KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR – 680 596, KERALA

REGULATIONS, CURRICULUM, AND SYLLABUS OF

POST GRADUATE DEGREE COURSE IN

HOMOEOPATHY (M. D. HOM)

(With effect from 2011-12 admission)

CONTENTS

1.INTRODUCTION

1.1 PREAMBLE

The regulation of the Post Graduate courses in Homoeopathy being conducted by the Kerala University of Health Sciences is in accordance with the recommendations of the Central Council of Homoeopathy with an emphasis on the health needs of the Kerala State.

1.2 NOMENCLATURE OF THE DEGREE

1.2.1.MD(HOM)- Doctor of Medicine in Homoeopathy- Materia Medica
1.2.2. MD(HOM) - Doctor of Medicine in Homoeopathy- Homoeopathic Philosophy
1.2.3. MD(HOM)-Doctor of Medicine in Homoeopathy- Repertory

2.AIMS AND OBJECTIVES OF COURSES

2.1. GOAL

The goal of Post Graduate Homoeopathic Medical education shall be to produce competent specialists and /or Teachers.

2.1.1. Who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the National health policy.

2.1.2. Who shall have mastered most of the competencies, pertaining to the speciality, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system.

2.1.3. Who shall be aware of the contemporary advance and developments in the discipline concerned.

2.1.4. Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology.

2.1.5. Who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

2.2 GENERAL OBJECTIVES OF POST GRADUATE TRAINING

At the end of the Post Graduate training in the discipline concerned the student shall be able to;

2.2.1 Recognize the importance to the concerned speciality in the context of the health needs of the community and the national priorities in the health sector.

2.2.2 Practice the speciality concerned ethically and in step with the principles of primary health care.
2.2.3 Demonstrate sufficient understanding of the basic sciences relevant to the concerned speciality.
2.2.4 Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and primitive measure/strategies.
2.2.5 Diagnose and manage majority of the conditions in the speciality concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
2.2.6 Plan and advise measures for the prevention and rehabilitation of patients suffering from disease and disability related to the speciality.
2.2.7 Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.
2.2.8 Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behaviour in accordance with the societal norms and expectations.
2.2.9 Play the assigned role in the implementation of National health programme, effectively and responsibly.
2.2.10 Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
2.2.11 Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.
2.2.12 Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
2.2.13 Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
2.2.14 Function as an effective leader of a health team engaged in health care, research and training.

2.3 COMPONENTS OF THE POSTGRADUATE CURRICULUM

The major components of the Postgraduate curriculum shall be:-

2.3.1 Theoretical knowledge
2.3.2 Practical and clinical skills
2.3.3 Writing thesis/Research articles
2.3.4 Publishing scientific articles in accredited journals.
2.3.5 Improving attitudes including communication skills.
2.3.6 Training in research methodology, medical ethics including medico legal aspects.

The students undergoing Post Graduate courses shall be exposed to the following:-

i. Basics of statistics to understand and critically evaluate published research paper.
ii. Lectures related to human behaviour studies.
iii. Introduction to the non-linear mathematics.

3. REGULATIONS

3.1 ACADEMIC ELIGIBILITY FOR ADMISSION

No candidate shall be admitted to MD (HOM) course unless he posses the degree of:

a) Bachelor of Homoeopathic Medicine and Surgery or equivalent qualification in Homoeopathy after undergoing a course of study of not less than five and half years duration including one year compulsory internship: or

b) Bachelor of Homoeopathic Medicine and Surgery(GadedDegree)or equivalent qulification in Homoeopathy included in the Second shedule of the Act, after undergoing a course of study not less than two years doration.

3.2 SELECTION OF STUDENTS

The selection of students for the Post Graduate course shall be made based strictly on merit as decided by the Entrance Examination conducted by the competent authority approved by the Government of Kerala/Kerala University of Health Sciences and as per guidelines of the respective Council.

3.3 REGISTRATION

A candidate on admission to the MD (HOM) shall apply to the University for regstration

3.3.1. By making a formal application in the prescribed format
3.3.2. Original degree certificate/ mark list
3.3.3. Original Council registration crtificate.
3.3.4. Equivalency and migration certificate wherever needed.
3.3.5 Original SSLC/ equivaleny certificate.
3.3.6. The fees prescribed for the course.

3.4 DURATION OF COURSE

Every candidate seeking admission to the training programme to qualify for the Degree of MD (Hom) in the subjects conducted under the University shall pursue a regular course of study, in the concerned Department under the guidance of a recognized Post Graduate teacher for a period of three years.

The course shall beof three years duration, including one year of house-job or equivalent thereof

3.4.1. Course shall comprise:

1) General subject

a) Man in Health(Holistic concept)
b) Man in Disease(Holistic concept)
c) History of Medicine, Scientific methedology including reasearch methodologyand Statitics

2) Special subject

Homoeopathic Materia Medica/Homoeopathic Philosophhy/Repertory

A candidate for MD(Hom) shall opt one of the special subject as his speciality at the time of admission and the degree shall be awarded in that speciality.

3.4.2. Period of completion of course - Twice the duration of the course

3.5 MEDIUM OF INSTRUCTION

The medium of instruction is English.

3.6 ATTENDANCE

All the candidates joining the Post Graduate training programme shall work as full time residents during the period of training and shall attend not less than 80 percent of the imparted training during each calendar year including assignments, full time responsibilities and participation in all facets of the educational process. The student will be permitted to avail casual leave for 20 days, but not more than 10 days at a stretch. 365 days of the year are working days for post graduate students. Condonation of attendance will be allowed as per Rules.

3.7 POST GRADUATE DEPARTMENT

3.7.1. The centre shall fulfill the minimum requirements as prescribed in the Homoeopathy (Minimum standard of Education) Regulation 1983 for undergraduate training. The centre shall obtain evaluation and approval from the Central Council of Homoeopathy before starting of MD Course

3.7.2. Post Graduate Department should have the following additional facilities namely,

a) One full time Professor in the department of speciality
b) One Reader/Associate Professor
c) Staff such as Attendants
d) Departmental Library
e) Outpatient and inpatient departments with all facilities including clinical lab.
f) Three beds shall be earmarked for each student

3.8 QUALIFICATION OF TEACHER/EXAMINER/GUIDE

3.8.1. MD (HOM) degree (3 yrs of regular study) in the concerned subject, included in the second schedule of the act.

3.8.2. Reader/ Associate Professor with a total teaching experience of not less than seven years in the concerned subject

3.8.3. Maximum age limit of Examiner shall be 70 years

3.9 STUDENT TEACHER RATIO

The ratio of the Post Graduate teacher to the number of students to be admitted shall be 1:3.

