# ORDINANCE No. V (46)

# ORDINANCE RELATING TO MD/MS COURSE AND SYLLABUS

## CHAPTER-1

1. This ordinance may be called the “ordinance relating to M.D./M.S. course and syllabus”
2. It shall come into force with immediate effect.

# CHAPTER-2

# SELECTION PROCEDURE AND ELIGIBILITY

1. Students for Postgraduate medical courses shall be selected strictly on the basis of their academic merit.
2. For determining the academic merit, the university shall follow the criterion of: merit as determined by the competitive test conducted by a competent authority appointed by the university in the same state.
3. The minimum percentage of marks for eligibility for admission to postgraduate medical courses shall be fifty per cent for general category candidates and 40 per cent for the candidate belonging to Scheduled Castes, Scheduled Tribes and Other Backward classes.
4. The eligibility for the MD/MS course shall be strictly as per the MCI rules and regulations

# TIME SCHEDULE FOR COMPLETION OF ADMISSION PROCESS FOR POSTGRADUATE MEDICAL COURSES

| **Schedule for admission** | **Postgraduate Courses** | | **Super-Speciality Courses** |
|---|---|---|---|
| | All India Quota | State Quota | |
| Conduct of entrance examination | 2nd Sunday of January | Mid-January to End January | May-June |
| Declaration of result of qualifying examination/ entrance examination | 2nd week of February | By 14th Feb. | By 15th June |
| 1st round of counseling/ admissions | 1st March to 15th March | To be over by 10th April | To be over by 10th July |
| Last date for joining the allotted college and course | 31st March | 17th April | 17th July |
| 2nd round of counseling for allotment of seats from waiting list | By 7th April | By 24th April | By 24th July |
| Last date for joining for candidates allotted seats in 2nd round of counseling. | 14th April | 30th April | 31st July |
| Commencement of academic session | 2nd May | 2nd May | 1st August |
| Last date up to which students can be admitted against vacancies arising due to any reason from the waiting list | 31st May | 31st May | 30th September |

**CHAPTER-3 CURRICULUM**

# NETAJI SUBHASH CHANDRA BOSE SUBHARTI MEDICAL COLLEGE, MEERUT

# M.D. Emergency Medicine

**(Programme code – MM-38)**

## Year of Implementation: 2022 – 23

## ORDINANCE

**DEPARTMENT OF EMERGENCY MEDICINE**
**SUBHARTI MEDICAL COLLEGE**
**SWAMI VIVEKANAND SUBHARTI UNIVERSITY**
**MEERUT (U.P.) 250005**

# GUIDELINES FOR COMPETENCY BASED POSTGRADUATE TRAINING PROGRAMME FOR MD IN EMERGENCY MEDICINE

**Preamble:**

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

A post graduate specialist having undergone the required training should be able to recognize the health needs of the community, should be competent to handle effectively medical / surgical problems and should be aware of the recent advances pertaining to his specialty. The PG student should be competent to provide professional services with empathy and humane approach. The PG student should acquire the basic skills in teaching of medical / para-medical students and is also expected to know the principles of research methodology and self-directed learning for continuous professional development.

The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. This document was prepared by various subject-content specialists. The Reconciliation Board of the Academic Committee has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of "domains of learning" under the heading "competencies".

**Objectives**

- Recognize, evaluate, and treat all patients with life or limb threatening conditions presenting to the ED. This includes the ability to simultaneously manage multiple patients as well as direct or supervise resuscitation efforts
- Make a timely and appropriate disposition for all patients presenting to the ED. This includes the ability to effectively interact with the patients, family members, and consulting or private physicians.
- Manage and direct mass casualty situations and participate in disaster planning.
- Develop teaching skills suitable to disseminate information to all levels of care providers, particularly prehospital personnel.
- Interact effectively with prehospital care providers and function as a Base Station physician.
- Effectively perform administrative tasks necessary to manage an emergency medicine service including scheduling, risk management, continuous quality improvement, and the handling of patient complaints.
- Develop competence in evaluating the medical literature and understanding research methodology.
- Develop a system for life-long learning to meet your professional goals after residency

## Course description:

Post graduate degree course in M.D.(EM)

MD (Emergency Medicine)

Duration: 3 Years

Eligibility: MBBS and 1 year of compulsory rotation housemanship/internship

**Rotations:** Intramural and extramural MD (Emergency Medicine)

Adult Emergency Medicine 18 months and Paediatrics 1month.

