



**Dr. Vasant Rao Pawar Medical College, Hospital & Research
Centre, Adgaon, Nashik – 03.**

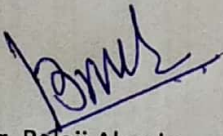
Department of Community Medicine (UG)

2.5.4 MIDCOURSE IMPROVEMENT

The Institution has defined Policy Document to provide opportunities to students for midcourse improvement of performance through specific interventions

UG

Year	Timely administration of CIE	On time assessment and feedback	Makeup assignments/tests	Remedial teaching/support
2015-16	Yes	Yes	4- (Winter 2015- MUHS 29) 8- (Summer 2016)- MUHS 29+	6 14
2016-17	Yes	Yes	1- Winter 2016 (MUHS 30)	1
2017-18	Yes	Yes	5- MUHS 31 (Winter 2017) 13- MUHS 31 + (Summer 2018)	5 21
2018-19	Yes	Yes	2- Winter 2018 (MUHS 32) 6 Summer 2019 (MUHS 32+)	5 6
2019-20	Yes	Yes	1- Winter 2019 (MUHS 33)	No (no failures)


Dr. Balaji Almale
HOD

Dept of Community Medicine

PROFESSOR & HOD
Department of Community Medicine
Dr. Vasant Rao Pawar Medical College,
Hospital & Research Centre, Nashik

Seal

Pratik M. Karpur



MVP's Dr. Vasant Rao Pawar Medical College Hospital & Research Centre

Vasantdada Nagar, Adgaon, Nashik-3.

Serial No.

Examination: Preliminary Exams

6816

Subject: Prevention and Social Medicine.

Section: _____
Language of Answer: English.

PAPER: I

(Repeaters) (11086)

Date: 24 09 2019

P.Roll No. 111 (in figure)

Pledge : I hereby declare that I have gone through the "Special Instructions to Candidate" printed on page number two and my Roll No., PRN Subject printed / written on page no. One of the Answer Booklet. I also know that no supplement will be provided to me.

[Signature]

Signature of the CANDIDATE

[Signature]

Signature of the JUNIOR SUPERVISOR

Department of Community Medicine
SEEN & VERIFIED
Sign.: *[Signature]*

Section A = 10

Que	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total
1																
2																4
3		1.5		2	2.5											5
4																6
5	2	2	2		1.5											4.5
6																7.5
7																
8																
9																
10																

Marks allotted By DA. Almate Examiner
Name of Teacher DA. Almate Signature: *[Signature]*

TOTAL →

No supplements shall be provided to any candidate in any case

Ad. No. :

NO ① #PV Vaccin4)

Pratik M. Rajput



MVP's Dr. Vasant Rao Pawar Medical College Hospital & Research Centre

Vasantdada Nagar, Adgaon, Nashik-3.

Serial No.

6857

Examination : Preliminary

Subject : Prevention & Social Med.

Section : B & C

PAPER : II

Language of Answer : English

Date : 25 09 2019

P.Roll No. R-111 (in figure)

Pledge : I hereby declare that I have gone through the "Special Instructions to Candidate" printed on page number two and my Roll No., PRN Subject printed / written on page no. One of the Answer Booklet. I also know that no supplement will be provided to me.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Department of Community Medicine

SEEN & VERIFIED

Sign.:

Section - - - -

A = 10

Que	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total
1																5
2																5
3			2	2	2											6
4																5
5	2		2	2	2											8
6																
7																
8																
9																
10																

Marks allotted By Examiner

Name of Teacher DR. Almeida

Signature:

TOTAL → 39 .

No supplements shall be provided to any candidate in any case

No supplements shall be provided to any candidate in any case



MVP's Dr. Vasant Rao Pawar Medical College Hospital & Research Centre
 Vasantdada Nagar, Adgaon, Nashik-3.

Serial No. **6812**

Examination: Preliminary Examination

Subject: Preventive & Social Medicine

Section: B & C

PAPER: I

Language of Answer: English

Date: 24 09 2019

P.Roll No. 91 (Repeated) (in figure)

Pledge: I hereby declare that I have gone through the "Special Instructions to Candidate" printed on page number two and my Roll No., PRN Subject printed / written on page no. One of the Answer Booklet. I also know that no supplement will be provided to me.