3.10 TRAINING PROGRAMME

3.10.1. Every institution undertaking Post Graduate training shall set up an Academic cell or a curriculum committee, under the chairmanship of a senior faculty, which shall work out the details of the training in each speciality in consultation with other department faculty staff and also coordinate and monitor the implementation of these training programme.

3.10.2. The training programme shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidate and the Central council inspectors to assess the same at the time of inspection.

3.10.3. The Post Graduate student shall maintain a record(log book) of the work carried out by them and the training programme undergone during the period of training.

3.10.4. The record book shall be checked and assessed by the faculty members imparting the training, monthly.

3.10.5. The Post Graduate student shall be required to participate in teaching and training programme of undergraduate students and interns.

3.11 LOGBOOK

Log book serve as a document of the trainee's work. The trainee shall maintain this Logbook of Journal review presentation/Seminar presentation/Clinical works in IPD and OPD/Clinical presentation/Teaching skill practice and Dissertation presentation.

3.12 TEACHING

All Post Graduate Student should take part in the teaching of undergraduate medical students.

3. 13 RESEARCH

M. D. (Hom) students shall present at least one paper/poster presentation at a State/National conference during their course. Each P.G. student shall present10 seminar papers, take part in at least 20 seminars/ symposium during the P.G. course and maintain the records of seminar notes/presentations and also he/she should present a paper /participate in at least one national level seminar/conferences.

3.14 THESIS

Every candidate shall carry out work on an assigned research project under the guidance of a recognized Post graduate teacher as a guide. All Post graduate students should submit a synopsis of the thesis duly attested by the competent authorities in the prescribed proforma within six months after the date of admission. Candidate is required to write a theses or dissertation on a subject approved by the University of not less than 10,000 (Ten Thousand) words.

Each candidate should submit the dissertation six months prior to the completion of the course. The University will sent it to three experts (one internal two external) with instructions to return it within two weeks after valuation.

Dissertation may classified as "Accepted", "Accepted with modifications" or "Rejected". At least two experts should accept the dissertation for it to be considered as accepted.If it is accepted with modifications, the candidate will be given 45 days for correction and resubmission through proper channel. If it is rejected, the candidate will not be permitted to appear for the examination. She/ he should repeat the work and submit within a period of six months. Such dissertations will be valued in the examination Centre itself at the time of practical / clinical examination

3.15OBTAINING ELIGIBILITY CERTIFICATES

The University will release the Provisional & Permanent degree certificate only on the receipt of the course certificate issued by the Principal, based on the recommendation of the Head of the concerned department of the course. The course commences from the date on which the first candidate joins the course.

3.16EXAMINATION

The examination shall be conducted in two parts namely:

(a) M.D.(Hom) Part I, which is to be held six months after completion of house job of one year's duration.
(b) M.D.(Hom) Part II, which is to be held one year six months after Part I examination.

Part I Examination

Every candidate seeking admission to Part I of the examination shall submit application to the University with the following documents, namely:

(a) A certificate from the Principal or Head of the institution about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination; and
(b) A certificate of having completed one year house job in the collegiate hospital.

Viva and practical examination of Part-1 Exam will be conducted by the panel of examiners as below.

- Man in health - teachers of Materia medica
- Man in disease - teachers of Repertory
- History of medicine & Statistics - teachers of Homoeopathic philosophy

Case taking and bedside evaluation will be the part of Man in disease with a view to providing experience to prospective Internal examiner, Skilled Assistants may be permitted, in concurrence with the External Examiners, to bepresent in the Examination Hall. The role of skilled assistants, however, shall be confidential, only to carrying out the instructions.
Examiners

1. MD (Hom) Regular degree in concerned subject,(3years of regular study), included in the second schedule of the act.
2. Reader/ Associate Professor with a total teaching experience of not less than seven years in the concerned subject
3. A panel of examiners shall be prepared by the University for a period of 3 years which shall be approved by the Central Council of Homoeopathy

One of examiners shall be the guide. Minimum number of examiners shall be three ,out of which 50% should be external.

3.17 CRITERIA FOR PASS

A candidate who has secured minimum of 50 percent marks for theory (40 percent separate minimum for each paper), 50 percent for Clinical/Practical including oral shall be declared to have passed in that subject.
A candidate who fails in one subject have to appear only for the failed subjects in M D(HOM)PartI&PartII.

3.18 AWARD OF DEGREE

A Candidate who has passed all the subject of MD (HOM) will be eligible for award of degree.

3.19 MIGRATION AND TRANSFER

Migration / Transfer of students undergoing any post graduate course shall not be permitted under any circumstances

3.20 NORMS OF RE-ADMISSION

If a candidate is not appearing in the college for more than six months, he/she, on the recommendation of the head of Institution should get permission from the university for re-joining.

Re- admission will be considered strictly as per the conditions stipulated in the norms of the respective Statutory Council/Kerala University of Health Sciences.

4. COURSE CONTENT

4.1 SYLLABUS AND SCHEME OF EXAMINATION OF EXISTING MD (HOM) COURSE

PART I

Course of study

1.Post graduate degree course shall be in the following subjects

a. MD(Hom) Homeopathic Materia Medica
b. MD (Hom) Homeopathic Philosophy
c. MD (Hom) Repertory

2.The course shall be of three years duration, including one year of house-job or equivalent thereof

a. All the days of the year will be working days for the post graduate students.
b. The candidate should secure 80% attendance for the

i First year, i.e. during house job.
ii First half of 2nd year.(183days)
iii Last one and half year.

3. Course shall comprise:

1. General subject

a. Man in Health (Holistic concept)
b. Man in diseases (Holistic concept)

2. Special subject

Homeopathic Materia Medica / Homeopathic Philosophy / Repertory

A candidate for MD (Hom) shall opt one of the special subject as his speciality at the timeof admission and the degree shall be awarded in that speciality.

