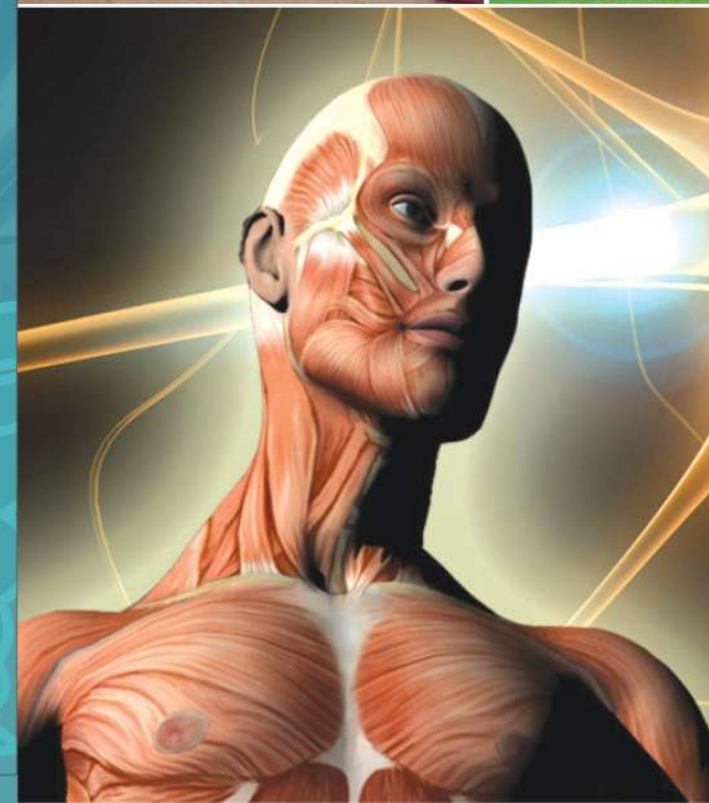




# MALLA REDDY INSTITUTE OF MEDICAL SCIENCES

SURARAM MAIN ROAD, QUTHBULLAPUR, HYDERABAD – 500 055.



PROSPECTUS

  
**MALLA REDDY**  
INSTITUTE OF MEDICAL SCIENCES

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**MALLA REDDY  
VISHWAVIDYAPEETH**  
(Deemed to be University)





### Vision:

Our vision is to become a premier medical college by producing excellent and highly skilled medical professionals and researchers, who as a team and independently would confront the present day challenges and fulfill their responsibilities towards the patients, the society and the nation.

### Mission:

- To practice medicine ethically in line with the global standard protocols.
- To inculcate high moral, ethical and professional standards among students to improve their overall personality and compassion.
- To continuously augment and upgrade the health care services with Research, Workshops, CME programs and conferences which are regularly and periodically conducted as Education is a dynamic process necessary for introducing new innovative thoughts.
- To encourage research among students and bring newer dimensions to medical education.



## Founder Chairman Message



“ I had a vision of excellence, a vision of triumph  
a vision of destination for many.  
A vision to educate and enlighten millions, to ignite their  
Latent thoughts and propel them to explore and learn. ”

Ch. Malla Reddy Founder & Chairman

Dear Students,

It is with great pride and immense joy that I welcome you to Malla Reddy Institute of Medical Sciences established by Chandramma Educational Society (CES), which was founded in 2002. With over 32 years of experience in the field of education, spanning disciplines such as Engineering, Technology, Management, Medical, Dental, Pharmacy Nursing and more, my vision has always been to offer quality education to students from all walks of life. Today, CES stands as the largest group of educational institutions in Telangana.

At the heart of our efforts is the desire to bridge the gap between society, industry, and academia. Our mission is to foster interdisciplinary education, encourage cutting-edge research, and prepare students are the ever-evolving challenges of the future. The experience and resources have uniquely positioned us to provide an environment that nurtures innovation, collaboration, and holistic development.

As you begin your journey with us, I encourage you to embrace the opportunities that lie ahead. with the support of our distinguished faculty and world, contributing to the progress of our nation and society.

Together, let us strive for excellence in education, research, and healthcare, shaping a brighter future for generations to come.

Best Regards,  
**Shri Ch. Malla Reddy**  
Founder Chairman, CES  
MLA, Govt. of Telangana  
Malla Reddy Health City

## About Chairman

**Dr. Ch. Bhadra Reddy**  
MD (Gen. Med.)  
Chairman - MRIMS



Dr. Ch. Bhadra Reddy, Treasurer, MRGI is highly qualified professional with an M.D. degree in medicine. By his youthful presence and with a proactive approach, he tirelessly endeavours to shape the destiny of the student community by imparting quality education in a conducive environment thereby motivating the students to successfully meet the contemporaneous needs of the industry.

## About Director

**Dr. Ch. Preeti Reddy**  
MD (Gen. Med.)  
Director - MRIMS



Dr. Ch. Preeti Reddy is an experienced medical professional. She has always endeavoured to contribute towards the upliftment of the society by enabling affordable healthcare through holistic methodologies. She oversees the overall operations of the organisation besides being in-charge of the complete Clinical / Non Clinical talent acquisition activities for the Group.





## Message from Dean

### Dr. Suman Chandra

MD (RADIOLOGY)  
Dean - MRIMS



In-line with the vision of Malla Reddy Institute of Medical Sciences of developing world class medical graduates, the Dean along with esteemed academic team provide an atmosphere for imparting wholesome education to the inquisitive medical student community. The Dean brings in three decades of expertise in understanding the different pedagogy methods prevalent in the medical community. The Dean and his academic team are instrumental in development of congenial platform for exchange of ideas among students to create and sustain the learning environment in the Institute.

Malla Reddy Institute of Medical Sciences & Hospital was established with the aim of providing quality medical education on par with international standards. It persistently seeks and adopts innovative methods to improve the quality of higher education on a consistent basis.

The campus has students from many states of India & Abroad. Experienced and learned teachers are strongly encouraged to nurture the students. The global standards set at MRIMS in the field of medical education and research spur us on in our relentless pursuit of excellence. In fact it has become a way of life for us. The highly motivated youngsters on the campus are a constant source of pride.

With steady steps, we continue our march forward. We look forward to meeting you here at MRIMS.

