task: The above chart demonstrates the results of an oral glucose tolerance test in a 50 year old male. The X axis shows the time in minutes, while the Y axis shows plasma glucose levels obtained in mg/dl.

Write the answers to the following questions in your answerbook

1. What are the indications of performing an oral glucose tolerance test? 2 marks

2. What does graph A show?

1 marks

3. What investigation will help in determining glucose control over past 6-12 weeks?



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Department of Pathology.

A.C.P.M.Medical College.

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5) RESPONSE STATION:

CSF Chart examination

The following are the CSF findings in a 10 year old boy.

Physical examination:

Appearance

: Turbid, cloudy sample

CSF Pressure

: 110 mm water

Chemical examination:

Proteins

: 80 mg/dl

Glucose

: 15 mg/dl

1. What is the probable diagnosis of this case?

2 marks

2. What are expected microscopic findings in this case?

1 marks

3. What is xanthochromia?

1 mark

6) PROCEDURE STATION:

Counselling and communication skillsTask:

Screen this voluntary donor who has come for blood donation

Preparation required: A volunteer is trained to answer questions. He answers all questions correctly except for one finding which should cause his rejection as a blood donor

E.g.: (a) He has donated blood one month ago in a different hospital

- (b) He is on anti-hypertensive drugs
- (c) He has been bitten by a dog a week ago and has not received ARV
- (d) He is a diabetic on insulin injections
- (e) He is HBsAg positive

Keep a weighing machine and blood pressure apparatus there

Professor & Head, Department of Pathology, A.C.P.M.fa_uigst College, DHULE - 424001. The observer can mark on a checklist as to how many required questions the student bothered to ask him, and give marks accordingly

Question: Mr Ratan has come to you in the blood bank to voluntarily donate blood. Ask himhis history and tell him if he is fit to donate blood.

Sample checklist (can be modified and negative marking can be decided according to history)

		S	TUDE	NTS	' RO	LIN	JMB	ER			
Score: Negative marks/0: 0 Score is halved to give marks	Marks given if asked/ not asked	1	2	3	4	5	6	7	8	9	10
1. Asked his age and checked weight	0.5 / 0										
Asked history of previous blood donation	0.5/-0.5										
 Asked history of previous illness 	+0,5/0										
4. Asked history of jaundice	+0.5/0										
Asked history of hypertension and diabetes	+0.5/0										
Asked history of therapy, drugs	+0.5/0										
7. Asked history of dog bite	+0.5/0										I
8. Interpreted correctly, gave correct advice	+0.5/0										
Total score											

SOCAL CO.

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7) PROCEDURE STATION: Counselling and communication skills

Task: Give advice to this patient about preparation to be done for some investigations tomorrow

Preparation: Trained volunteer with a clinical pathology report in his hand, with fasting blood sugar of 120 mg/dl. Observer with checklist.

Volunteer asks student:

1. Doctor do I have diabetes?

For correct response

1 mark

What tests do I need to do next?

For Oral GTT

1 mark

What preparation do I need to come with for doing Oral GTT?

For correct advice

2 marks

(This can be further split into checklist with detailed marks for each advice)

6) RESPONSE STATION: Gross specimen

Specimen of Myocardial infarction

Task: This is a specimen from the autopsy conducted on a 55 year old diabetic woman who died on the third day of admission to the hospital.

Identify the condition

1 mark

2. What are the two morphological patterns of involvement of this lesion. I mark

3. Name 2 complications of this condition which can occur during the first week

after this condition occurs

2 marks

2000

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8) RESPONSE STATION: Slide

Slide of fatty liver is focused under microscope

Task: This is an autopsy section from a 50 year old man with history of alcoholism

1. Identify the condition

1 mark

- 2. Enumerate two predisposing causes of condition other than alcoholism 1 mark
- 3. Explain the mechanism by which alcohol causes this condition? 2 marks

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A.C.P.M. to college
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ACPM MEDICAL COLLEGE, DHULE DEPARTMENT OF PHARMACOLOGY

Examination Structured format

(Blue Print)

THEORY EXAMINATION

First Terminal Examination - Theory

Topic	Sec A MCQ - 28	Sec B- 12 SAQ	Sec C - 3 LAQ
Gen. Pharmacology	6	3	1
ANS	6	3	1
Respiration	5	2	-
GIT	5	2	1
Autacoids	4	1	-
Vitamins	2	1	