4. The PG candidate shall pursue a regular course of study and research in the department under the guidance of a guide recognized by the university, emphasis being on practical training, participate in seminars, group discussions, clinical meetings, journal clubs etc.

5.The candidate shall be a resident in the hospital campus and shall be given graded responsibility in the management of patients entrusted to his care. He shall participate in teaching and training of undergraduate student and internees.

6. Candidate is required to write a theses or dissertation on a subject approved by the University of not less than 10,000 (Ten Thousand) words.

7.The PG student may be permitted to attend seminars, symposium and other academic programmes conducted by registered organizations, academic bodies and institutions in and outside state. The head of institution shall sanction duty leave to PG students, limited to 20 days in an academic year.

8.The student shall be required to attend at least 80% of total lecture, seminar, clinical discussion, journal club and group discussion separately in each paper/subject of the examination in order to become eligible to appear for examination.

9.Method of training: The emphasis should be on in service training and not on didactic lectures. The candidates should take part in seminars, group discussions, clinical meetings etc. The candidate should be required to write a thesis or dissertation with detailed commentary which should provide the candidate with necessary background of training in research methods and techniques along with the art of writing research papers and learning and making use of library. The candidate shall be a resident in the campus and shall be given grader responsibility in the management and treatment of patients entrusted to his case. He shall participate in teaching of undergraduate students or interns. Adequate number of posts of clinical residents shall be created for this purpose.

PART II

Syllabus

1. **Syllabus for Post Graduate Degree M.D. (Hom.):**

   The following shall be syllabus for general and special subjects in M.D. (Hom.) course namely:-

A.GENERAL SUBJECTS (Common to all specialities)

(I) The Man In Health (Holistic Concept)

Structural functional and psychological organization of Man and his adaptation to the environment in health, and includes an integrated study of the following for practical application of this knowledge in clinical medicine.
Concept of Health-Different approaches-Holistic concept-Definitions Dimensions &Determinants of health

General Anatomy

1. Development Anatomy
2.(a)Genetics and individuality (b)Elementary principles of genetics (c) Applied Genetics
3.Interaction between organism and environment.

1.Neuro Anatomy

(a) Meninges and their function
(b)Cerebellum-Areas, vascular supply and functions
(c)Cerebellum-functions
(d)Pons
(e)Midbrain
(f)Cranial Nerves
(g)CSF
(h)Spinal cord-segmental relations
(i)Nerve distribution
Applied-Lumbar puncture, Referred pain, and Spinal Anesthesia

2.Thorax

(a)Skeleton structure
(b)Diaphragm
(c)Pleura and Lungs
(d)Heart and Major vessels
(e)Mediastinum
Applied: Surface making-Cardia, Lungs, Valves, Aorta and Superior Vena Cava

3.Abdomen and Pelvis:

(a)Abdominal muscles
(b)Peritoneum
(c)Blood Vessels
(d)Stomach and intestine
(e)Liver and Gall Bladder
(f)Pancreas

(g)Kidney and Urinary tract
(h)Uterus and Ovary
Applied: Surface markings of organs, referred pain

4.Head and Neck:

(a)Scalp and its Vascular Supply
(b)Facial muscles
(c)Muscles of Mastication
(d)Innervations of skin
(e)Eye
(f)Nasal cavity
(g)Oral cavity
(h)Larynx
(i)Thyroid and Parathyroid
(j)Esophagus and Trachea

Micro Anatomy

Histology of-

(a) Nerve	(b)Muscles	(c)Bone
(d)Cardiac Muscles	(e) Liver	(f)Testis, Ovary
(g)Uterus and Cervix	(h)Spinal Cord	(i)Lymph nodes
(j) Thyroid	(k)Lungs	(l)Lymph nodes

PHYSIOLOGY

With the advent of latest physical principles physiology has made rapid progress in bringing out hitherto unknown aspects of functions of human body. A renewed interest is therefore ie essential for all postgraduate in the medical field. Keeping this interest in sight the students may study the applied/clinical aspect of the following and any other important topic.

1) Haematology

(a)Formed Elements
(b)Plasma
(c)Erythropoesis
(d)Leucopoiesis
(e)Thrombopoeisis
(f) Coagulations
(g)Blood Groups
(h)Leukemia
(i)Haemoglobinopathies
(j)Immunological vascular flow

2) Cardio Vascular System

(a)Structure of Heart and Cardiac muscles
(b)Electro physiology and ECG
(c)Cardiac cycle
(d)Cardiac output
(e)Blood Pressure
(f)Echocardiography
(g)Sonography
(h)Peripheral vascular flow

3) Respiratory System:

(a)Structure of respiratory system (b) Mechanism of Respiration
(c)Lung volume capacity (d)Enzymatic activity of Gastrointestinal tract and Liver

4) Digestive System:

(a)Esophagus and stomach (b) Intestine and Peristaltic activity
(c)Hepatobiliary system (d) Enzymatic activity of Gastrointestinal tract and Liver.

5) Urogenital system:

(a)Structure of Kidney and Blood supply
(b)Formation of Urine
(c)Homeostasis and blood pressure
(d) Urinary tract (Ureter, bladder, urethra)
(e)Primary sex organs-male and female
(f)Prostate
(g)Menstrual cycle
(h)Spermatogenesis
(i)Pregnancy, parturition, Lactation
(j)Contraception, menopause
(k)Libido

6) Skin and Integument System:

(a)Skin- Microscopy
(b) Sweating Mechanism and other functions
(c)Pigments

7) Nervous System:

(a) Neuro anatomy (h) Brain and Cranial nerves
(b) Nerve conduction (i) Spinal cord functions

(c)Functions of Cerebrum
(d)Functions of cerebellum
(e)Midbrain and Pons
(f)Basal Ganglion
(g) Limbic system
(j) Vestibular apparatus
(k) Autonomous nervous system
(l) Neurotransmitters-serotonin, endorphins etc
(m)Special sense,Taste,smell, vision, hearing, touch

8) Endocrine system:

(a) General principles
(b)Hypothalamus
(c)Pituitary gland
(d) Thyroid and Parathyroid
(e)Pancreas
(f)Suprarenal glands
(g)Gonads

BIO CHEMISTRY

Biochemistry has made great advances in recent years. A postgraduate medical student is required to keep update with the important development relevant to therapeutics. Hence a comprehensive review of clinical aspect is to be kept in mind to cover the following topics:

1. Elementary constituents of cytoplasm

2. Carbohydrates: (a) Monosaccharides (b)Disaccharides (c)Polysaccharides (d)Mucopolysaccharides (e) Carbohydrate digestion, absorption and metabolism (f) Citric Acid cycle

3.Proteins: (a)Amino acids (b)Structural proteins (c) Plasma Proteins (d)DNA,RNA (e) Protein digestion, absorption and metabolism (f) End products (g)Urea Creatinne

4. Lipids: (a)Saturated and unsaturated fatty acids (b)Triglycerides (c) Lipoproteins (d)Esters (e) Fat digestion (f) Absorption and metabolism (g) Keton bodies (h) Hormone synthesis

5. Water and Electrolytes: (a) Water and electrolyte distribution (b) Starling's principle (c) Functions of electrolytes (d) Acid base equilibrium.