## Message from Medical Superintendent

### Dr. J. Venkateswara Rao

M.D., D.C.H., FIAP FNNF  
Medical Superintendent – MRIMS

**“Education is not learning of facts but training of the mind to think”**  
Albert Einestien

I welcome you to this family of MRIMS organization that dreams and aspires to make its students gallop into success and make them unique. The MRIMS institution has a well laid platform for the implementation of revised new competency and clinical based curriculum.

The current competency based curriculum will enable the students to have enhanced skill development and make them competent professionals. Reinventing and adapting new teaching and learning methods for the implementation of CBME Curriculum paved way to students for better quality of knowledge and skills for practical application and for a great success and service.

Best of luck to all the students.

## Hippocratic Oath

- *I swear to fulfill, to the best of my ability and judgment, this covenant:*
- *I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.*
- *I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of over treatment and therapeutic nihilism.*
- *I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.*
- *I will not be ashamed to say "I know not", nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.*
- *I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given to me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.*
- *I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.*
- *I will prevent disease whenever I can, for prevention is preferable to cure.*
- *I will remember that I remain a member of society with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.*
- *If I do not violate this oath, may I enjoy life and art, be respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.*







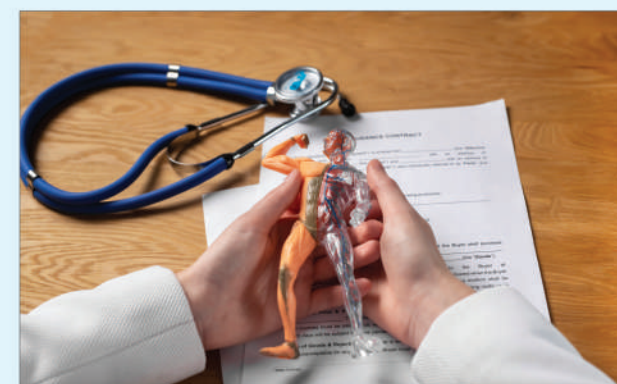
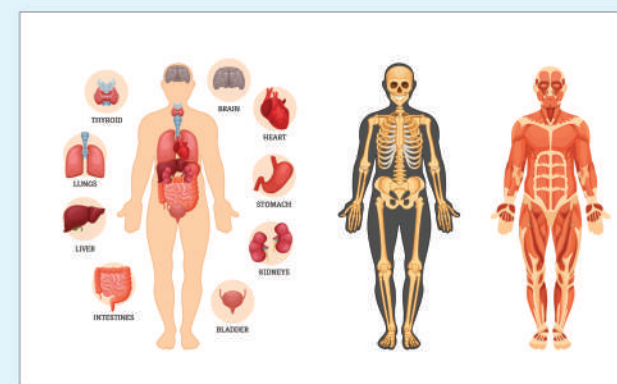
## About Malla Reddy Institute of Medical Sciences

Malla Reddy Institute of Medical Sciences is a private Medical College started in the year 2012-2013 with an intake of 150 seats and later it was increased by 200 seats per year with the kind permission given by the Ministry of Health and Family Welfare as per the recommendations of the Medical Council of India. The College and the Hospital are situated in a sprawling campus and has a total built-up area of 10 acres comprising of 4 buildings. The College is equipped with air-conditioned lecture halls with multimedia audio-visual aids and well equipped demonstration rooms and Laboratories attached to a 1190 bedded Teaching Hospital located at Suraram, Ranga Reddy District as per NMC norms. Our teaching staff consists of many renowned clinicians from all over India.

The Institute is 20 kms from Secunderabad and Hyderabad Railway stations. This is well connected by buses from different places. The Medical College Hospital serves the rural population from the surrounding areas. The College campus is vast and is provided with all the facilities to make the students comfortable while learning.

The A.C. Central Library which houses recognized text books pertaining to Medicine, with scientific journals & digital library is provided separately for educational purposes to the faculty and in future to PG's.

The Institution emphasizes exclusively on the Academic and Socio-cultural development of Medical Students and does not tolerate lack of discipline. Students are advised and expected to maintain a standard level of decency







## About Malla Reddy Hospital

Malla Reddy Institute of Medical Sciences is a private Medical College with a 1050 bedded Teaching Hospital with many specializations. The Medical College Hospital serves the rural population situated in and around villages. The main goal is to bring out the students with updated knowledge, and capacity building to make them stand out as good doctors. The College campus is vastly provided with all the facilities to make the students comfortable while learning. Malla Reddy Hospital is a non-profitable hospital specializing in medicine, surgery, Gyn Obs, Paediatric and Neonatal Medicine, with 12 Clinical specialties. The teaching hospital is well established with equipment, clinical teaching-learning, and laboratories as stipulated by the National Medical Council for enhancing skill.

The Institution emphasizes exclusively the Academic and Socio-cultural development of Medical Students and teaches discipline. Students are advised and expected to maintain a standard level of morals and ethics.

There is 30 bedded Emergency Medicine department, it is well-equipped with a multidisciplinary approach, with all required resuscitation facilities for critical care.

The registrations are managed by the HMIS software, which is connected with wards, OTs, and pharmacies. There is a good data entry for maintaining statistics.

The Outpatient department runs in the daytime from 9 am-4 pm with 24/7 Emergency medical care, Daily OPD is around 2200 with above 85% bed occupancy.

All clinical departments have independent OPDs with the requisite equipment and HMIS software.

Inpatient Department has 36 wards with 910 beds with all required facilities.

There are 12 Major & Minor High-end operation theaters for General Surgery, Obstetrics & Gynecology, Orthopedics, ENT, Ophthalmology, and Emergency Surgeries

Hospital has excellent Critical care units like MICU, ICCU, RICU, NICU, PICU, SICU, and HDU for Obstetrics & Gynecology with 125 Beds and we have Dialysis and wards for burns cases.

Infection control is an integral part of the hospital with the special committee looking after the same with a good antibiotic policy.

Hospital has well equipped NABL-accredited Central Clinical laboratory for Pathology, Microbiology, Biochemistry, and associated labs like Medical education, communication Skills laboratory, Clinical Skills Laboratory, and Central Research laboratory.