Saidhya

Signature of the CANDIDATE

(Signature)

Signature of the JUNIOR SUPERVISOR

Department of Community Medicine
 SEEN & VERIFIED
 Sign: *Saidhya*

Section A = 10

Que	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total
1																3
2																5
3	2		1		1.5											4.5
4	2			2	2	2										3
5	2			2	2	2										8
6																
7																
8																
9																
10																

Marks allotted By Examiner

Name of Teacher DR. Ahmde

Signature: *(Signature)*

TOTAL → .

SANIDHYA TIWARI



MVP's Dr. Vasant Rao Pawar Medical College Hospital & Research Centre

Vasantdada Nagar, Adgaon, Nashik-3.

Serial No.

6856

Examination: Preliminary Examination

Subject: Community Medicine

Section: B8c PAPER: II

Language of Answer: English

Date: 25 / 09 / 2019

P.Roll No. 91(Repeatex) (in figure)

Pledge: I hereby declare that I have gone through the "Special Instructions to Candidate" printed on page number two and my Roll No., PRN Subject printed / written on page no. One of the Answer Booklet. I also know that no supplement will be provided to me.

Sanidhya

Signature of the CANDIDATE

M

Signature of the JUNIOR SUPERVISOR

Department of Community Medicine
SEEN & VERIFIED
Sign.: *Sanidhya*

Section - - - - -

A = 10

Que	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total
1																4
2																5
3	1.5		1.5		2											5
4																3
5	1.5	1	2	2												4
6																6.5
7																
8																
9																
10																

Marks allotted By

Examiner

Name of Teacher: Dr. Almde Signature: [Signature]

TOTAL -> 34.50

No supplements shall be provided to any candidate in any case

No supplements shall be provided to any candidate in any case



MVP's Dr. Vasant Rao Pawar Medical College Hospital & Research Centre
 Vasantdada Nagar, Adgaon, Nashik-3.

Serial No. **6812**

Examination: Preliminary Examination

Subject: Preventive & Social Medicine

Section: B & C

PAPER: I

Language of Answer: English

Date: 24 09 2019

P.Roll No. 91 (Repeated) (in figure)

Pledge: I hereby declare that I have gone through the "Special Instructions to Candidate" printed on page number two and my Roll No., PRN Subject printed / written on page no. One of the Answer Booklet. I also know that no supplement will be provided to me.

Saidhya

Signature of the CANDIDATE

(Signature)

Signature of the JUNIOR SUPERVISOR

Department of Community Medicine
 SEEN & VERIFIED
 Sign: *Saidhya*

Section A = 10

Que	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total
1																3
2																5
3	2		1		1.5											4.5
4	2			2	2	2										3
5	2			2	2	2										8
6																
7																
8																
9																
10																

Marks allotted By Examiner

Name of Teacher DR. Ahmde

Signature: *(Signature)*

TOTAL → .

SANIDHYA TIWARI



MVP's Dr. Vasant Rao Pawar Medical College Hospital & Research Centre

Vasantdada Nagar, Adgaon, Nashik-3.

Serial No.

Examination: Preliminary Examination

6856

Subject: Community Medicine

Section: B8c

PAPER: II

Language of Answer: English

Date: 25 09 2019

P.Roll No. 91(Repeatex) (in figure)

Pledge : I hereby declare that I have gone through the "Special Instructions to Candidate" printed on page number two and my Roll No., PRN Subject printed / written on page no. One of the Answer Booklet. I also know that no supplement will be provided to me.

Sanidhya

Signature of the CANDIDATE

M

Signature of the JUNIOR SUPERVISOR

Department of Community Medicine
SEEN & VERIFIED
Sign.: *Sanidhya*

Section - - - -

A = 10

Que	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Total
1																4
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4																3
5	1.5	1	2	2												4
6																6.5
7																
8																
9																
10																

Marks allotted By _____ Examiner

Name of Teacher Dr. Almdc Signature: *Dr. Almdc*

TOTAL → 34.50

No supplements shall be provided to any candidate in any case