6. Nutrition and B.M.R: (a)Basic principles (b)Diet (c)BMR in health and disease (d) Obesity
(a)Hormones, Enzyme activities (b) Neurotransmitters

E) PSYCHOLOGY

1. Introduction:
   (a)Definition
   (b) Nature
   (c) Subject matter
   (d) Brain and behavior
2. Methods of psychology
   a) Experimental

b) Questionnaire (Inventory)
3. Clinical
4. Survey
5. Observation
6. Developmental Theories
    a) Psycho-analytical/neoFreudians
    b) Psycho social
    c) Behavioral
    d) Humanistic
7. Motivation:
    a) Classification-theories, Homeostasis.
    b) Cognitive approach, Frustration, Conflicts, Mental mechanisms
    c) Stress: Meaning, definition, types & its effect on body
    d) Mind-body relationship
    e) Sources of stress/ Coping with stress
    f) Stress management (Relaxation, biofeedback)
8. Psychological Process:
a) Sensation, Perception, Attention-Study of disorders in each of them
9. Emotions
    a) Characteristics, expression (vocal, nonverbal)
    b) Internal physical changes
    c) Emotions & Health
10. Personality:
    a) Definition, Characteristics, Traits. Factors influencing Personality
    b) Assessment
11. Intelligence
    a) Definition, Nature, Growth determinants, assessment, application.
12) Learning
    a) Types-classical conditioning, Operant Conditioning
    b) Cognitive learning-application in medicine
13. Memory and forgetting
    a) Process, types, Causes of forgetting
    b) Methods to improve memory
14. Different approaches of psychology-Freud, Jung, Adler, Cattel, Horney

(II) The Man in Disease (Holistic Concept)

Structural, Functional, and psychological organization of the sick and his/her deficient adaptation to his/her environment and includes the study of pathology (psychological, functional and structural deviations from the state of Health). A probe into the evolutionary phenomenon of disease, paying attention to the cause effect relationship (viz. the effects of extrinsic (microorganisms, parasites, viruses and other stimuli) and intrinsic (susceptibility based on miasmas) factors along with their current interpretations and abnormal expressions of the sick pervading his/her whole being).
Concept of disease-Definitions-Holistic approach-Distinction between Disease, Illness & sickness

Causation of disease-Environmental, biological, intrinsic factors etc.

PATHOLOGY AND MICROBIOLOGY

A thorough and comprehensive knowledge of disease processes is fundamental to any therapeutic approach with an aim of cure or palliation. Natural course of disease, prognosis are vital inputs for planning treatment strategies. The following topics need to be updated keeping Homeopathic orientation of practice in view.

PATHOLOGY

1. General Pathology:

(a) Inflammation and repair
(b) Immunity and Hypersensitivity
(c) Coagulation, thrombosis
(d) Neoplasm
(e) Pigmentation disorders
(f) Ionizing radiation
(g) Genetic factors in disease
(h) Degeneration and cellular death

2. Regional Pathology

(a) Cardio vascular system – disease of heart, blood vessels, congestive heart failure
(b) Disease of trachea: airway obstructions, parenchyma disease of lungs, disease of pleura, allergic disease and respiratory failure.
(c) Disease of gastro intestinal tract: Oesophagitis, Peptic ulcer, malabsorption syndrome.
(d) Disease of Hepatobiliary system: Hepatitis, Cirrhosis of liver, gall bladder disorders
(e) Disease of kidney: Nephritis, Nephrotic syndrome and Urinary tract disorders
(f) Disease of endocrines: Growth hormone disease, Pituitary disease, Thyroid, Parathyroid disease, diabetes mellitus, supra renal disease.

3. Hematological diseases:

(a) Anemia
(b) Leukemia
(c) Hemorrhagic diseases

4. Neurological diseases:

(a) Cerebro vascular diseases
(b) Degenerative diseases of brain and spinal cord
(c) Meningial disease
(d) Cerebral palsies, congenital syndromes

5. Disease of Bones and Joints:

Rheumatoid arthritis, osteo-arthrosis, SLE and other connective disorders.

6. Disease of skin:

Dermatitis, pigment disorders, hyperkeratonic disorders and Veneral diseases.

MICRO BIOLOGY:

1. Infection and disease
2. Microbial pathogenecity
    - Bacterial
    - Fungal
    - Viral
    - Parasitic
3. Defenses of Host against infections
    - Components of defense
    - Functional setup of immunity
    - Antigens
    - Antibodies
    - Cells of immune response
    - Ag-Ab reaction
    - Hypersensitivity
    - Autoimmunity
4. Diagnosis of microbial infections
5. Preventive measures against microbial infections

(III) History of Medicine, Scientific Methodology including Research Methodology and Statistics

a) History of Medicine- evolution with special emphasis on Hahnemann's contribution to medicine in General.
b) Basic concept of Logic, Philosophy