Second Terminal Examination - Theory

Topic	Sec A MCQ - 28	Sec B- 12 SAQ	Sec C - 3 LAQ
Endocrinology	5	2	-
Chemotherapy	6	3	1
Blood	5	1	-
CVS	6	3	1
CNS	6	3	1

PRACTICAL (VIVA VOCE) EXAMINATION

First Terminal Examination - Practical - Viva Voce

Topic	Viva (No. of question)	Topic	Viva (No. of question)
Gen. Pharmacology	4	GIT	4
ANS	5.	Autacoids	4
Respiration	3	Vitamins	4

Second Terminal Examination - Practical - Viva Voce

Topic	Viva (No. of question)	Topic	Viva (No. of question)
Endocrinology	4	CVS	8
Chemotherapy	4	CNS	4
Blood	4		



Department of Pharmacology, A.G.F.M.Medical Gollege, Dhyle [M.S.]

PRELIMINARY EXAMINATION

Paper 1

Topic	Sec A MCQ - 16	Sec B- 6 SAQ	Sec C-3 LAQ
Gen. Pharmacology	3	1	1
ANS	3	1	1
CVS	3	1	1
Blood	2	1	1:
GIT	2	1	-
Vitamins	2	1	
Chelating Agents	1		

Paper 2

Topic	Sec A MCQ - 16	Sec B- 6 SAQ	Sec C - 3 LAQ
Endocrinology	3	1	1
Chemotherapy	3	1	1
Autacoids	2	1	
RS	2	1	
CNS	3	1	1
Immune Modulators	1		-
Vaccine sera	1		
Drug Acting on Uterus	1	1	-

Practical Examination (Viva Voce)

Topic	No. of questions	Topic	No. of questions
Gen. Pharmacology	3	Endocrinology	2
ANS	2	Chemotherapy	3
CVS	2	Autacoids	1
Blood	2	RS	1
GIT	1	CNS	2
Vitamins	1	Immune Modulators	1
Chelating Agents	1	Vaccine sera	1
-		Drug Acting on Uterus	1



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MET-REVISED BASIC WORKSHOP 2021







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CISP WORKSHOP 2019











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RESEARCH METHODOLOGY WORKSHOP 2016







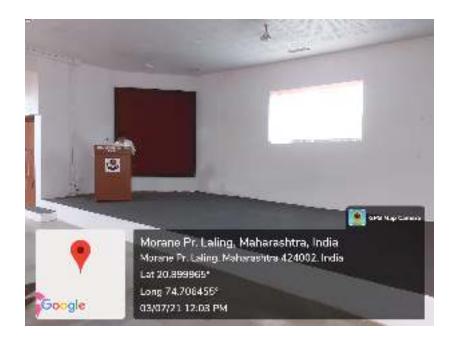


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CME ON HERNIA BY SURGERY DEPARTMENT-2019









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USE OF ANIMATION IN PPTS







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POSTER PRESENTATION BY UG STUDENTS- EYE DONATION AWARENESS







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POSTER PRESENTATION COMPETITION - UG







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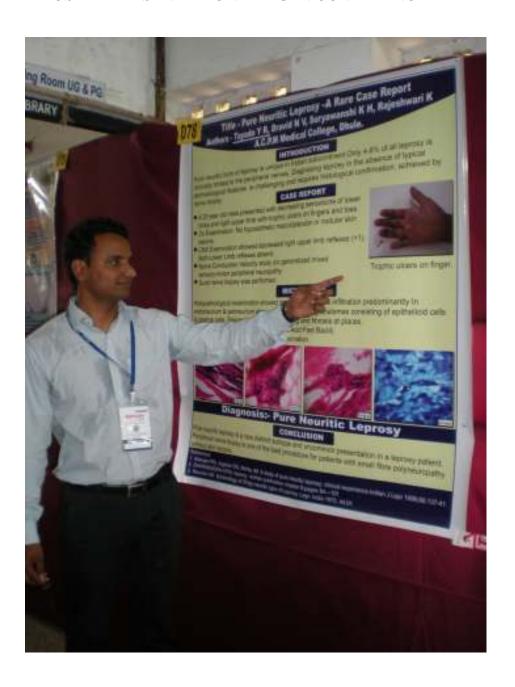




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POSTER PRESENTATION BY PG IN CONFERENCE

