

SRI SIDDHARTHA ACADEMY OF HIGHER EDUCATION

(DEEMED TO BE UNIVERSITY Declared under section 3 of the UGC act, 1956)

Accredited A⁺ Grade by NAAC



SRI SIDDHARTHA MEDICAL COLLEGE

[Constituent College of SSAHE] Agalakote, B.H. Road, Tumkur - 572107.
(Recognized by the National Medical Commission, New Delhi)



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e-mail: info@ssmctumkur.org website: <https://ssahe.edu.in/ssmc/>

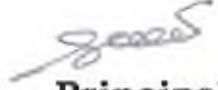
Date: - 29.05.2026

Circular

The Surgery and Allied UG BOS meeting will be held on 01.06.2026 at 11:00 a.m. in the 3rd floor conference hall. I request all the members to attend without fail and give inputs/ suggestions in the meeting.

Agenda U G

1. Welcome by chairman
2. Confirmation of previous BOS minutes
3. Internal marks as per NMC guidelines
4. Approval of syllabus
5. Introduction of new courses
6. Electives for U G
7. Value added course
8. Evaluation of Ortho papers by orthopaedic surgeon
9. Any other matter with the permission of the chair
10. Vote of thanks.


Principal

PRINCIPAL
Sri Siddhartha Medical College & Hospital
Agalakote, B.H. Road, Tumkur.



Minutes of B O S Meeting (U G)

Welcome

The meeting was initiated by the chairman Dr Prabhakara G N by welcoming the Dean(Medicine) Dr Diwakar and other mentors of BOS. The meeting was convened after self-introduction by the BOS Members and the Shanda of the meeting was taken up

Agenda 1 - Confirmation of previous BOS minutes

The proceeding of the previous BOS were discussed and approved in the academic council meeting, but later the authorities of the academy has discussed and finalised the division of individual subject marks of clinical/ practical/ viva voce advised to conduct the internal assessment as per NMC guidelines No D-11011/500/2024 date 31-08-2024 for subjects taught across multiple phases, cumulative internal assessment shall be considered for determining eligibility. The final cumulative internal marks are to be used as the eligibility criteria for appearing in the university examination.

➤ General Surgery

- phase -II 25 marks
- Phase -III part -I 25 marks
- Phase -III part -II 150 marks (distributed as below)

➤ General Surgery - 75 marks

➤ Orthopaedics - 50 marks

➤ Anaesthesia - 13 marks

➤ Radiology - 12 marks

The final cumulative internal assessment General Surgery will be out of 200 marks each for theory and practical.

1. Ophthalmology and ENT

- Internal assessment is distributed
 - phase -II 25 marks
 - phase - III part -I 75 marks

The final cumulative internal assessment for both ophthalmology and ENT shall be out of 100 marks each for theory and practical.

Assessment structure for the 2023 batch.

The internal assessment components.

- Theory Internal Assessment - Total 500 marks
- Practical Internal Assessment - Total 600 marks

Decision: All the members of BOS unanimously accept the action take. In the respect of previous BOS meeting proceedings.

Agenda 2 - Confirmation of previous BOS minutes

Internal Assessment as per NMC guidelines

Discussion: - As per NMC guidelines, the 3rd Internal Assessment for 2022 batch has to conduct as per the university examination and the total marks to be reduced to 40 marks and submitted to the academy

- General Surgery
 - phase -II 25 marks
 - Phase -III part -I 25 marks
 - Phase -III part -II 150 marks (distributed as below)
- General Surgery - 75 marks
- Orthopaedics - 50 marks
- Anaesthesia - 13 marks



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➤ Radiology - 12 marks

➤ O B G

- phase -II 50 marks
- Phase -III part -I 50 marks
- Phase -III part -II 100 marks

Total 200 marks Cumulative.

1. Ophthalmology and ENT

➤ Internal assessment is distributed

- phase -II 25 marks
- phase - III part -I 75 marks

Decision: - Discussed and agreed to continue the same pattern.

Agenda 3 - Approval of syllabus

Discussion: As per the NMC guidelines No.11026/1/2022-UGMEB dated 31st March 2022, ENT and Ophthalmology subjects were included in the final year exams for the 2021 batch onwards.

Decision: - Discussed and agreed to implement the same.

Agenda 4 - Electives for UG's

Discussion: Electives in compulsory for all U G's and 80% attendance is a must and should be out of the criteria for eligibility for university exam.

Decision: -

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Agenda 5 – Value added courses

Discussion: Compulsory each department should conduct at least two value added courses.