1. Introductory analysis Subject matter and scope- question for philosophy- The branches of philosophy
2. Philosophy and the sciences- Logic, metaphysics and theory of causation
3. Logic-Inductive &deductive (On the basis of Aristotle, Lord Bacon, & J S Mill)
4. The doctrine of Force- The Doctrine of monads- Life force (note- Should be dealt in the context of Leibniz & Bergson)
5. Part and whole relation- Organic view- Philosophy of nature & Philosophy of mind (Note- Should be taught on the basis of Hegal)
6. An outline treatment of the following recent trends: Existentialism, Realism & Phenomenology, Pragmatism, Positivism & Analytical Philosophy

c) Scientific Methodology including research methodology & biostatics

1. Definition and scope of Statistics
2. Sources and Presentation of Statistical data, Primary data, Secondary data, Classification, Tabulation, Presentation of statistical data by diagrams, graphs, charts etc.
3. Measures of Central tendency or averages
Introduction- Difference averages-Definition- Merits &demerits- Partition values- Graphical location of the partition values
4. Measures of variation or dispersion
Introduction – definition of different measures of variation, Merits & demerits- Co- efficient of variation- Skewness, Kurtosis
5. Correlation & Regression scatter Diagram- Correlation coefficient- Limits of correlation coefficient-Rank correlation- Lines of Regression Coefficient
6. Sampling Theory
Introduction- Advantages of sampling- Principle steps in a sample survey- Different methods of sampling- sampling and nonsampling error
7.Theory of probability
Introduction- Definition of various terms- Law of addition of Probability- Multiplication- Law of Probability- Conditional Probability
8. Theoretical Distributions
Introduction-Binomial distribution- Normal Distribution, Chi-square Distribution & T Distribution- Standard error
9. Tests of significance
Introduction- Null hypothesis- Alternative Hypothesis- Level of significance of test- Type I error- Test of single proportion- Test of significances for different proportions-Test of Significances for single means- Test of Significances for differences of means- Chi- square test- T test etc.
10.Research Methodology
Introduction-defining the research problem- research Design- Epidemiological studies- clinic trials- Writing of Research reports

B. SPECIAL SUBJECTS

(1) Organon of Medicine and Homeopathic Philosophy:
(i) Hahnemannian concepts of Homeopathy (Principles and Practice)
Resources and references should be clearly defined

(a) Organon of medicine 5^{th} and 6^{th} Edition with appendix and introduction
(b) Introduction- review of therapeutics
(c) Fundamental principles of homeopathy
(d) Evolution of the principles and practice of homeopathy by making a reference of important topics of lesser writings of Hehnemann
(e) A deep understanding of the subject is essential for making critical and analytical appreciation and evaluation of it

(ii) Homeopathic Philosophy

a. Philosophy text books of Dr. Kent, Dr. H.A.Robert, Dr. Stuart Close, Dr.Dunham, Dr. Richard Hugehs has to be studied
b. Miasm cocept of Hahnemann, Chronic disease and their peculiar nature, Chronic miasm by Dr.J.H. Allen,Miasm by Dr. Banerjee etc..
c. Miasm concept of Dr. Kent, Dr. H. A. Robert, Dr. Stuart Close, Dr. Dunham, Dr. Richard Hugehs.
d.Comparison of symptoms of miasm through referring text book S.K. Banerjee and Phyllis Speight
e. Miasmatic evolution of symptoms of polychrest remedies based on the standard text book material medica

(iii) Practice of Homeopathy in Medicine, Surgery, Obstetrics and Gynaecology.

The aetio pathological aspect, clinical features, management of clinically important most prevalent disease has to be studied. A student should be capable making an analysis and evaluation, miasmatic expression on the aetio pathological aspect and clinical features both at disease properly and at the individual level.

PAPER DIVISION:

Paper I- Items (i) above
Paper II-Items (ii) above
Paper III- Items (iii) above

(II) Homeopathic Materia Medica:

I. Basic Materia Medica

1. Materia Medica- Definition
2. Sources:

    a. Of drugs- Plant, Animal etc
    b. Of symptoms- Drug proving, toxicological, clinical etc.
    c. Of Materia Medica, Source books

3. Drug proving and collection of symptoms- Methodology of Hahnemann, CCRH, others
4. Symptoms- Classification- different authors
5. Materia Medica
    a. Scope and Limitations of Materia Medica
    b. Science and philosophy of Materia Medica
    c. Construction and Types of Meteria Medica
    d. Study of Materia Medica- different approaches
    e. Critical review of Materia Medica of various authors
    f. Application of Materia Medica- The elements involved Homeopathic philosophy, Clinical medicine, Homeopathic Repertory and Materia Medica pura

II. Study of homeopathic drugs

1. Study of pure effects of homeopathic drugs from all sources, books and to interpret the same
. 2. Study of group characteristics with remedy differentiation
3. Study of relationship of drugs
4. Comparative study of Materia Medica

a. Detailed study of polychrest drugs with their drug pictures
b. Therapeutic indications of all drugs with special reference to rare remedies

III. Practice of Homeopathy in Medicine, Surgery, Obstetrics and Gynecology

1. A systematic study of common diseases in internal medicine and its homeopathic management
2. Iatrogenic diseases- its homeopathic management

(III) Repertory:

1. Chronological development of repertory from Dr. Hahnemann till now.Their developmental sources and reference to their methods origin and subsequent development or edition afterwards with special of study and way of approach. Study of evolution of repertory, so that a comprehensive knowledge can be achieved as (a) Introduction including source and origin of repertory, about writer developments and edition subsequently. (b) Philosophical backgrounds and fundamentals. (c) Doctrine. (d) Construction (e) Plan (f) Adaptability
From Hahnemann→ Boenninghausen→ Kent→ Boger → Newer repertories →Synthetic→ Synthesis →Complete → Murphy. The critical study of these repertories from different angles, their utility, advantages and disadvantages, scope and limitations

2.Classification of repertories into different groups. Use and importance of different groups, Clinical application of different repertories in different types of cases.

3. Terminology: Meaning of different technical terminology in studying repertory as rubric, subrubric, cross reference, similar rubric, gradation, rank, elimination generalization particularization and synthesis. Interpretation and analysis of terminology used in Boenninghausen's, Kent's, Murphy's, Synthesis, Kneer's, Boger's repertories etc. and their applications in the light of modern knowledge.

4. Symptomatology: Definition, Source, different varieties of symptoms, their interrelation and meaning with each other and value in analysis or anamnesis in a case as given by different authors till now. Concept of totality of symptoms and way of approach Hahnemann, Voenninghausen, Kent, Boger, Stuart Close, H.A. Robert and Richard Huges.Boger's contribution to symptomatology and its importance.

