

GUIDELINES FOR APPLICATION FOR COMPETENCY BASED EVALUATION (FOR  
EXISTING REGISTERED MEDICAL PRACTITIONERS REGISTERED FOR  
ULTRASONOGRAPHY UNDER PCPNDT ACT)

at INDIRA GANDHI GOVERNMENT MEDICAL COLLEGE AND HOSPITAL NAGPUR :

440018

(As per the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection)  
(Six months Training) Rules, 2014.)

IMPORTANT DATES

Date of publication of prospectus in website 04.06.2019

Last date of receipt of application :14.06.2019

Date of Display of Provisional List of Eligible candidates: 19.06.2019

Date of contacting office( Department of Radio diagnosis ) in case of queries: 21.06.2019

(10 am to 5 pm)

Date of submission of training fees of

Rs 10,000/- ( non refundable ) : up to 5 pm on 25.06.2019 in Radio diagnosis Dept.

Date of theory examination : 01.07.2019

Date of Practical Examination: To be announced later

NB: All the information/intimations/allotment etc. relating to this training will be available  
in the website of [www.iggmc.org](http://www.iggmc.org)

All candidates are requested to be in touch with the website. Authorities are not  
responsible for any postal delay.

A. INTRODUCTION:

Applications are invited from MBBS doctors residing in the districts of Nagpur , Akola ,  
Washim, Yavatmal, Amaravati , Wardha, bhandara , Gondia, Chandrapur, Gadchiroli who are  
already registered under the PCPNDT Act and whose registration is due for renewal .

An Ultrasonography Selection Committee is constituted as under for selection of candidates

for training. The members are:

Dean IGGMC Nagpur : Convenor

Professor and Head Radiodiagnosis Department : Chairman

Professor Radio diagnosis Department : Member

Professor & Head Obstetrics and Gynaecology: Member

#### B. ELIGIBILITY:

1. The candidate must have passed MBBS from any MCI recognized institution and have registered under any State Council of Medical Registration or MCI.
2. The candidate must be a permanent resident / practicing in the districts of Nagpur , Akola , Washim, Yavatmal, Amaravati , Wardha, Bhandara , Gondia, Chandrapur, Gadchiroli .
3. These candidates are exempted from undertaking the training which is mandatory for MBBS candidates provided they are able to qualify in the said competency based assessment specified in Schedule II of the said Act. If they fail to clear the said competency based assessment they shall have to apply afresh for six months training course and clear the competency based evaluation (final examination) for the purpose of renewal of registrations. Applications are invited from such candidates in prescribed proforma to appear in the competency based evaluation along with an application fee of Rs.1000/- . On successful completion of the examination they will be considered for renewal of their registration. Candidates who are exempted from undertaking the training are hereby informed that for these candidates the said examination will be conducted only once in the year 2019. After the given dead line these candidates will not be entertained for the training course and examination.

#### C. Nomenclature of the course:

“The Fundamentals of Abdomino-Pelvic Ultrasonography: level one for MBBS Doctors”

#### D. NAME OF ACCREDITED INSTITUTION FOR TRAINING:

#### E. FEE STRUCTURE

The training fee shall be Rs. 10,000/, to be deposited in form of Bank Draft from any nationalized Bank drawn in favour of DEAN IGGMC NAGPUR (PCPNDT) by eligible candidates in the Radio diagnosis Dept. office latest by 25.06. 2019 in office hours (10 am to 5 pm) .

#### F.SUBMISSION OF APPLICATION:

Candidates shall download the application form annexed in this prospectus and apply duly filled in application along with all requisite documents. They have to deposit a sum of Rs. 1000/- in form of Bank Draft from any nationalized Bank drawn in favour of DEAN IGGMC NAGPUR (PCPNDT) along with the application form towards application fee. The application fee is not refundable under any circumstances. The envelope containing the application form must be superscribed as "APPLICATION FOR COMPETENCY BASED EVALUATION (FOR

EXISTING REGISTERED MEDICAL PRACTITIONERS REGISTERED FOR ULTRASONOGRAPHY UNDER PCPNDT ACT) and should be sent to the DEAN IGGMC NAGPUR (PCPNDT) by speed post/courier or personally so as to reach on or before 14.06.2019 by 5.00 pm. Applications which are incomplete or received late will be rejected. Multiple applications submitted in a single envelope will not be entertained.

#### G. SCRUTINY OF APPLICATION FORMS AND SELECTION OF CANDIDATES

After scrutiny of the application forms a provisional list of eligible applicants will be prepared and will be displayed on the official website [www.iggmc.org](http://www.iggmc.org) and office of the Dean, Indira Gandhi government Medical College Nagpur on 19.06.2019. In case of any queries the candidates should contact the above office on 21.06.2019 from 10 am to 5 pm. No queries will be entertained after this date.

#### H. FEE

The training fee of Rs. 10,000/- is to be deposited in the office of the Dean Indira Gandhi Government College Nagpur in the form of Bank Draft from any nationalized Bank drawn in

favor of DEAN IGGMC NAGPUR( PCPNDT) latest by.