Decision: -

Agenda 6 – Evaluation of orthopaedics paper (paper II Section B) by orthopaedic surgeon.

Discussion: BOS suggested orthopaedic surgeon to evaluate surgery paper – II Section-B (50 marks) as it contains 25 Marks orthopaedics with one long question.

Decision: - Unanimously approved and forwarder to academic council for approval.

Agenda 7 – Any other matter with the permission of the chair.


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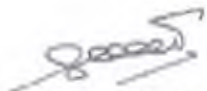
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Agenda P G

1. Welcome by chairman
2. Confirmation of previous BOS minutes
3. Introduction of new courses
4. E Log Book
5. Leave policy
6. Eligible criteria for university exams.
7. Any other matter with the permission of the chair
8. Vote of thanks.


Principal

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Minutes of B O S Meeting (P G)

Welcome

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Agenda 1 – Confirmation of previous BOS minutes

Discussion:

- District residency program.
- Assessment - There are four theory paper-each one for 100 marks, total paper- each for 100 marks, total 400 marks, 10 marks for MCQ's in each paper.
- 400 marks for clinical (300) and viva voce (100) out of which 20 marks for dissertation and 20 marks for OSCE.
- One examiner out of four examiners shall be from different university outside the state.
- DRP- already implemented.
- Self-Appraisal form.
- E Log book initiation.
- Leave policy.
- Eligibility criteria for university examination.

Decision: - Discussed and forwarded to Academic council for Approval.

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Agenda 2 - Introduction of new courses

Discussion: Ophthalmology dept SSMC, Tumkur requested to start a fellowship programme in medical retina.

Agenda 3 - E-Log book.

Discussion: All the P.G's should maintain E-Log book as it is mandatory for eligibility criteria for appearing university exams.

Decision: - Forwarded to Academic council for approval.

Agenda 4 - Leave Policy.

Discussion: As per NMC guidelines. 20 days of paid casual leave and 5 days academic leave per year.

Total days in a three-year course - 1095 days

Total working days - 939 days.

80% of working days - 751 days.

However period of training will be extended by the same number of days for which maternity/ paternity leave and total excess casual leave have been availed in three years.

Agenda 5 - Eligibility criteria for university exams.

Discussion: It was discussed and passed in the academic council. However, E-Log book is mandatory for appearing exam.

Decision: - Unanimous proposed to Academic council.

Agenda 6 - Any other matter with the permission.

Agenda - Vote of thanks.

Proposed by chairman.

Seminar
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Date:

To,

The Principal,

Sri Siddhartha Medical College, Tumkur.

Subject: Request to Start a Fellowship Programme in Medical Retina under the Department of Ophthalmology at Sri Siddhartha Medical College, Tumkur.

Respected Sir,

I hereby submit the proposal for initiating a Fellowship Programme in Medical Retina

Considering the increasing burden of retinal diseases and the need for specialized retinal care, the proposed fellowship will provide advanced training in medical retina, enhance patient care services, and strengthen the department's academic activities.

I kindly request your consideration and approval of this proposal.

Thanking you.

Yours faithfully
Professor & Head

Department of Ophthalmology

Sri Siddhartha Medical College & Hospital,

Tumakuru - 7

Dr. Jayashree S Shah

Head of Department of Ophthalmology
Sri Siddhartha Medical College, Tumkur



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Date:

To,

The Registrar,

Sri Siddhartha Medical College, Tumkur.

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Department of Ophthalmology

Sri Siddhartha Medical College
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Dr. Jayashree S Shah

Head of Department of Ophthalmology
Sri Siddhartha Medical College, Tumkur



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JUSTIFICATION (Medical Retina Fellowship Programme)