1. Understanding the study of symptomatology in detail along with the Miasmatic understanding.

2. Applying this knowledge to analysis of the case from different perspectives
3. Case analysis:

Importance of anamnesis in case taking and Analysis methods and strategy by different authors

4. Evaluation of symptoms:

1. One needs to understand the concepts used in evaluation and its application. Why and how of it.
2. Understanding the different concepts used by different authors i.e. Kent, Boger, Boennighusen etc. for evaluation of symptom.
3. Evaluation of symptom by Dr. Hahnemann, Boenninghausen, Kent, Boger, Stuart Close, H.R.Robert, Garth Boericks, Bidwell etc. Integrated, dynamic and evolutionary concept Hahnemannian totality.

5. Case Taking: Art of Case Taking in different types of cases as in acute (Individual, Sporadic, Epidemic- Acute diseases with a Chronic background), Chronic (Mental diseases, intermittent with acute- exacerbation), analysis 0of the case, clinical diagnosis of the case and deduction of the case for reportorial purpose. Repertorial approach in case taking. Utility of the repertory in presenting complaint, history of presenting complaint, past history, family history, treatment history, obstetrical history, age, sex etc.

(a) Dynamics and Methods of case studying
(b) Interview:

1. Prerequisites

    a. Attitude
    b. Atmosphere
    c.Time
    d. Perspective

2. Interview Structure
3. Interview Process

    a. Initiation
    b. Body
    c. Conclusion

4. Obstacle and anticipated difficulties
5. Indiscretions to be avoided
6. How to Do It – Techniques and Patterns of Interventions in different situations and category of patients.
7. Different methods of case taking in the class room, in clinic, open air, OPD, IPD, public and rural areas
8. Difficulties in taking chronic cases

9. Assessment
10. To understand the Hering's law of cure and its application in management of cases.

6. Card repertory: History and development of different card repertories and classification. Plan construction, Philosophical background, working with method, clinical uses, advantages and disadvantages of Kishore's cards.

7. Study of different individual groups of repertories

1. Logical utilitarian groups – Boenninghausan, Boger, Kent (along with Kunzliz, Pierri schmidt's repertory)
2. Puritan groups of repertories Gentry and Knerr
3. Special or regional or particular group of repertory

Bell's diarrhea, Allen's fever, Minton's utrine disease, Berridge's eye and Dougla's skin.

A systemic methodical study of each above groups of repertory and their adaptability and clinical area of uses.

Historical Background: Detailed understanding of the historical evolutions of these repertories , their Scope and Limitations. The different repertories and their evolutions along with concepts, philosophy and the necessity of these repertories. Understanding the different concepts used by different authors in construction and evalutions of these repertories.

8. Detailed study of the following repertories:

1. Boenninghausen 2.Kent 3. Boger 4.Synthetic 5.Murphy 6.Synthesis 7.Kneer 8.Complete repertory

In- depth critical studies from different angles, their utility, advantages and disadvantages. Comparative study of philosophical background, chapter wise comparative study, comparative study of Rubrics etc.

9.Repertorisation: Different methods, types, concepts and process described in different authentic writings, their working methods, advantages and disadvantages and clinical application- Hahnemann, Boenninghausen, Kent, Boger, Farrington and M.L.Tyler etdc.

10. Interpretation of mind rubrics and comparative study, effective methods of tracing and converting mental symptoms, miasmatic study of individual rubrics in mind chapter. Problems in interpretation of mind rubrics. Effective methods.

11. Applications

a. Miasmatic approach in selection of rubrics, methodology of miasmatic cleavage
b. Effective utility of repertory in the management of acute diseases
c. Importance of pathology in disease diagnosis & individualization in relation to repertory
d. Scientific methodology of repertorisation
e. Method and criteria in the selection of rubrics, precautions in psychological and psychiatric cases

f. Selection of potency and dose
g. Remedy response and prognosis

12. Computer: In- depth knowledge of computer application in Homeopathic repertorisation. Comprehensive knowledge latest version of software packages like HRS, Hompath, Radar, Smilimum, ISIS, Opus, Stimulare, P&W Synopsis, Mercuius, Complete Dynamics etc and their uses. Comparative study of different softwares. History & evolution, merits, demerits, price etc.

13. Practice of Homeopathy in medicine:

The aetio pathological aspect, clinical features, management of clinically important and most prevalent diseases has to be studied. A student should be capable of making an analysis and evaluation, miasmatic expression on the aetio pathological aspect and clinical features both at disease properly and at the individualistic level.
Use of reportorial knowledge in application and management of different medicinal condition from stand point of view of clinic- pathologic- Miasm correlation from case taking →evaluation →Totality Repertorisation

14. Practice of Homeopathy in Surgery, Gyn &Obs:

Application of knowledge of case taking, caseProcessing → Analysis → evaluation → Rep. Totality → with uses of different approaches – Repertorisation. Study of repertory →to understand different rubrics & its application in field of surgery, OBG & Gynaec.

PAPER DIVISION:

Paper I- Items 1 to 6 above
Paper II- Items 7 to 12 above
Paper III- Items 13 & 14 above

PART III

Examinations

The examination shall be conducted in two parts namely:
(a) M.D.(Hom.) Part I, which is to be held six months after completion of house job of one year's duration.
(b) M.D.(Hom.) Part II, which is to be held one year six months after Part I examination.

Part I Examination

Every candidate seeking admission to Part I of the examination shall submit application to the University with the following documents, namely:
(a) A certificate from the Principal or Head of the institution about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination; and
(b) A certificate of having completed one year house job in the collegiate hospital.