The Radiology department has digital X-ray, High-end color Doppler, Mammography, MDCT & 1.5 Tesla High-end MRI Machines.

For Infertility Patients IUI Facilities in OBGY Department are available

We have State of Art ICMR Approved Virology lab which caters the services of Covid & Non-Covid services

Blood bank: It works round the clock to provide blood and its components (red cells, fresh frozen plasma and platelet concentrate)

Pharmacy: There are 3 pharmacies within the campus offering 24x7 services.

Extended Services like Arogyasree, Employee health scheme, and tie-up with surrounding companies are available,

The hospital conducts regular medical camps in rural & urban areas to understand and cater to the needs of the community. All Specialty PG clinical courses are recognized by the National medical council





## PHASE WISE TRAINING AND TIME DISTRIBUTION FOR PROFESSIONAL DEVELOPMENT

Subject wise competencies published in Competency Based Undergraduate Curriculum 2024 on NMC website and Attitude, Ethics and Communication (AETCOM) course, as published by the Medical Council of India and also made available on the NMC website, shall be the curriculum for the batches admitted in MBBS from the academic year 2024-25 onwards. Teaching learning and assessment may be carried out using bilingual mode ( Assamese, Bangla, Gujarati, Hindi, Kannada, Malayalam, Marathi, Odiya, Punjabi, Tamil, and Telugu) along with English language.

In order to ensure that training is in alignment with the goals and competencies required for a medical graduate, there shall be a undation Course to orient medical learners to MBBS programme, and provide them with requisite knowledge, communication (including electronic), technical and language skills.

### I. Training period and time distribution:

Universities shall organize admission timing and admission process in such a way that teaching in the phase I commences with induction through the Foundation Course at the beginning of academic year. There shall be no admission of students in respect of any academic session beyond dates specified for each academic year. The Universities shall not register any student (in MBBS course) admitted beyond the said date. Any student identified as having obtained admission after the last date for closure of admission shall be discharged from the course of study, or any medical qualification granted to such a student shall not be a recognized qualification by National Medical Commission.

The institution which grants admission to any student after the last date specified from the same shall also be liable to face such action as may be prescribed by National Medical Commission.

Every learner shall undergo a period of certified study extending over 4 ½ academic years, divided into four professional years from the date of commencement of course to the date of completion of examination which shall be followed by one year of compulsory rotating medical internship.

Each academic year will have at least 39 teaching weeks with a minimum of 39 hours a week. Large group teaching shall not exceed one third of the total allotted hours for a subject. Two third of the total allotted hours shall include small group teaching, interactive sessions, practicals, clinical, small group teaching, self directed learning and tutorials etc. The learning process shall include clinical experiences, problem- oriented approach, case studies and community health care activities.

Learner centered teaching learning methods shall include early clinical exposure, problem/case-based learning, case studies, community-oriented learning, self-directed, integrated learning, experiential learning & electives. Teaching and learning shall be aligned and integrated across specialties both vertically and horizontally for better learner comprehension.

At the end of each professional year university examination will be conducted. If any student fails to clear the regular university examination, student will appear in supplementary examination.

Supplementary examinations and declaration of results shall be processed by universities within 6-8 weeks from the date of declaration of the results of the main examination for every professional year, so that the candidates, who pass, can join the main batch for progression.

If the student fails in the supplementary examination in any phase of MBBS, the student goes to the junior batch for teaching learning as well as for university examinations. There shall be no supplementary batches. If a candidate has not appeared for university examination (both theory and

practical) for a subject then it shall not be counted as an attempt for that subject. Partial attendance in examination (only theory or only practical) in any subject shall be counted as an attempt. No more than four attempts shall be allowed for a candidate to pass the Phase 1 examination. The total period for successful completion of phase I course shall not exceed four (4) years. A learner shall not be entitled to graduate later than ten (10) years of her/his joining the first MBBS course (including continuous rotatory medical internship).

### Phase wise details are:

- A candidate, who fails in the Phase-I examination, shall not be allowed to join the Phase-II until the candidate passes all subjects of Phase-I examination.
- A candidate who fails in the Phase-II examination, shall be allowed to join the Phase-III Part I training, however candidate shall not be allowed to 28 appear for the university examination unless the candidate has passed Phase-II university examination and completed eligibility requirement for Phase-III Part I university examinations.
- A candidate who fails in the Phase-III Part I examination shall be allowed to join Phase-III part II training, however candidate shall not be allowed to appear for the university examination unless the candidate has passed Phase-III Part-I university examination and completed eligibility requirement for Phase-III Part II university examinations.

### II. The period of 4½ years is divided as follows:

- i) Phase-I of 12 months including Foundation Course of two weeks and university exams. It shall consist of - Anatomy, Physiology, Biochemistry, Introduction to Community Medicine, Humanities, Attitude, Ethics & Communication (AETCOM) module, family adoption programme through village outreach where-in each student shall adopt minimum of three (03) families and preferably at least five (05) families, simulation-based learning, early clinical exposure, alignment & integration and pandemic module integrated.
- ii) Phase-II of 12 months including university exams. It will consist of Pathology, Pharmacology, Microbiology, family visit under Community Medicine, General Surgery, General Medicine, Obstetrics & Gynecology, AETCOM module, Forensic Medicine & Toxicology, alignment & integration and introduction to clinical subjects. Family Adoption Programme through village outreach where-in each student shall continue to follow up and provide necessary services under the supervision. Pandemic module integration & simulation-based learning to be continued with increasing complexity.

The clinical exposure to learners will be in the form of learner-doctor method of clinical training in all phases. The emphasis will be on primary, preventive and comprehensive health care. A part of training during clinical postings shall take place at the primary level of health care. It is desirable to provide learning experiences in secondary health care, wherever possible. This will involve:

- Experience in recognizing and managing common problems seen in outpatient, inpatient and emergency settings
- Involvement in patient care as a team member
- Involvement in patient management and performance of basic procedures

#### iii) Phase III - 30 months

- a. Phase III Part I (12 months, including University exams) Forensic Medicine and Toxicology, Community Medicine, Medicine & allied subjects, Ophthalmology, Otorhinolaryngology (ENT), Surgery & allied subjects, Pediatrics, Obstetrics& Gynecology, Radiodiagnosis, Anesthesiology, AETCOM, Pandemic module integration, alignment & integration and Clinical postings. Family Adoption Programme through village outreach and simulation- based learning to be continued with increasing complexity.