#### H. EXAMINATION AND CERTIFICATE

On completion of the competency based evaluation (final examination both – theory and Practical ) candidates who are successful will be issued a certificate to the effect by the Dean of the institution. Such certificates will be applicable for obtaining new registration /renewal under the PC&PNDT Act .

#### I. SCHEME OF EXAMINATION

Theory Assessment (Maximum marks 100) – 2 hours written exam.

Minimum pass marks - 50

- a. 50 MCQs 1 mark each– 50 marks
- b. 10 short answer questions of 5 marks each – 50 marks

Practical Assessment (Maximum marks 100) – minimum pass marks - 60

- a. Log book – 20 marks \*\*
- b. Demonstration – 50 marks
- c. Viva – 30 marks

(Three case situations on Clinico- sonographic co-relation and case studies)

\*\* -The candidates will have to contact the Radiology Department for preparing of the log book from 21.06.2019 (10 am to 5 pm)

#### J. SYLLABUS

The detailed syllabus will be as specified under the said notification released by Ministry of Health and Family Welfare (Department of Health and Family Welfare).

#### K. WEEDING OUT RULE

The documents related to the selection and allotment will be preserved till 31.12.2021.

#### L. MISCELLANEOUS

In all matters relating to eligibility or otherwise of a candidate appearing for the competency

based evaluation the decision of the Chairman Selection Committee shall be final.

M. INFORMATION REGARDING THE FOLLOWING WILL BE AVAILABLE ON THE WEBSITE OF

[www.iggmc.org](http://www.iggmc.org)

Postal address for correspondence : Dean Indira Gandhi Govt Medical College, CA Road

Nagpur 440018

Contact numbers:

0712-2726126

0712-2728621-27

Night

0712-2820199

0712-2770098

Committee Members :

Dean IGGMC Nagpur : Convener

Professor and Head Radiodiagnosis Department : Chairman

Professor Radio diagnosis Department : Member

Professor & Head Obstetrics and Gynecology: Member

Bank Account Details of Dean:

Acc no. 0354000100756289

Name of Bank : Punjab National Bank , Kingsway ,Nagpur.

IFSC Code: PUNB0035400

APPLICATION FORM TO APPEAR FOR COMPETENCY BASED EVALUATION ADOMINO-PELVIC

ULTRASONOGRAPHY: LEVEL ONE: FOR MBBS DOCTORS

(For candidates who are already registered under the Act.)

1. Full Name as in MCI/ State Medical

Council Registration

Paste a self attested

passport size recent

photo here 2. Date of birth

3. Medical Council Registration Number

4. Present address for

correspondence

5. Mobile No

6. Email id.

7. Name & address of Genetic Clinic/USG

Clinic/Imaging Centre in which working

8. Particulars of earlier registration for USG

under the ACT. Date of permission of

DAA with valid registration number

9. Details of work experience in USG in an

ultrasound clinic, period of engagement.

10

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Demand Draft details

For Rs. 1000/- towards application fee

(non-refundable)

12

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If in-service, name and address of

present station

Declaration

I Dr. ....do hereby declare that the facts and figures stated above

are true to the best of my knowledge and belief. If subsequently any of above information is/are found to be false/forged, necessary legal action as deemed proper may be initiated against me and my candidature will be rejected.

Full signature of the candidate. Date.

#### DOCUMENTS REQUIRED

Self attested photocopy of documents to be submitted along with the application form:

1. Photo Identity and Address Proof
2. Proof of date of birth.
3. Medical Council Registration Certificate
4. Valid registration for USG/PNDT from appropriate authority.
5. Service certificate from competent authority (if in service)
6. Proof of Residence in Pune Division under Directorate of Health Services Maharashtra.
7. Non refundable Demand Draft of Rs 1000/- only towards application fee.

It will be mandatory to present the Proof of Identity and Address while appearing for the Theory and Practical examination

# **LOG BOOK**

***FOR***

**FUNDAMENTALS**

**IN ABDOMINO PELVIC ULTRASONOGRAPHY**

**LEVEL ONE 6 MONTHS COURSE FOR M.B.B.S. DOCTORS**

***(COMPETENCY BASED EVALUATION)***

*As per the MINISTRY OF HEALTH AND FAMILY WELFARE (Department Of Health And Family Welfare) New Delhi Dated The 9th Of January , 2019 VIDE Pre conception and pre Natal Diagnostic Techniques(Prohibition Of Sex Selection)(Six Months Training) Rule, 2014.*