Scheme of Examination (common to all specialities):

Part I Exam consist of:

1. Three theory papers each of not less than three hours duration.
2. One Practical/Clinical exam including Viva Voce except in Methods of research & statistics

Total marks of 100 for Paper I shall be distributed as follows:

a. Applied Anatomy-30 Marks
b. Applied Physiology and Bio- Chemistry- 40 Marks
c. Concept of Health and Psychological Organization of Man- 30 Marks

In case of Paper I (Man in Health) and Paper II (Man in Disease) out of 100 Marks for Viva/Clinical, Marks allotted shall be

a.50% Marks will be based on clinical case (bed side)
b.50% Marks General Viva Voce (Theory)

Paper	Section	Subject	Duration of hour	Distribution of Marks				
				Theory		Viva Voce/Clinical		Total
				Maximum	Minimum	Maximum	Minimum	
Paper I	Nil	Man in health	3	100	50	100	50	200
Paper II	Nil	Man in Disease	3	100	50	100	50	200
Paper III	A	History of Medicine	1 1/2	50	50	50	25	150
	B	Method of Research and Statistics	1 1/2	50		Nil		

No separate minimum for Section A Section B of paper III. (Theory)
Viva Voce / Practical Examination in each general subject to be held by not less than three examiners together out of which one shall be the Guide/ Supervisor

Division of marks for theory examinations:
1) Man in health – 100 marks

a) Anatomy -25 marks
b) Physiology including bio-physics – 25 marks

c) Bio-chemistry – 25 marks
d) Psychology – 25 marks

2) Man in disease – 100 marks

a) General pathology – 25 marks
b) Systematic pathology – 25 marks
c) Microbiology – 25 marks
d) Susceptibility and miasms -25 marks

3) History of Medicine and Statistics and Research Methodology – **100 marks**

a) History of medicine -40 marks
b) Statistics and Research Methodology – 60 marks

Method of conducting Practical and Viva voce Examinations:-

1. There will be one long case and one short case in the practical.
2. The long case will test the capacity to size up a chronic clinical problem, define it homeopathically, plan the treatment and estimate the prognosis – all these based on sound rational principles of philosophy.
3. The short case will assess candidate's approach to clinical problem, skills to quickly define it and suggest alternative plans for resolving the same within the limited resources at command. Thus the power of observation and interpretation will be examined. The process of examinations will be observed and questioned.
4. The viva-voce examination will aim to cover the entire syllabus seeking to assess candidate's knowledge in depth including the dissertation work.
5. The long case will carry 70% of the allotted marks and short case will carry 30%. Each step will be marked separately thus stressing the importance of the capacity to think through a clinical problem in a systematic way.

Part II Examination

Part II examination to be held One year and six months after Part I examination.
1. Every candidate applying for Part II examination shall prepare and submit four printed or typed copies of dissertation of not less 10,000 words embodying his own research and contribution in advancing the knowledge in the subject to the university for approval, not later than six months prior to the holding of Part II examination.
2. The dissertation shall be submitted to the guide at least three months before the time fixed for submitting it to the University and the Guide shall certify the work has not been previously formed the basis of award of any Post Graduate Degree in Homeopathy and that work is the record candidate's personal efforts and submitted to the University duly countersigned by the Guide.

Each candidate should submit the dissertation six months prior to the completion of the course. The University will sent it to three experts(one internal two external) with instructions to return it within two weeks after valuation.

Dissertation may classified as "Accepted", "Accepted with modifications" or "Rejected". At least two experts should accept the dissertation for it to be considered as accepted.If it is accepted with modifications, the candidate will be given 45 days for correction and resubmission through proper channel.If it is rejected, the candidate will not be permitted to appear for the examination. She/ he should repeat the work and submit within a period of six months. Such dissertations will be valued in the examination centre itself at the time of practical / clinical examination.

5. Every candidate applying for Part II examination shall submit an application to the University with the following.

a. A certificate showing that he/she has passed the Part I exam.
b. A certificate from the guide/ Head of institution about the completion of studies in the subject concerned.

Part II Exam consist of

a) Three theory papers each of not less than three hours duration.
b) One Practical/Clinical exam including Viva Voce in the subject of specialty to assess the candidate's acumen & his ability & working knowledge in the practice of specialty.

Scheme of examination

Subject	Marks				
	Theory	Viva	Practical/Clinical	Total	Pass Mark
Paper I	100	100	100	500	250
Paper II	100				
Paper III	100				

Paper Division of Syllabus

Homeopathic Materia Medica

1. Paper I

    a. Basic Materia Medica
    b. Study of Homeopathic Drugs – Mineral Kingdom & Nosodes
2. Paper II- Study of homeopathic drugs- Plant and Aniaml kingdom, Sarcodes & Imponderablia
3. Paper III- Practice of Homeopathy in Medicine, Surgery, Obstetrics & Gynecology

Homeopathic Philosophy

Paper I- Hahnemannian concepts of Homeopathy (Principles and Practice)
Paper II- Homeopathic Philosophy
Paper III- Practice of Homeopathy in Medicine, Surgery, Obstetrics & Gynecology

Repertory

Paper I- case Taking & Repertorisation
Paper II- Repertories & Repertorisation
Paper III- Practice of homeopathy in Medicine, Surgery, Obstetrics & Gynecology

Declaration of Results

All the examiners shall jointly assess the knowledge of the candidate for recommending the result to the University.

For Part I & Part II exams, Board of examiners shall convene a meeting after the completion of Viva Voce/ Practical examination to finalize the results and to recommend to the University that a candidate may be declared as passed or failed.

For Part I & Part II examinations, a candidate who fails in any of the three general subjects or special subjects shall be declared to have failed in that subject or subjects only, and he shall have to appear for the failed subject or subjects only on subsequent appearance in the examination.

A candidate who failed in the examination may appear again in the next examination without undergoing further course of study.

Student Guide Ratio

Student guide ratio shall be 3:1 (three students & one guide/ Supervisor) provided that where it in not feasible for a Guide / Supervisor to supervise the candidate or candidates there shall be an additional Co-Guide/ Co-Supervisor.

PART IV
MONITORING LEARNING PROGRESS

During the First Year of the course every post graduate student should undergo one year compulsory house job at hospital. The hospital authorities should regulate, supervise the duties of Post graduate students at hospital.

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

The learning outcomes to be assessed should include

1) Personal attitude
2) Acquisition of Knowledge
3) Clinical skills
4) Teaching skills
5) Dissertation

1) Personal attitudes: - The essential items are:

- Caring attitude towards patient
- Initiatives
- Organizational ability
- Potential to cope with stressful situations and undertake responsibility
- Trustworthiness and Reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner which establishes professional relationship with patients and colleagues
- Ability to work in a team
- A critical enquiring approach to the acquisition of Knowledge

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by Guide, Supervisors and Peers.

2) Acquisition of Knowledge

The methods used comprise of "Log book" which records participation in various teaching training activities attended and the number in which presentations are made are to be recorded. The logbook should periodically be validated by the Supervisors. Some of the activities are listed and the list is not complete or final. Institutions may include additional activities if so desired.