Electives (1 month) shall be in 2 blocks of 15 days each in Phase III part II. First 15days block starts after annual exam of Phase III MBBS part 1 and 2nd block after the end of 1st elective.

b. Phase 3 Part II(18 months, including University exam) -

Subjects include:

Medicine and allied specialties (General Medicine, Psychiatry, Dermatology, Venereology and Leprosy (DVL), Surgery and allied specialties (General Surgery, Orthopedics, Anesthesiology and Radiodiagnosis), Obstetrics and Gynecology (including Family Welfare), Pediatrics, AETCOM module, Pandemic module integration, alignment & integration and Clinical postings.

### III. Distribution of teaching hours phase wise:

a Phase I, phase II and phase III- part 1 teaching hours:

Time allotted 12 months (approximately 52 weeks) out of which time available for teaching- learning: approximately 39 weeks.

(Excluded- 13 weeks: Preliminary/ University examinations and results: 9 weeks, vacations: 2 weeks, public holidays: 2 weeks)

Time distribution in weeks: 39 weeks x 39 hours = 1521 hours for Teaching- Learning.

b Phase-III Part-II, teaching hours:

Time allotted: 18 months (approx. 78 weeks)

Time available: Approx. 62 weeks (excluding 16 weeks) (39 hours/ week)

Prelim / University Exam & Results: 10 weeks

Vacation: 3 weeks

Public Holidays: 3 weeks

Time distribution in weeks: 62 x 39 hrs= 2418 hrs available for Teaching-Learning

(Clinical Postings: 15 hours/ week Phase II onwards included in academic schedule. These are attached in separate annexure with all relevant tables).

- Academic calendar is given in annexure.
- Distribution of subjects for Professional Phase-wise training is given in annexure
- Minimum teaching hours prescribed in various disciplines phase wise are given in annexures.
- Distribution and duration of clinical postings is given in annexure.

Time allotted excludes time reserved for internal / University examinations, and vacation.

Phase II clinical postings shall commence before / after declaration of results of the first professional phase examinations, as decided by the institution/ University.

Phase III part I and part II clinical postings shall start no later than two weeks after the completion of the previous professional examination.

Note:

*A total of approximately 20% of allotted time of a Phase shall be utilized for integrated teaching learning with other subjects. This will be included in the assessment of subjects.*

### Assessment

I. Eligibility to appear for Professional examinations

The performance in essential components of training are to be assessed, based on following three components:

(a) Attendance

- o There shall be a minimum of 75% attendance in theory and 80% attendance in practical /clinical for eligibility to appear for the examinations in that subject. In subjects that are taught in more than one phase - the learner must have 75% attendance in theory and 80% attendance in practical in each phase of instruction in that subject. There shall be a minimum of 75% attendance in AETCOM and minimum of 80% attendance in family visits under Family adoption programme. Each student shall adopt minimum 3 families/households and preferably five families. The details shall be as per Family Adoption Program guidelines.
- o If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have a minimum of 75% attendance in each subject including its allied branches, and 80% attendance in each clinical posting.

Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination/ NExT.

- (b) Internal Assessment (IA): Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in the learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/ problem solving exercise, participation in project for health care in the community. Internal assessment should have both subjective and objective assessment. Internal assessment shall not be added to summative assessment. However, internal assessment marks in absolute marks should be displayed under a separate column in a detailed marks card. The internal assessment marks for each subject will be out of 100 for theory and out of 100 for practical/clinical (except in General Medicine, General Surgery and Obstetrics & Gynaecology, in which theory and practical assessment will be of 200 marks each).

For subjects that teach in more than one phase, cumulative IA to be used as eligibility criteria. The final cumulative marks are to be used for eligibility.

The details are:

I. General medicine: The IA of 200 marks in medicine shall be divided across

Phases as Phase II	-	50 marks,
Phase III part 1	-	50 marks
Phase III part 2	-	100 marks.
Phase III part 2	-	100 marks is divided as
Medicine	-	75 marks
Psychiatry	-	13 marks
Dermatology	-	12 marks.

The final cumulative IA for Medicine is out of 200 marks for theory and practical each.

II. General surgery: The IA in surgery shall be divided across phases as:

Phase II	-	25 marks,
Phase III part 1	-	25 marks,
Phase III part 2	-	150 marks.
Phase III part 2	-	150 marks shall be divided as
General surgery	-	75 marks,
Orthopedics	-	50 marks,
Anesthesia	-	13 marks
Radio diagnosis	-	12 marks.



- III. IA of Forensic Medicine and Toxicology is divided as 25 marks in phase II and 75 marks in Phase III part 1. The final cumulative IA is out of 100 for theory and practical each.
- IV. IA in Community Medicine is divided as 25 marks in phase I, 25 marks in phase II, and 50 marks in Phase III- part 1. The final cumulative IA for Community Medicine is out of 100 marks for theory and practical each.
- V. IA in ophthalmology and ENT is divided as 25 marks in phase II and 75 marks in Phase III part 1. The final cumulative IA is out of 100 for theory and practical each for each subject.

**(c) Certifiable competence achieved:**

1. Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.
2. Regular periodic examinations shall be conducted throughout the course. There shall be no less than three theory and practical internal assessment examinations in each subject of phase 1 & II, and this mandatorily includes pre-university examination. There shall be no less than two theory and clinical examinations in each subject of Phase III part 1 & 2 and this mandatorily includes an end of posting assessment. Log book (including required skill certifications) to be assessed and marks given from 10-20% in internal assessment.
3. Learners must secure at least 50% of the total marks (combined in theory and practical / clinical; and minimum 40% in theory and practical separately) for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject.
4. The results of internal assessment should be intimated to students at least once in 3 months and as and when a student wants to see the results.
5. The faculty must discuss the examination results with the students in a class room so as to make them understand areas for improvement.