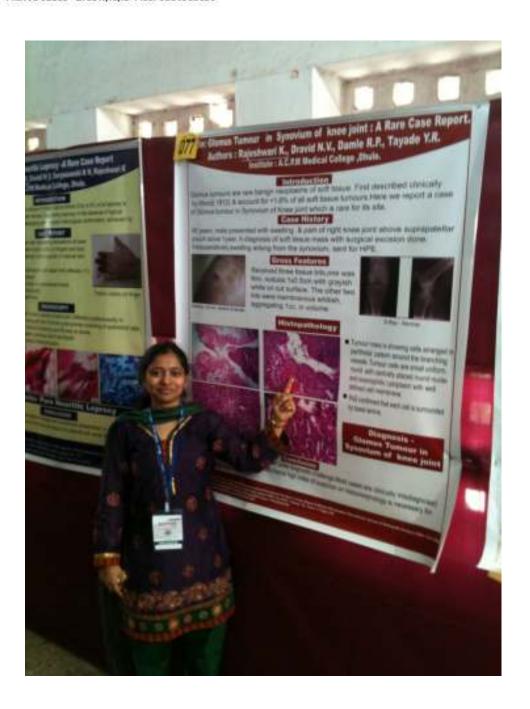






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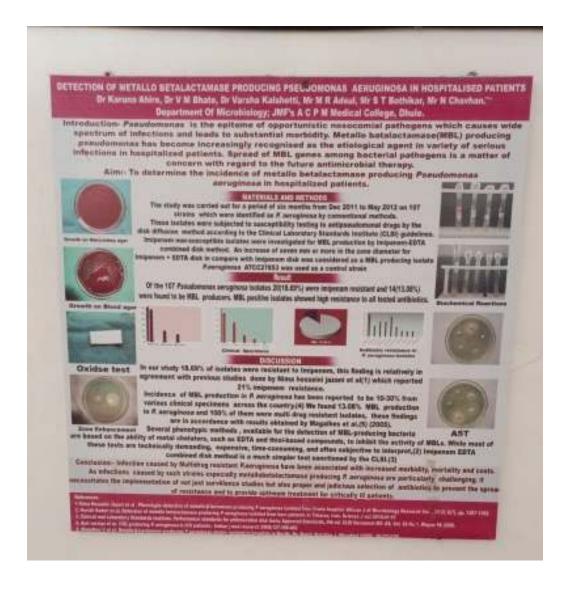






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STUDENTS LEARNING THROUGH POSTERS







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CASE PRESENTATION BY UG STUDENT











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USE OF ICT BY STUDENTS-STUDENTS LEARNING CT SCAN







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LEARNING IN OPD THROUGH CASES







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CASE PRESENTATION BY PG IN MAPCON

FCASE HISTORIES: MAPCON 2021

Mapcon	Category	Ref no/	Case
no.	Breast	Sknmc & gh pune case 3 (for	57 year male with retro areolar lump since 1 year.
		discussion)	
2	Breast	Dmh, path lab Case 1	34 yrs female. Enlarged nipple in 2017, clinical impression – paget's disease. Hpe done outside – seborrhoeic keratosis. Mammography done in 2017 showed no lesion in the breast parenchyma. Received wide local excision of the nipple areola complex. Gross examination showed growth over nipple areola measuring 4 x 3.5 x 2 cm. Nipple is not visible separately from the growth. Cut surface is tan grey, firm and irregular. Section from nipple areola complex is submitted.
3	Breast	Srtr gmc case 2	61 yr old male case of right breast lump since 2yrs. Fnac was suggestive of malignant lesion. Gross: received right mrm specimen measuring mass of 6.5 x 3.5 x 2 cm seen involving upper outer quadrant. H& e section from grayish white mass provided.
4	Breast	Nssh case 1	Section from the breast mass. Specimen: left breast mass in an28 yr old female. Gross: encapsulated nodular mass measuring 17 x 17 x 5 cm. The cut surface is soft to firm, whitish with few interspersed yellow areas. Ct scan: a well defined heterogeneous density lesion is identified virtually replacing the entire left breast parenchyma.