A) Journal review/ Website review meetings

The ability to do literature search, in depth study, presentations skills and use of audio visual aiders are to be assessed. Faculty members and peers attending the meeting using a checklist make the assessment.
During the P.G. course each P.G. students shall make 10 journals club presentation and 5 website reviews and maintain the copies of journals on which presentation is make and maintain a record of journal club presentations.
B) Seminar/ Symposia:

The topics should be assigned to the students well in advance to facilitate depth in study. The ability to do literature search, in depth study, presentation skills and use of audio-visual aids are to be assessed using a checklist.

Each P.G. student shall present10 seminar papers, take part in at least 20 seminars/ symposium during the P.G. course and maintain the records of seminar notes/presentations and also he/she should present a paper /participate in at least one national level seminar/conferences.

C) Assignments:

Each P.G. student shall take up five assignments per year from second year on wards and present ten assignments during the course period and maintain a copy of assignments taken up by the P.G. student.

D) Clinical Skills

Day to day work: Skills in OPD and IPD work should be assessed periodically. The assessment should include the candidate's sincerity and punctuality, analytical ability and communication skills.

Clinical Presentations: Candidates should periodically present to his peers and faculty members. This should be assessed using a checklist.
Each P.G. student shall present at least 20 case presentations during the period of P.G. course and maintain the records of case presented.

E) Teaching Skills

Candidates should be encouraged to teach under graduate medical students. This performance should base on assessment by the faculty members of the department and from feedback from the undergraduate students.
Each student shall conduct at least 25 classes for Undergraduate students during the P.G course and maintain the records.

F) Dissertation in the Department

Periodic presentations are to be made in the department. Initially the topic selected is to be presented before submission to the University for Registration, again before finalization for critical evaluation and another before final submission of the completed work.

G) Periodic rests:-

The department may conduct if possible three tests, two of them be annual tests, one at the end of first year and the other in second year. The third test may be held three months before final examination. The tests may include written papers, practical/clinical and viva-voce.

H) Records:-

Records, Log books, mid marks obtained in tests will be maintained by the head of department and will be made available to the University or Central council of Homeopathy.

I) Log Book:

The Log book is a record of the important activities of the candidate during his training. Internal Assessment should be based on the evaluation of the logbook. Collectively log books are a tool for the evaluation of the training programs of the Institution by external agencies. The record includes academic activities as well as the presentations and procedures carried out by the candidate.

J) Procedure for Defaulters

Every department should have a committee to review such situations. The guide and head of the department counsel the defaulting candidate. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to correct himself or herslf.

PART V

FORMAT OF OBSERVATIONAL CHECK LISTS
Model Evaluation form of Journal Review Presentation

Name of the Student Name of Faculty/ Observer

Date:

Sl No	Items for observation during Presentation	Poor	Below Average	Average	Good	Very Good
1	Articles chosen was					
2	Extent of understanding of scope and objectives of the paper by the candidate					
3	Whether cross-references have been consulted					
4	Whether other relevant publications consulted					
5	Ability to respond to questions on the paper/ subject					
6	Audio visual aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
Total Score						

Model Evaluation form for Seminar Presentation

Name of the student Name of Faculty/Observer

Date:

Sl No	Items for observation during Presentation	Poor	Below Average	Average	Good	Very Good
1	Whether other relevant publication consulted					
2	Completeness of preparation					
3	Whether cross- references have been consulted					
4	Understanding of the subject					
5	Ability to respond to questions on the paper/ subject					
6	Audio visual aids used					
7	Ability to defend the paper					
8	Over all performance					
9	Any other observation					
Total Score						

Model Evaluation form for Clinical Works in IPD/OPD

Name of the student Name of faculty/ Observer

Date:

(To be completed once in a month by respective unit heads including posting in other departments if any)

Sl No	Items for observation	Poor	Below Average	Average	Good	Very Good
1	Regularity of attendance					
2	Punctuality					
3	Interaction with colleagues and staff					
4	Maintenance of case record					
5	Presentation of case during rounds					
6	Investigations work up					
7	Bedside manners					
8	Rapport with patients					
9	Counseling of patients and relatives					
10	Overall quality of ward work					
Total Score						

Model Examination form for Clinical Presentation

Name of the student Name of Faculty/ Observer

Date:

Sl No	Points to be considered	Poor	Below Average	Average	Good	Very Good
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all negative & positive points of importance					
6	Accuracy of general physical examination					
7	Whether all physical signs elicited properly					
8	Whether all major signs interpreted					
9	Diagnosis : follows logically from history & findings					
10	Investigations : Complete, relevant, proper					
11	Ability to react questioning- follows logically from history & findings					
12	Ability to defend diagnosis					
13	Ability to justify differential diagnosis					
14	Other points					
Total Score						

Model Evaluation form for Teaching Skill Practice

Name of the student Name of the Faculty/ Observer

Date:

Sl No	Points to be considered	Strong Point	Weak Point
1	Communication of the purpose of the talk		
2	Evokes audience interest in the subject		
3	The introduction		
4	The sequence of ideas		
5	The use of practical examples & illustrations		
6	Speaking style –enjoyable, monotonous etc…specify		
7	Attempts audience participation		
8	Summary of main pints at end		
9	Ask questions		
10	Answer questions asked by the audience		
11	Rapport of Speaker with audience		
12	Ability to defend questions		
13	Effectiveness of the talk		
14	Audio Visual aids		
Total Score			

Model Evaluation form for Dissertation Presentation

Name of the student Name of faculty/Observer

Date:

Sl No.	Points to be considered	Poor	Below average	Average	Good	Very Good
1	Interest shown in the selection of topic					
2	Appropriate review of literature					
3	Discussion with Guide & Faculty					
4	Quality of protocol					
5	Preparation of proforma					
6	Usefulness of the work					
Total Score						

Continues Evaluation form for of Dissertation work by Guide/ Co-Guide

Name of the student Name of the faculty/Observer

Date:

Sl No	Points to be considered	Poor	Below Average	Average	Good	Very Good
1	Periodic consultation with guide/co-guide					
2	Regular collection of case material					
3	Depth of analysis/ Discussion					
4	Departmental presentation of findings					
5	Quality of final output					
6	Usefulness of the work					
Total Score						

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