**Remedial measures:**

A student whose has deficiency(s) in any of the 3 criteria that are required to be eligible to appear in university examination, should be put into remedial process as below:

- o During the course: If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book in quarterly/ six monthly monitoring, the students/parents must be intimated about the possibility of being detained much before the final university examination, so that there is sufficient time for remedial measures. These students should be provided remedial measures as and when needed to improve IA. Since regular classes are going on and students have time, they should complete remediation in regular classes for attendance and not in extra classes. Any certifiable competency/ IA marks deficiency should be attended with planned teaching/tests for them. Student should complete the remedial measures and it should be documented. In spite of all above measures, if student is still not meeting the criteria to be eligible for regular exam he shall be detained and offered remedial for same batch supplementary exam. For attendance, he will be allowed remedial measures only if attendance is more than 60% for each component.
- o At the end of phase: If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book at the end of regular classes in a phase, the student is detained to appear in regular university examination of that batch.

The colleges should provide enough support to students to implement remedial measures so that student gets a chance to improve IA for supplementary exam/ next batch regular exam. The remedial

measure should be specific and targeted to the deficiencies. Colleges should make sure that these remedial measures are not misused i.e. extra classes just to complete attendance where students complete a big percentage in a few days in all subjects. There should be regular classes for students with deficiencies to improve their learning. Similarly, tests should be conducted at appropriate intervals and not one after other to complete the IA marks. The detained student is required to attend all the classes/ tests planned by the departments as part of remedial measures to be eligible to sit for the university examination.

All students who are detained or fail for various reasons should be provided with:

- a) Regular classes in that subject at appropriate intervals. These classes should be spread over time if multiple subjects are involved. The classes should be scheduled for improvement.
  - b) Similarly, regular tests can be planned with at least one-week intervals in between tests. Test should include theory as well as practical/ clinical tests.
  - c) Attendance of same phase-should be added to previous attendance to calculate percentage. The absolute number of classes attended should be added to earlier attended classes. The number will not be added to denominator provided the denominator is as per regulations. Clinical posting attendance shortage should be addressed by posting students in the specific subjects for the duration as per regulations in that phase.
  - d) Attendance of next phase- For students who have failed in regular examinations of phase 2 onwards, they can attend classes of next phase. If these students pass the supplementary exam of original phase, then the attendance of next phase will be considered. However, if they fail in supplementary examination, the attendance of next phase will not be considered and they have to attend teaching and assessment with the junior batch.
2. University Examinations: University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him to function effectively and appropriately as a physician of the first contact.
1. Nature of questions in theory examinations shall include different types such as structured essays like Long-Answer Questions (LAQ), Short-Answer Questions (SAQ) and Multiple-Choice Questions (MCQ). Scenario based MCQs shall be accorded a weightage of 10-20% of the total marks of each theory paper. Blueprint must be used for theory question papers. A format of sample paper is given in module 3 assessment on NMC website. Q. no 4 as per this format should be on integrated topics as applicable to subjects (in subject that has competencies in integrated modules). A sample format with marks is given in annexures.
  2. Practical/ clinical examinations shall be conducted in the laboratories and /or hospital wards and a blueprint must be used. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.
  3. Viva/oral examination should assess approach to patient management, emergencies and attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data like X-rays, identification of specimens, ECG, etc. is to be also assessed.
  4. Application based questions should be included for newer CBME components like foundation course, ECE, AETCOM, Integrated topics, student-learner methods etc in all theory, practical and clinical examinations of all internal assessments and university assessments.



**University Examinations shall be held as under:**

- a) Phase-I shall be held at the end of Phase I training (in the 12th month of that training), in the subjects of Anatomy, Physiology and Biochemistry.
- b) Phase-II examination shall be held at the end of Phase II training (12th month of that training), in the subjects of Pathology, Microbiology, and Pharmacology
- c) Phase III Part 1 examination shall be held at the end of Phase III part 1 of training (12th month of that training) in the subjects of Community Medicine, Forensic Medicine & Toxicology, Ophthalmology and Otorhinolaryngology.
- d) Phase III Part 2 / National Exit Test (NExT) as per NExT regulations- (Final Professional) examination shall be at the end of 17th / 18th month of that training, in the subjects of General Medicine, General Surgery, Obstetrics & Gynecology, Pediatrics, and allied subjects as per NExT Regulations.

Criteria for passing in a subject: A candidate shall obtain a cumulative 50% marks in University conducted examination including theory and practical and not less than 40% separately in Theory and in Practical in order to be declared as passed in that subject. In subjects that have two papers, the learner must secure a minimum 40% marks in aggregate (both theory papers together).

**Appointment of Examiners:**

- (1) Person appointed as an examiner in the particular subject must have at least three years of total teaching experience as Assistant Professor after obtaining postgraduate degree following MBBS, in the concerned subject in a college affiliated to a recognized medical college (by UGMEB of NMC).
- (2) For Practical / Clinical examinations, there shall be at least four examiners for every learner, out of whom not less than 50% must be external examiners. Of the four examiners, the senior-most internal examiner shall act as the Chairman and coordinator of the whole examination programme so that uniformity in the matter of assessment of candidates is maintained.
- (3) A University having more than one college shall have separate sets of examiners for each college, with internal examiners from the concerned college. External examiners may be from outside the college/ university/ state/ union territory.
- (4) There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall mandatorily moderate the theory question paper(s).
- (5) All eligible examiners with requisite qualifications and experience can be appointed internal examiners by rotation in their subjects.
- (6) All theory paper assessment should be done as a central assessment program (CAP) of the concerned university.
- (7) Internal examiners shall be appointed from the same institution for unitary examination in the same institution. For pooled examinations at one centre, the approved internal examiners from the same university may be appointed.
- (8) The Examiners for General Surgery and allied subjects shall be from General Surgery and 25% from orthopedics. There shall be one orthopedics examiner out of four examiners (either internal or external).
- (9) Ophthalmology and ENT examinations to be held as separate examinations and not combined with other subjects.
- (10) There shall be no grace marks to be considered for passing in an examination.

