



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

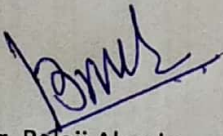
**Department of Community Medicine (UG)**

### 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. Karyu



# 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