1. Medical Retina is a rapidly expanding subspecialty of Ophthalmology with increasing demand for trained specialists.
2. The burden of retinal diseases such as diabetic retinopathy, age-related macular degeneration, retinal vascular occlusions, and central serous chorioretinopathy is steadily increasing.
3. Formal subspecialty training in Medical Retina is not adequately covered during postgraduate ophthalmology training.
4. A Medical Retina Fellowship Programme will provide structured training in the diagnosis, management, and follow-up of retinal disorders.
5. The Department of Ophthalmology has an adequate patient load with a wide spectrum of retinal diseases, providing excellent clinical exposure for fellowship training.
6. The department has experienced faculty members, regular academic activities, and a well-established postgraduate teaching programme to support fellowship training.
7. The fellowship programme will strengthen specialized retinal services and improve the quality of patient care offered by the institution.
8. Procurement of Optical Coherence Tomography (OCT) is essential for the fellowship programme, as OCT provides detailed cross-sectional imaging of the retina and is indispensable for diagnosing and monitoring macular and retinal diseases.
9. Procurement of a Fundus Camera is equally important for retinal documentation, disease screening, serial follow-up, teaching, research activities, and maintenance of image records of fundus pathologies.
10. The availability of OCT and Fundus Camera will enhance clinical decision-making, facilitate evidence-based management of retinal diseases, and provide comprehensive hands-on training to fellows.
11. Accreditation of a Medical Retina Fellowship Programme will enhance the academic standing of the institution, promote research in retinal diseases, develop skilled retina specialists, and establish the department as a regional center for advanced retinal care.



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Justification Highlighting Why the Institution Should Be Accredited for Medical Retina Fellowship Programme

The Department of Ophthalmology, Sri Siddhartha Medical College, is a well-established tertiary eye care centre catering to patients from Tumkur and the surrounding districts of Karnataka. The department manages a large number of patients with retinal disorders including **DIABETIC RETINOPATHY, AGE-RELATED MACULAR DEGENERATION, RETINAL VASCULAR OCCLUSIONS, CENTRAL SEROUS CHORIORETINOPATHY AND OTHER RETINAL DISEASES**. The increasing prevalence of Diabetes and Age-related retinal disorders has resulted in a growing demand for specialized retinal services and trained medical retina specialists.

The department has experienced faculty, a structured postgraduate teaching programme, regular academic activities, and adequate clinical material for advanced subspecialty training. The availability of a high patient load provides excellent opportunities for clinical exposure, case-based learning, and development of competency in the diagnosis and management of medical retinal diseases. Establishment of a Medical Retina Fellowship Programme would further strengthen the department's academic profile and improve the quality of retinal care offered to patients.

For effective fellowship training and comprehensive management of retinal diseases, advanced retinal imaging facilities are essential. **Optical Coherence Tomography (OCT)** is indispensable for detailed assessment of retinal and macular morphology, early detection of retinal pathologies, treatment planning, and monitoring response to therapy. Similarly, a **Fundus Camera** is crucial for documentation of retinal findings, disease screening, serial follow-up, teaching, research activities, and maintenance of image records. These investigations form the cornerstone of modern medical retina practice and are routinely required in the management of fundus disorders.

The proposed fellowship programme will provide structured training in retinal diagnostics, interpretation of retinal imaging, retinal laser procedures, intravitreal injection protocols, and comprehensive management of retinal diseases. The fellows will actively participate in patient care, academic activities, postgraduate teaching, and research programmes conducted by the department.

Accreditation of the Medical Retina Fellowship Programme will not only enhance the academic standing of the institution but also contribute significantly to the development of skilled retina specialists, improvement of patient outcomes, and expansion of specialized retinal services in this region. In view of the above, we request accreditation of the Medical Retina Fellowship Programme in the Department of Ophthalmology.



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Scope of the fellowship programme in Medical Retina

Medical Retina, a vital sub-specialty of ophthalmology, is the science and clinical practice dedicated to the diagnosis, evaluation, and non-surgical management of vitreoretinal and macular disorders. The field revolves around two distinct domains: the mastery of advanced multimodal retinal imaging and diagnostic modalities—such as Optical Coherence Tomography (OCT), AI Integrated Fundus Camera and the application of cutting-edge therapeutic interventions, including intravitreal anti-VEGF injections, corticosteroids and retinal laser photocoagulation, along with their precise indications, protocols, and complication management.

The scientific knowledge on this vast and ever-evolving subject of Medical Retina amongst ophthalmologists is essential to enable them to offer timely, accurate, and vision-saving interventions to patients suffering from potentially blinding posterior segment diseases.

In this modern era, where the global burden of lifestyle diseases like Diabetes is rapidly escalating, alongside an aging population, the field of Medical Retina enables ophthalmologists to effectively manage major causes of irreversible blindness, such as Diabetic Retinopathy, Age-Related Macular Degeneration (AMD), and Retinal Vascular Occlusions, thereby significantly preserving the quality of life of patients.

Young ophthalmologists trained in this specialized field of Medical Retina can seamlessly incorporate these diagnostic and therapeutic techniques into their clinical practice, offering advanced posterior segment care at affordable costs. Vital public health awareness regarding diabetic retinopathy screening and early detection of retinal diseases among the general public can be effectively done.