**Time distribution of MBBS Teaching & Examination Schedule**

Academic Calendar for admission batch 2025-2026												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Adm year										1 14 Oct	2	3
Phase 1 exam	4	5	6	7	8	9	10	11	12 Phase 1 exam, result	13	14	15
Phase 2 exam	16	17	18	19	20	21	22	23	24 Phase 2 exam, result	25	26	27
Phase 3 Part I exam	28	29	30	31	32	33	34	35	36 Phase 3 Part 1 exam, result	37	38	39
	40	41	42	43	44	45	46	47	48	49	50	51
Phase 3 Part II exam	52	53	54 Proposed NExT step1	1 CRMI	2	3	4	5	6	7	8	9
Intern ship	10	11	12 Proposed NExT step2									

**Legends:**  
*CRMI-Compulsory rotating medical internship*



**Distribution of subjects in each Professional Phase**

Phase & year of MBBS training	Subjects & Teaching Elements	Duration (months)	University Examination
Phase I	1. Foundation course of 2 weeks at start of course 2. Anatomy, Physiology & Biochemistry, Introduction to Community Medicine, including Family adoption programme (FAP) through village outreach 3. Early Clinical Exposure 4. Attitude, Ethics, and communication Module (AETCOM) including Humanities	12 months	Phase1
Phase II	1. Pathology, Microbiology, Pharmacology 2. Forensic Medicine and Toxicology 3. Introduction to clinical subjects 4. Clinical postings, Family visits for FAP 5. AETCOM	12 months	Phase2
Phase-III Part-I including Electives 1month	1. Community Medicine, Forensic Medicine and Toxicology, Medicine & allied, Surgery & allied, Pediatrics, Obstetrics & Gynecology 2. Family visits for FAP 3. Oto - rhinolaryngology, 4. Ophthalmology 5. Clinical postings 6. AETCOM 7. Electives-1month,2 blocks, 15 days each	12 months	Phase 3 Part I
Phase-III Part- II, MBBS	1. General Medicine ,Dermatology ,Psychiatry, Pediatrics, General Surgery, Orthopedics, Radio diagnosis, Anesthesiology, Obstetrics & Gynecology 2. Clinical postings 3. AETCOM	12 months	Phase 3 Part II

**Distribution of Subject Wise Teaching Hours for Phase -1 MBBS**

Subject	Large group teaching	SGT/ Practical/ Tutorials/ Seminars	SDL	Total
Foundation Course				80
Anatomy	180	430	10	620
Physiology	130	305	10	445
Biochemistry *	82	157	10	249
Early Clinical Exposure (ECE)**	-	27	-	27
Community Medicine	20	20	-	40
Family adoption Program (FAP)	-	24	-	24
(AETCOM)***	-	26	-	26
Sports and extra-curricular activities	-	-	-	10
Total	412	989	30	1521

SGT: Small group teaching SDL: Self-directed learning

\*Including Molecular Biology

\*\*Minimum ECE hours. These hours are to be divided equally by anatomy, physiology & biochemistry.

\*\*\*AETCOM module is a longitudinal programme.



Distribution of Subject Wise Teaching Hours for Phase-IIMBBS

Subjects	Large group teaching	SGT/ Practicals/ Tutorials/ Seminars	Clinical Postings*	SDL	Total
Pathology	80	170	-	10	260
Pharmacology	80	170	-	10	260
Microbiology	75	143	-	10	228
Community Medicine	25	0	0	10	35
FAP	0	0	24		24
Forensic Medicine and Toxicology	12	25	-	08	45
Clinical Subjects	60		540	-	600
AETCOM	-	29	-	08	37
Sports, Yoga & extra-curricular activities	-	-	-	32	32
Final total	332	537	564	88	1521

SGT: Small group teaching SDL: Self-directed learning

Pl. note:\*Clinical postings shall be for 3hours per day, Monday to Friday.  
There will be 15hours per week for all clinical postings.

Distribution of Subject Wise Teaching Hours for MBBS Phase-III part1.

Subject	Large group teaching	SGT/ Practical/ Tutorials/ Seminars	SDL	Total
Electives	0	156	0	156
Gen. Medicine	20	30	10	60
Gen Surgery	20	30	10	60
Obstetrics & Gynecology	20	30	10	60
*Forensic Medicine and Toxicology	35	65*	20*	120
Community Med	50	80	20	150
FAP(Visits +logbook submission)	-	26	10	36
Otorhinolaryngology (ENT)	30	50	20	100
Ophthalmology	30	50	20	100
Clinical posting*				648
AETCOM	0	19	12	31
Total	205	536	132	1521

\*Out of this, 21 Hours (07days x 03hours ) must be utilized for demonstration of postmortem examinations

Pl. note: \*Clinical postings shall be for 3 hours per day, Monday to Saturday. There will be 18 hours per week for all clinical postings.



**Distribution of Subject wise Teaching Hours for Phase3 part-2 MBBS**

Subjects	Large group teaching	SGT/ Practicals/ Tutorials/ Seminars	SDL	Total
General Medicine	110	185	40	335
General Surgery	90	153	30	275
Obstetrics and Gynecology	80	150	30	260
Pediatrics	50	70	30	150
Orthopedics	30	50	20	100
AETCOM	30	0	22	52
Dermatology, Venereology & Leprosy	13	17	10	40
Psychiatry	13	17	10	40
Radio diagnosis	8	10	8	26
Anesthesiology	8	10	8	26
Clinical postings*				1116
Total	432	662	208	2418

**Pl. note:**\*Clinical postings shall be for 3hours per day, Monday to Saturday.

*There will be 18 hours per week for all clinical postings.*

*Extra hours may be used for preparation of NExT or SDL*

**Clinical Posting Schedules in weeks phase wise**

Subject	Period of training in weeks			Total Weeks
	Phase II	Phase III Part 1	Phase III Part 2	
Electives	0	4	0	4
General Medicine	8	4	12	24
General Surgery	6	6	12	24
Obstetrics & Gynaecology	6	4	12	22
Pediatrics	4	2	6	12
Community Medicine	4	4	0	8
Orthopaedics	0	2	6	8
Otorhinolaryngology	4	4	0	8
Ophthalmology	4	4	0	8
Psychiatry	0	2	4	6
Radio-diagnosis	0	0	2	0
Dermatology, Venereology & Leprosy	0	0	6	6
Anaesthesiology	0	0	2	2
Total	36	36	62	134