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		4,10,13 1100. 000000	50/275
21	Female reproductive	Srl ltd case 2	53 year female presenting with lower abdominal pain and fever. Ct abdomen pelvis: right adnexal mass measuring 5 x 4 x 3 cm. Total abdominal hysterectomy with bso done. Cut surface of right ovarian mass: solid cystic. Cut surface of endometrium and cervix is unremarkable. Cut surface of left ovary is unremarkable. Cut surface of bilateral fallopian tubes is unremarkable. One h&e slide of right ovarian mass provided.
22	Female reproductive	Pcmc pgi ycmh pimpri Case 1	A 40 yr old female came with complaints of abnormal uterine bleeding.usg suggested uterine fibroid of size 7 x 6 x 4 cm. Received total hysterectomy specimen with bilateral salpingoopherectomy, with separately sent fairly circumscribed mass of size 6.5 x 5 x 3.5 cm, grey white round to oval. On c/s it shows yellowish white mass with trabeculated appearance and few areas of hemorrhage. 1 h&e stained slide from mass provided.
23	Female reproductive	Acpmmc case 2	History: 30 yrs female case of pain abdomen and amenorrhea since 1 yr. P/s foul smelling white discharge present. Cervix and vagina healthy. P/v uterus retroverted and bulky. Right fornix – mass of 5 x 5 cm palpable, mobile, non – tender. Gross: salpingo - oopherectomy specimen received. Cut section of the ovary showed lobulated mass, yellow orange in colour with few small cystic dilations separated with fibrous septae.
24	Female reproductive	Dypmc case 2	43 yr old female with complaints of abdominal pain vaginal bleeding and irregular menstruation. On usg- free pelvic fluid suggestive of ascites noted. Hysterectomy with bso was done and sent for hpe. Gross: uterus was atrophic measuring 3.5 x 2 x 2 cm. Both ovaries were slightly enlarged. Section from left ovary provided.
25	Female reproductive	Dyp mumbai case 1	Placenta of 28 yr old primi iugr. Gross: placenta measuring 20 x 12 x 4 cm. Cut surface: hemorrhagic areas seen.





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COMMUNITY VISIT BY UG STUDENT







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STUDENT APPLING CLINICAL SKILL IN HOSPITAL







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INNOVATIVE SKILL LEARNING BY USE OF MANIKINS









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INNOVATIVE LEARNIG BY

USE OF EX-PHYSIO SOFTWARE FOR 1ST MBBS STUDENTS











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ANALYTICAL SKILL- CASE REPORT ANALYSIS













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INNOVATIVE LEARNING STUDENTS SOLVING MISSING WORD GAME







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STUDENTS SOLVING CROSS WORD GAME









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CREATIVITY – STUDENTS PREPARE PPTS

Bone Marrow Aspiration and Biopsy.

Presentor – Bhargavi Gawhankar Roll no- 29.





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CREATIVITY – STUDENTS PRESENTS PPTS





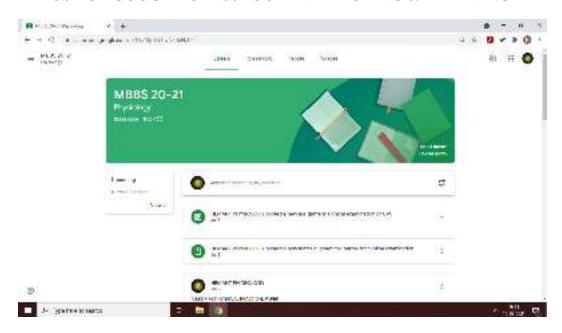


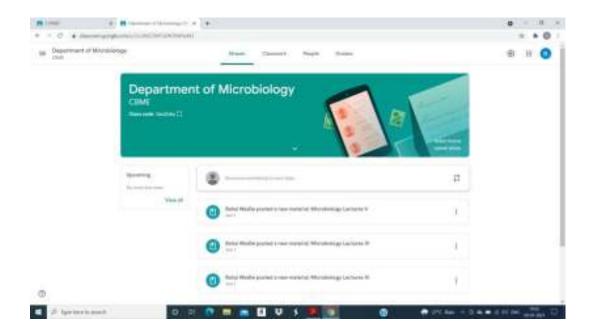


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USE OF GOOGLE CLASSROOM IN TEACHING & LEARNING





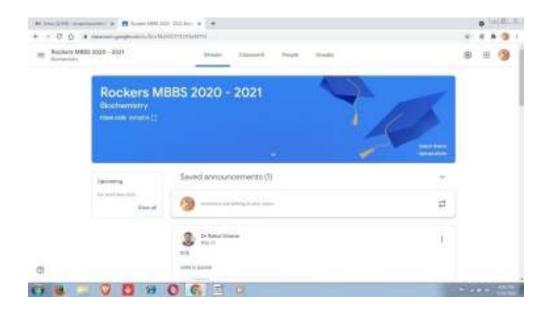






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INNOVATIVE LEARNING BY USE OF COMPUTER ASSISTED LAB BY STUDENTS









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INNOVATIVE LEARNING BY USE OF DIGITAL LIBRARY BY STUDENTS