Critical care (MICU, PICU, NICU, SICU) 6 months.

Rest in rotation in allied including -General Medicine -1 months,

ED based trauma Surgery -1 month,

ED based orthopaedics-1 month, OB/Gyn-1 month,

Anaesthesia-1 month,

Ophthalmology-2 weeks,

Skin-2 weeks

ENT-2 weeks,

ED based Psychiatry-2

weeks, Radiology-2 weeks.

Forensic Medicine-2 weeks,

Community medicine- 2 Weeks

Respiratory medicine-1 month

Elective-6 weeks

## First year rotation plan:

Emergency medicine 6 months, Anaesthesia 1 Month, Respiratory medicine 1 Month, General medicine 1 Month, OBGY 1 month, Forensic medicine 2 Weeks, ENT 2 weeks, Radiology and Ophthalmology 2 Weeks Each.

## Second year rotation plan:

Emergency medicine 6 Months, Critical care (MICU, SICU, NICU, PICU) total duration of 6 months.

## Third year rotation plan:

Emergency medicine 6 months, ED based General Surgery 1 month, Orthopaedics 1 Months, Paediatrics 1 month, Dermatology 2 weeks, Psychiatry 2 weeks and elective for 6 weeks' duration.

All PGs is begin their residency experience in the emergency department. At the beginning of the month there are shifts in the emergency department where the residents work with nursing staff and other ancillary personnel in their roles to learn how the ED functions as a team. Later in the month residents begin their physician roles with clinical shifts in the EMD.

In medical institutions having super speciality departments, the students should be... uniformly

rotated through various super specialties namely Cardiology, Neurology,Nephrology, Trauma Surgery, Neurosurgery, etc. for minimum of 2 weeks each. The duration of training in the above-mentioned super specialties shall be deducted out of the training period allocated for the allied broad specialties viz. General Medicine/General Surgery respectively.

## Syllabus:

**i) Resuscitation, Prehospital Care & Disaster Preparedness**

- Sudden cardiac death
- Basic cardiopulmonary Resuscitation adult / Neonates / Children / Pregnant patients
- Acid base, disorder, blood gases, cardiac rhythm disturbances, fluid & blood resuscitation
- Pharmacology of arrhythmic & vasopressor agents
- Approach to a patient of shock, Anaphylaxis acute allergic reaction, Angioedema
- Emergency medical services
- Disaster preparedness & response, Natural disaster, Bomb blast & crush casualties
- Bioterrorism recognition and response-implication for the emergency clinicians
- Radiation injuries

**ii) Emergency wound management**

- Evaluation and wound preparation and post repair wound care
- Methods of wound closure
- Laceration of face scalp, leg &l foot
- Injuries to arm hands, fingertips & nail
- Soft tissue foreign body
- Puncture wounds & bites

**iii) Analgesia, Anaesthesia and procedural sedation**

**iv) Resuscitative procedures**

**v) Cardiovascular disease**

- Acute coronary syndrome
- Evaluation of chest pain & management
- Cardiogenic shock
- Syncope, CHF
- Valvular Emergencies
- Cardiomyopathies and pericardial effusion
- Systemic & pulmonary embolism
- Dissection of aorta & aneurysms
- Occlusive arterial disease

**vi) Pulmonary Emergencies**

- Respiratory distress/URT 1/ Acute bronchitis
- Haemoptysis / Tuberculosis
- CAP aspiration pneumonia, Non-infectious Pulmonary infiltrates
- Spontaneous/iatrogenic pneumothorax
- Empyema & lung abscess
- Asthma / COPD

**vii) Gastrointestinal emergencies**

- Pain in Abdomen, Nausea, Vomiting/Diarrhoea, constipation
- GERD, upper & lower GI bleeding, PUD & Gastritis
- Pancreatitis, Cholecystitis, Diverticulitis, Appendicitis
- Hepatic disorders
- Bowel obstruction, volvulus, hernias
- Anorectal disorders