**Marks distribution for various subjects for University Annual Examinations**

Phase of Course	Theory	Practicals	Passing criteria
Phase-I MBBS			Mandatory to get 40% marks separately in theory and in practicals; and totally 50% for theory plus practicals.
Anatomy- 2 papers	Paper 1- 100 Paper 2- 100	100	
Physiology- 2 papers	Paper 1- 100 Paper 2- 100	100	
Biochemistry- 2 papers	Paper 1- 100 Paper 2- 100	100	
Phase-II MBBS			
Pathology - 2 papers	Paper 1- 100 Paper 2- 100	100	
Microbiology- 2 papers	Paper 1- 100 Paper 2- 100	100	
Pharmacology- 2 papers	Paper 1- 100 Paper 2- 100	100	
Phase-III MBBS part 1			
Forensic Medicine and Toxicology- 1 paper	Paper 1- 100	100	
Community Med- 2 papers	Paper 1- 100 Paper 2- 100	100	
Otorhinolaryngology	Paper 1- 100	100	
Ophthalmology	Paper 1- 100	100	
Phase-III MBBS part 2			
Medicine & allied	Paper 1- 100 Paper 2- 100	100	
Surgery & allied	Paper 1- 100 Paper 2- 100	100	
Obstetrics and Gynecology	Paper 1- 100 Paper 2- 100	100	
Pediatrics	Paper 1- 100	100	

Medicine & allied Paper-2 to have Medicine 50%, Psychiatry 25% and Dermatology 25% questions.  
Surgery & allied Paper-2 to have General Surgery 40%, Orthopedics 40%, Anesthesia 10% and Radiodiagnosis 10%.  
Any further updates as per NEXT regulations.

Suggested format for a Theory paper		
Duration-3 hours		100 marks
	Type of question/ Number of questions	Marks per question
Q No 1	Scenario based MCQ/ 10-20	1-2
Q No 2	Long essay question/ ONE	10-12
Q No 3	Reasoning Questions/ FIVE	3
Q No 4	Short notes (applied aspects)/ FOUR All four subparts related to six integrated topics if subject is part of integrated modules. However, if a subject has less competencies in integrated module than atleast 2 sub-parts from integrated modules.	4-5
Q No 5	Short notes / THREE	5-6
Q No 6	Short notes / FOUR (one subpart of 5 marks from AETCOM)	4-5



## CODE OF CONDUCT FOR STUDENTS

### A. STUDENT'S RESPONSIBILITIES OF LEARNING:

- The student shall:
  1. Appreciate the Institutional goals and objectives and contribute to the realization of the same by participating in relevant Institutional activities.
  2. Have a clear knowledge of the programs, rules and regulations of the Institution.
  3. Follow the time schedules, rules and regulations of the Institution.
  4. Undertake regular and intense study of learning materials.
  5. Make optimum use of the learning resources and other support services available in the Institution.
  6. Prepare for continuous internal assessment and term-end examinations.
  7. Give feedback for system improvement.
  8. Have faith and ability to pursue lifelong learning.
  9. Live as worthy alumni of the Institution.

### B. BEHAVIOR IN THE CAMPUS

1. Rules for conduct by students of Malla Reddy Institute of Medical Sciences, Hyderabad pertain to the subject of maintenance of discipline and good conduct by students.
2. These rules have been framed with the aim of guiding students and their parents/guardians or visitors on what they can expect from MRIMS and what MRIMS expects from them in return, by way of ensuring a healthy and clean environment for studies as well as personality development of the students.
3. Discipline, punctuality and commitment to learn are the basic requirements to become a good medical graduate. The students should be regular and punctual for the teaching programs

### C. BEHAVIOR WITH OTHER STUDENTS

1. Malla Reddy Institute of Medical Sciences recommends student to have good behaviors and conduct with junior students and other students.
2. Shall restrict from all activities deemed under the preview of ragging which is a criminal offence.
3. There shall be no discrimination based on face, colors, caste, creed, religion, nationality or sex.
4. The students found to be involved in ragging will immediately be suspended and may also be handed over to police.
5. If the charges of ragging are proved, the student shall be discharged from the college. Fee deposited with the college will also be forfeited.
6. In the event of any ragging, student must complain immediately to the authorities. Telephone numbers of Dean, Vice-Principal, senior teachers will be put up on notice board for information of all.
7. All the students and parents have to an undertaking that they are aware that 'Ragging is an offence' and in case any student indulges in such activity, he/she will be punished as per rules.

### D. DRESS CODE

1. Students shall strictly follow the dress code while attending classes and while clinical posting.

### E. ATTENDANCE

1. The minimum required attendance for students is 75%. Students who do not have the required minimum attendance are not eligible to appear the University Examination. Kindly note that absence/leave on Medical grounds does not have any concession. Submission of Medical Certificate does not entitle the student to seek any condonation of shortage of attendance.
2. It is compulsory for repeaters and detained students to attend classes in the failed subject/subjects and put in a minimum of 75% attendance as applicable.
3. Keeping in view the interest of parents and students, the College informs them about the attendance from time to time. However, the students can neither claim it as a right to be informed nor seek exemption for being unaware of shortage of attendance and their consequences.

### F. BEHAVIOR INSIDE THE CAMPUS & HOSTELS

1. Shall abstain themselves from the use/possession of alcohol, tobacco, drugs or any other intoxicants in the campus and hostel.
2. Campus is smoking free
3. Shall not cluster in corridor or crowding in front of the offices or campus roads.
4. Unauthorized entry of outsiders in to the campus as well as in the hostels is strictly prohibited. Without specific permission of the authorities, students shall not bring outsiders in the institute or hostels.
5. Shall obtain prior permission from authorities to exhibit any type of banners, flags, boards etc. inside the campus, hostels, gate, building or compound wall.
6. Shall help in maintaining the clean campus.