**DEPARTMENT OF RADIODIAGNOSIS**

**INDIRA GANDHI GOVERNMENT MEDICAL COLLEGE AND HOSPITAL ,**

**NAGPUR, 440018**



# **LOG BOOK**

For

**FUNDAMENTALS IN ABDOMINAL PELVIC ULTRASONOGRAPHY**

**Level one 6 Months Course for M.B.B.S Doctors  
( Competency Based Evaluation )**

**Name of the Student :**

**Name of the Head of the Department :**

**DEPARTMENT OF RADIO DIAGNOSIS**

**INDIRA GANDHI GOVERNMENT MEDICAL COLLEGE, & HOSPITAL , NAGPUR – 440018**

***Certificate***

***This is to certify that Dr. ....***

***has been enrolled for the competency based evaluation as prescribed in schedule II***

***of the said rules for the “ FUNDAMENTALS IN ABDOMINO PELVIC***

***ULTRASONOGRAPHY Level One 6 Months Course for M.B.B.S Doctors ”***

***All the entries in the Logbook Have been checked and authenticated.***

***Signature***

***Head of Department***

***Date :***

# GENERAL INFORMATION

Name :

Date of Birth :

Address (Permanent) :

Address (Temporary) :

Tel . No. :

E-mail ID :

Registered for : FUNDAMENTALS IN ABDOMINO PELVIC ULTRASONOGRAPHY Level one 6 months Course for MBBS Doctors

MMC Registration Number :

## Qualification Details

| Qualifications | Collage & University | Year of Passing | Attempts | Distinction & Prizes |
|----------------|----------------------|-----------------|----------|----------------------|
|                |                      |                 |          |                      |
|                |                      |                 |          |                      |
|                |                      |                 |          |                      |

Student's Signature

## The logbook

The logbook records the training activity, tutorials and self-directed learning undertaken and competencies achieved.

This logbook is intended to record experience of ultrasound imaging in clinics where clients are referred for ultrasound imaging as part of management of their abdomino-pelvic and gynecological conditions (early pregnancy clinics, Pre-abortion assessment clinics, etc) either in hospital or community setting.

It also:

- (a) Provides a summary of the syllabus in the form of a list of necessary competencies.
- (b) Records the outcomes of the learning objectives agreed between you and your Trainers.
- (c) Provides a record of your achievements as you attain competence in the required areas.
- (d) Records the certified assessment of your competence when applying for the certificate.
- (e) Provide a permanent record of interesting cases to act as a reference for future practice.

**Out of the 100 marks for practical examination 20 marks have been allotted for the log book, 50 marks for demonstration and 30 marks for viva.**

# **OBJECTIVE STRUCTURED ASSESSMENT OF TECHNICAL SKILLS (OSATS)**

## **Practical Number 1 (Basic Skills)**

Describe in short how you will set up the machine for pelvic usg. How  
will you decide whether to do a trans abdominal usg trans or trans vaginal usg. Stick image  
from your ultrasound machine showing normal ovaries, uterus, measurement of endometrial  
thickness on trans abdominal and trans vaginal usg.

## **Practical 2 (Ultrasonography in Early Pregnancy)**

Write in short how you will

1. Confirm viability of gestational sac
2. Date pregnancy
3. Diagnose corpus luteum cyst
4. Diagnose multiple pregnancy
5. Practical number 3 (ultrasound in evaluation of menorrhagia, intermenstrual bleeding and post menopausal bleeding)
6. Identify retroplacental haematoma
7. Diagnose anembryonic pregnancy
8. Diagnose missed miscarriage and retained products of conception
9. Counsel a patient for failed pregnancy
10. Diagnose ectopic pregnancy

Stick representative image for at least 5 of these cases

Describe how you will

1. Diagnose a fibroid and its various types
2. Diagnose adenomyosis
3. Measure endometrial thickness
4. Identify atrophic endometrial , identify hyperplastics endometrium and identify endometrial polyps
5. Identify functional ovarian tumours. Stick

representative image for at least 5 of these cases

## **Practical number 4 (reproductive system evaluation)**

Write down in a few lines how you will diagnose

1. Cyclical changes in endometrium

2. Cyclical changes in ovary
3. Polycystic ovary
4. Location of intra- uterine device
5. Normal placement of Implanon and locate non-palpable Implanon

**Stick representative images for at least 5 of these cases.**

### **Practical number 5 (Upper Abdominal Ultrasound)**

**Describe how you will prepare a patient and perform an ultrasound scan for upper abdominal ultrasound. And describe the normal Sonographic Anatomy of Liver and Gall Bladder**

**Write how you will diagnose**

1. Diffuse liver disease
2. Fatty Liver and its Grades.
3. Acute hepatitis, cirrhosis and portal hypertension
4. Focal Mass lesions – Cystic Lesions or Solid Lesions

**Write how you will evaluate Gall Bladder for Cholelithiasis, Acute Cholecystitis and the pitfalls in the diagnosis of calculi**

**Write how you will evaluate the pancreas, Acute Pancreatitis, Pseudocyst or Chronic Pancreatitis and Pancreatic Neoplasms (solid and cystic looking)**

**Stick representative images for at least 5 of these cases**

### **Practical number 6 (Ultrasound of the Urinary System)**

**Describe how you will perform ultrasound of the kidneys, ureter and urinary Bladder in case of calculi, renal infections renal cysts and solid tumors.**

**Describe how you will measure the size of the prostate and measure the residual urine and other lesions of the urinary bladder and the prostate.**

**Stick representative images for at least 5 of these cases This log book must be submitted in the form of a file or a spiral bininding.**