- Complication & general surgical procedures

**viii) Renal & genitourinary disorders**

- ARF, emergencies in RF & dialysis patients
- Acute urinary retention / Male genital problems, UTI haematuria
- Rhabdomyolysis: Urologic stone disease
- Complication of urologic procedures and devices

**ix) OBGYN**

- Vaginal Bleeding-Abdominal and pelvic pain in non-pregnant patient
- Normal pregnancy and co-morbid disease in pregnancy / emergency delivery
- Ectopic pregnancy and emergencies in the 15 20 wks. & post-partum period.
- PID/vulvovaginitis, breast disorders.
- Complications of gynaecologic procedures

**x) Paediatrics**

- Emergencies care of children, neonatal emergencies and common Neonatal problems
- SIDS, fever and bacterial illness
- Ear, Mastoid, eye problems in infants & children.
- Nose, mouth, sinuses, Throat, neck masses in children
- Stridor, drooling, wheezing, vomiting, diarrhoea dehydration in children.
- Paediatric heart disease - congenital and acquired urologic & gynaecologic
- problems ininfants & children
- Renal emergencies
- Headaches, Seizures, altered mental status, Minor head injury in infants and children
- Musculoskeletal disorder in children
- Oncology & haematology emergencies in children sick cell
- Hypoglycaemia & metabolic emergencies in infants & children
- Syncope & sudden death in children
- Fluid, Electrolyte therapy in infants & children
- Behavioural & psychiatric disorder in children & infants

**xi) Infectious disease**

- STDS, HIV infection & AIDS, soft tissue infections
- Toxic shock syndrome & septic shock, disseminated viral infections
- Infective endocarditis tetanus, Rabies, Malaria, Food & water-borne, zoonotic diseases
- Occupational exposures, infection control & standard precautions
- Pharmacology Antimicrobials, Antifungals & Antivirals

**xii) Toxicology and environmental injuries**

**xiii) Endocrine, hematologic and oncologic emergencies**

**xiv) Eyes, Ears, Nose, Throat and oral surgery & skin disorder**

**xv) Trauma & injuries to the bones and joints**

- Trauma in adults, Paediatric geriatric & pregnant patients
- Trauma to face, neck, spine & spinal cord, abdominal cardiac, pulmonary,
- genitourinary & penetrating trauma
- Wound ballistics and forensics
- Initial evaluation and management of orthopaedics injuries
- Compartment syndromes
- Orthopaedics devices and reconstruction

**xvi) Musculoskeletal disorders**

**xvii) Psychosocial disorders, Abuse & assault**

- Child abuse & neglect
- Behavioural disorders- emergency assessment
- Female & male sexual assault
- Intimate partner violence an abuse
- Abuse of elderly & impaired
- Violent patient

**xviii) Special situations**

- Infections in drug users
- The transplant patient
- Grief, death and dying DNR/DNI orders. Delivering effect death notification in emergencydepartment
- Legal issues in emergency department
- Management of prisoners attending the emergency department

**xix)** Principles of imaging

- Emergency ultrasonography, MRI, CT. Non-invasive myocardial imaging

**List of skills:**

a. Elicitation of history from parents, guardians, relatives and patients regarding complaint, previous disease and therapy, development, diet, immunization, social and educational and economics background

b. Thorough physical examination with due regards to bedside manners and skin

c. Provide advice to parents and children regarding health and hygienic practices with a view toprevent disease, disorders, injuries, accidents and poisoning.

d. Develop a diagnostic approach to any problem in adult, paediatric, geriatrics patients

e. Develop communication skills between doctors & patients

- To undertake relevant investigations for diagnostic and prognostic evaluation talking intoconsiderations the risks, benefits & costs involved.
- To convience patients to guardians regarding undertaking investigations and obtain their co-operation & valid informed legal consent

f. Interpretation of lab reports, ECG, EEG, USG counselling relative and parents

g. Performance of diagnostics and therapeutic procedures

- Venepuncture
- Intravenous, intraosseous access for administration of drug and intravenous fluids
- Lumbar puncture for cerebrospinal fluid evaluation
- Ascitic tap for diagnostic & therapeutic purpose
- Arterial blood collection for analysis of blood gases
- Obtaining central venous access