#### MALLA REDDY INSTITUTE OF MEDICAL SCIENCES: LIBRARY RULES

- The management of the library shall vest in the library Committee.
- The Library committee shall consist of the President/Chairman and three staff members suggested by the College Council and one Librarian.
- The library shall remain open from 8.30 A.M. to 10.00 P.M. on all working days of the week and on public holidays and Sundays from 10.00 A.M. to 5.00 P.M. The library timings can be changed whenever there is necessity (during the examination days and before the theory examination days)
- All overdue books and journals not returned within 15 days must be called for by the librarian by sending a reminder through the Professor. If after 2 reminders the books or Journals are not returned suitable action will be initiated against the individual.
- Books which have been taken out are liable to be recalled at any time by the librarian if there is need for it. Books so called for shall be returned within two days from the date of call. (Teaching staff only)
- No student is allowed with shorts and night wares into library. In the day time when they are having classes they are not permitted into library.
- The students using the library should sign in the gate register.
- Students may bring his/her books in to the library subject to the condition that this is entered in personal book register kept near the entry. Otherwise their books will not be allowed into library.
- No student or Doctor entering the library or Merit Centre should carry the hand bags/Shoulder bags etc, to their seats. They should deposit the bags in the rack kept for that purpose at entry point.
- Every borrower shall be responsible for the safe custody and return of the books undamaged; and in the event of loss or damage, he/she shall replace the book or pay such amount as fixed by the Library Committee.
- Students are not allowed to take Library Books outside the Library. Any deviation is viewed seriously. Suitable disciplinary action will be taken against such students.
- Any book issued to the student for study in the library should not be passed on or/ transferred to others.
- Improper use of books such as underlining, writing notes etc., is strictly forbidden.
- The librarian shall examine every book when returned and verify as to its condition. Any damage should be brought to the notice of the Library Committee.
- Strict Silence should be maintained in the library.
- Strict discipline is to be maintained in the library and smoking is strictly forbidden in the college and Hospital. Cell phones are not allowed in the Library.
- No student is allowed to bring Biscuit packets, Cool drinks, Chock lets and water bottles into the library.
- The librarian shall maintain the necessary registers showing details of issues and Return of books.
- The Library Committee shall have the power to refuse to issue books to those violating the rules.
- The books newly received will be kept in new arrivals rack for a period of 15 days.
- Back issues of journals will be issued to the teaching staff for a period 10 days.
- The Xerox facilities in the library can be availed by paying an amount of Rs. 1/- per page/ One staff member in the library will be entrusted with this job. Only 10 copies Xeroxed to one person.
- Internet facility is open to the use of students in the central library/ from 4.30 P.M. to 8.30 P.M. strictly for academic purpose only for 30 mints. Students are prohibited from using these facilities other than for academic activity. Disciplinary Action will be taken against those missing the internet or violating the allotted time of 30 mints.
- **Imp:** Appropriate action will be taken against those who over stay and misuse the Internet facility.
- Whenever extra copies of Text Books are available, some of them may be transferred to concerned Section Libraries. There will be annual stock verification of all the Section Libraries in the month of April/May. The staff members must return all the books taken from the Library to facilitate physical verification. The department will be held responsible to the missing books in their section library and same books have to be replaced.
- Doctors who completed their internship in the institute and desire to use the library facilities for preparation for PG Courses or USMLE on their own must pay a caution deposit of Rs. 5000/-, refundable after submitting no due certificate, and also service charge of Rs. 400/- per month during the period of their study in library.



## HOSTEL RULES AND REGULATIONS

1. Students have to stay in the room allotted to them only.
2. The warden can shift the room allotted to the student as and when necessary. The room allotted as not permanent.
3. Hostel fee have to be paid before the due date. Student have to vacate the hostel in case of non-compliance .They will allowed only after complete payment.
4. Smoking is strictly prohibited
5. RAGGING IS STRICTLY PROHIBITED. Any student resorting to such act runs the risk of disciplinary action including initiation of criminal proceedings, and expulsion from hostel and college.
6. Use of alcohol or drugs is strictly prohibited in the campus. If anybody or violates the rule, disciplinary action including expulsion of the student from the hostel/college will be taken.
7. The student has to bring their own bucket, mug, pillow, curtains, bed sheets, etc for use in the hostel.
8. VISITOR'S HOURS: Visitors are permitted between 5pm to 7pm in the visitor's room and not permitted to enter into individual rooms.
9. No day scholar should be allowed in the hostel rooms.
10. Hostel inmates should celebrate birthdays in their respective hostels only with the permission of the warden and shall not be allowed anywhere outside in the campus.
11. Use of individual heaters, coils, iron boxes etc., in the rooms is not permitted. If anybody wishes to use he/ she has to pay an extra mount of Rs.1000/- per month, 10000/-pa. Anybody found using electrical appliances unauthorizedly, he/she will be charged Rs.1000/- per month for the entire year from the date of occupying the hostel room as a measure of penalty and, The item will be confiscated.
12. No student shall remain in the hostel premises during the college hours without the prior permission of the warden/Dean. The attendance in the classes will be lost for such instances.
13. NO students should play loud music or talk loudly in the mobile or otherwise causing disturbances to others while in hostel. Especially during times of study
14. All students have to reach hostel by 10:00pm for boys & 9:00pm for girls, In case of delay parents have to take permission from the respective wardens vide video call.
15. The hostel is continuously maintained by CCTV cameras. The students especially girls are instructed to dress decently with in the hostel corridors /campus /mess.
16. Inmates when leaving hostel overnight have to inform and take the permission of the warden after the parents talk to the caretakers vide video call allowing their son/ daughter to leave campus.
17. Any kind of misbehavior with warden caretakers, security and other employees of the institution is strictly prohibited

18. One or two students will be nominated by the warden to be members of the hostel managing committee which comprises of 1. Warden 2. Deputy warden 3.care taker 4.hostel office assistant 5.one or two student representatives of each batch nominated by the warden
19. The committee will be meeting periodically to review the activities
20. Incase expulsion of any student from the hostel due to any disciplinary action taken by the institute. The Fees will not be refunded.
21. **MESS TIMINGS**

Breakfast	7:30am to 8:45 am
Lunch	12:00pm to 2:00pm
Snacks	4:00 pm to 5:00 pm
Dinner	7:30 pm to 9:30 pm

23. **STUDENTS HAVE TO EAT IN MESS ONLY, FOOD IS STRICTLY NOT ALLOWED TO BE TAKEN INTO ROOM**
24. The indoor Games room will be opened between 5:30am to 8:00pm

*MANAGEMENT WILL NOT BE RESPONSIBLE FOR LOSS /THEFT/DAMAGE OF ANY PERSONAL BELONG*

**SIGNATURE OF THE PARENT**

**SIGNATURE OF STUDENT**