- Wound repair and post repair care
- Non-invasive airway management
- Paediatrics airway management
- Tracheal intubation and mechanical ventilation
- Surgical airway management (percutaneous tracheostomy & cricothyroidotomy)
- Hemodynamic monitoring with arterial cannulation
- Cardiac pacing
- Defibrillation and cardioversion
- Pericardiocentesis, Thoracocentesis
- Slit lamp / nasal packing
- Arthocentesis, umbrilical vain catherisation
- Vanous cut down
- Bedside ultrasound in emergency
- Fracture reduction of splinting, jt reduction

6. Teaching/learning activities and opportunities

- Management of in & out patients
- Presentation of cases on clinical rounds
- Topic/Case presentation: once a week
- Mortality meeting review: once a month.
- Journal club article view: once a week.
- Simulation exercises
- Nasogastric aspiration, orogastric lavage, paracentesis, oesophageal balloon tamponade,Anoscopy, Hernia reduction, transabdominal feeding tube
- Normal Delivery
- Nursemaids elbow reduction
- Suprapubic catheterisation
- Bone marrow aspiration & biopsy-Tube thoracostomy, FB removal
- Guest speakers from Senior consultants: once in three months
- Lectures on the modular topic of the month-classroom and online: once a week
- Evidence based medicine
- Grand rounds: once a week
- Follow up cases discussion on patients admitted through the emergency department: once aweek.
- Procedure and skill seminar
- Presentation by the residents.
- Multidisciplinary case discussions
- Conferences
- Tutorials: once a week
- Seminars: once a week
- CME session, paper presentations
- Participation in workshops
- Teaching undergraduate students and paramedical staff
- Use & maintenance of biomedical equipments and gadgets
- Group discussion
- Assisting and performing diagnostic and therapeutic procedures

## Research

Student will be encouraged to initiate and conduct research projects pertinent to EM to write scholarly article that is worthy of publication. They will be expected to work on research project withthe faculty and they will be required to submit one paper to a journal for potential publication.

A candidate registered for MD (EM) will be submitting a dissertation to the university. This will be a pre-requisite for appearing for MD examination. The dissertation will be done under the guidance and full satisfaction of the postgraduate teacher under whom the candidate is registered.

**Fundamentals of programme**

a) Lectures

b) Evidence based medicine

c) Journal club- for discussion and review of articles

d) Grand rounds and guest speakers

e) Mortality and morbidity conferences

f) Follow up case discussions on patients admitted through the emergency department

g) Procedures and skills seminar

h) Presentations by the residents

**Maintenance of LOG BOOK**

The candidate must maintain a log book for various procedural skills and procedures, post graduateactivities and patients managed in emergency and various allied departments.

**Internal and external examiners for final examination**

As in other specialties, final examination for postgraduates in EM should also have four examiners (two internal and two external). Internal examiners should be only those teachers who are workingexclusively in the Department of EM. The Convener for the examination should not be below the rank of a professor while the second examiner should not be below the rank of Associate
Professor/Reader, External examiners should be appointed as per the MCI norms. Both the externalexaminers should not be below the rank of Professor/Additional Professor and should be only from the Departments of EM of various medical colleges running MCI-recognized postgraduate degree course in EM.

**Theory Examination**

**Paper1: Applied basic sciences as applied to Emergency Medicine, Pre Hospital care** (Anatomy, Clinical and physiology, Clinical Biochemistry, Clinical Pharmacology, Microbiology, Clinical Pathology, Research and Methodology, Biostatistics, Principles of Pre hospitalCare,)

**Paper 2: Medical Emergencies including Paediatrics, Skin, Psychiatry** (Medicine, Paediatrics, Dermatology, Psychiatry)

**Paper 3: Surgical Emergency including Orthopaedics, ENT, Opthalmology, Obstetrics, Dental, Anaesthesia, Radiology** (surgery, Trauma, Orthopaedics, Obstetrics, Anaesthesia, Eye, ENT, Dental, Radiology)

**Paper 4: Emergency Medicine including Disaster management, Forensic issues, Toxicology, Recent advances** (Disaster Medicine, Forensic Medicine)

**Practical Examination:**

1. Case work up (cases to be taken from ED who are under observation and from those who are notseriously ill and are admitted to a department)

- Short cases: Assessment should be based only on short cases. At least 10 cases should be
  given to each postgraduate student with distribution of cases as follows; two from medicine,one from surgery, one from trauma, one from paediatrics, and one each from dermatology, psychiatry, ophthalmology (trauma/fundus), ENT. (ear, nose or throat acute problem) and obstetrics and gynaecology.

2. Procedural skills: Ten procedures need to be demonstrated on simulators or theoretically described on live persons by the candidate (if simulator is not available): (Example: Please describethe procedure for chest tube insertion.). The skills should include:

- Ultrasound (at least two)
- Cardiac resuscitation in adults, children and neonates
- Trauma resuscitation
- Other procedures

3. Spotting: Twenty spotters should be given and these should include X-rays, ECG, CT/MRI imaging,instruments, blood gas and acid-base reports, ultrasound, clinical photographs.

4. Objective Structured Clinical Examination (OSCE): Two cases (one single and one multiple patientencounters) should be given to test the candidates.

5. Viva voce: Only questions relevant to EM should be asked in viva voce

Distribution of Practical Marks of MD (Emergency Medicine)

| | | | |
|---|---|---|---|
| 1. | Long cases | 2 cases x 50 marks each | 100 marks |
| 2. | Short cases | 4 cases x 25 marks each | 100 marks |
| 3. | Table Viva<br>a. Instruments<br>b. Drugs<br>c. Procedures<br>d. Radiology | | 100 marks<br>25<br>25<br>25<br>25 |
| 4. | Grand viva | Including dissertation | 100 marks |
| 5. | | Total | 400 marks |

**<u>Integrated Teaching:</u>**

**Respiratory Medicine:**

1. Respiratory Distress /URTI/ Acute Bronchitis
2. Haemoptysis / Tuberculosis
3. CAP aspiration pneumonia, Non-infectious Pulmonary infiltrates
4. Spontaneous / iatrogenic pneumothorax
5. Empyema & lung abscess
6. Asthma / COPD

**Orthopaedics:**

1. Trauma in adults, Paediatric geriatric & pregnant patients
2. Trauma to face, neck, spine & spinal cord, abdominal cardiac, pulmonary, genitourinary &penetrating trauma
3. Wound ballistics and forensics
4. Initial evaluation and management of orthopaedics injuries
5. Compartment syndromes
6. Orthopaedics devices and reconstruction.

**Cardiology with Medicine:**

1. Evaluation of chest pain and management
2. Acute coronary syndrome
3. Cardiogenic shock
4. Syncope, CHF
5. Valvular Emergencies
6. Cardiomyopathies and pericardial effusion
7. Dissection of aorta and Aneurysms
8. Acid Base Disorder, Blood gases, cardiac rhythm disturbances, fluid and blood resuscitation.

**Anaesthesia**

1. Non-invasive Airway, Paediatric airway management, Surgical airway management
2. Tracheal Intubation & Mechanical Ventilation
3. Neonatal & Paediatric, intraosseous & Central Venous access
4. Venous & intraosseous access in Adults
5. Acute pain management in Adults & in infants & Children
6. Local & Regional Anaesthesia.
7. Procedural sedation & Analgesia
8. Adults with Chronic pain

**Radiology**

1) Fast Scan

2) MRI

3) CT Scan

4) X-Rays

5) Non-Invasive Myocardial Imaging

**Topics for Forensic Medicine**

1. Examination female rape victim
2. Legal Issues in Emergency Department on to
3. Child/Abuse / Elderly Abuse
4. Domestic Violence
5. Labour act
6. EMTALA Obligation (Emergency Medical Transfer in Active Labour
7. Issues in the ED Cases of Minor
8. Emergency Physicians and Death Certificate bus
9. New-borns Left at the ED

**Case Based Learning:**

i-CBL (Integrated Case Based Learning) has been included in our routine schedule. We have beenconducting the sessions every 3 months.

**EXAMINATION REGULATIONS**

The examinations shall be of formative as well summative types. Formative examinations shall beunder the following categories:

- Weekly assessment through the presentations/participation in the seminars and JournalClubs
- Assessment on the basis of regular undergraduate practical demonstrations andparticipation.
- The examinations shall be organized on the basis of grading or marking system to evaluateand certify candidate's level of knowledge, skill and competence at the end of the training and obtaining a minimum of 50% marks in theory as well as practical separately shall be mandatory for passing the whole examination.



**The following procedures are per as the regulations of the MCI shall be followed:**

- For all Post Graduate Examinations, the minimum number of Examiners shall be four, out ofwhich at least two (50%) shall be External Examiners, who shall be invited from other recognized universities from outside the State. Two sets of internal examiners may beappointed one for M.D. /M.S. and one for diploma.
- Under exceptional circumstances, examinations may be held with 3 (three) examiners provided two of them are external and Medical Council of India is intimated the justification of such action prior to publication of result for approval. Under no circumstances, result shall be published in such cases without the approval of Medical Council of India.

- In the event of there being more than one centre in one city, the external examiners at all the centres in that city shall be the same. Where there is more than one centre of examination, the University shall appoint a Supervisor to coordinate the examination on itsbehalf.

**Number of examinations**

The university shall conduct not more than two examinations in a year, for any subject, with aninterval of not less than 4 and not more than 6 months between the two examinations.

**Thesis**

Every candidate shall carry out work on an assigned research project under the guidance of a recognized Post Graduate Teacher, the result of which shall be written up and submitted in the formof a Thesis.

Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the candidate to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature. Thesis shall be submitted at least six months before the theoretical and clinical / practical examination.

The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical; and on the acceptance of the thesis by two examiners, the candidate shall appear for the final examination.

**Theory**

a. There shall be four theory papers.
b. Out of these one shall be of Basic Medical Sciences and one shall be of recent advances.
c. The theory examinations shall be held sufficiently earlier than the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the start of the Clinical/Practical and Oral examination. Provided that after five years from the
commencement of these regulations, there shall be one theory paper of 'multiple choice questions'; unless any institution wants to have such paper earlier.

**Clinical / Practical and Oral**

a. Clinical examination for the subjects in Clinical Sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/Teacher, for which candidates shall examine a minimum one long case and twoshort cases.
b. Practical examination for the subjects in Basic Medical Sciences shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental/Laboratory studies and his ability to perform such studies as are relevant to his subject.
c. The Oral examination shall be thorough and shall aim at assessing the candidate knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty, which form a part of the examination.

A candidate shall secure not less than 50% marks in each head of passing which shall include (1)Theory, (2) Practical including clinical and viva voce examination.

The Guidelines for the appointment of post graduate examiners shall be as per the Guidelines ofMCI as follows:

**POST GRADUATEEXAMINATION GUIDELINES ON APPOINTMENT OF POST GRADUATEEXAMINERS**

- No person shall be appointed as an examiner in any subject unless he fulfils the minimum requirements for recognition as a Post Graduate teacher as laid down by the Medical Council of India and has teaching experience of 8 (Eight) years as a Lecturer / Asst. Professor out of which he has not less than 5 (Five) years teaching experience after obtaining Post Graduate degree. For externa examiners, he should have minimum three years experience of examinership for Post Graduate diploma in the concerned subject. Out of internal examiners, one examiner shall be a professor and Head of Department orHead of Department.
- There shall be at least four examiners in each subject at an examination out of which at least 50% (Fifty percent) shall be external examiners. The external examiner who fulfils the condition laid down in clause - 1 above shall ordinarily be invited from another recognized university, from outside the State: provided that in exceptional circumstances examinations may be held with 3 (three) examiners if two of them are external and Medical council of India is intimated with the justification of such examination and the result shall be published in such a case with the approval of Medical council of India.
- An external examiner may be ordinarily been appointed for not more than three years consecutively. Thereafter he may be reappointed after an interval of two years.
- The internal examiner in a subject shall not accept external examinership for a college from which external examiner is appointed in his subject.
- The same set of examiners shall ordinarily be responsible for the written, practical or part of examination.
- In the event of there being more than one centre in one city, the external examiners at all the centres in the city shall be the same.
- There shall be a Chairman of the Board of paper - setters who shall be an external examiner and shall moderate the question papers.
- Where there is more than one centre of examination, there shall be coordinator appointed by the university who shall supervise and coordinate the examination on behalf of the university with independent authority.

The head of department of the institution concerned shall ordinarily be one of the internal examiners and second internal examiner shall rotate after every two years.