COMPETENCY BASED MEDICAL EDUCATION (CBME)

The introduction of a restructured curriculum and training program with emphasis on early clinical exposure, integration of basic and clinical sciences, clinical competence and skills and new teaching learning methodologies will lead to a new generation of medical graduates of global standards. Improvements in the infrastructure and increased emphasis on faculty development will result in increase in the quality of the existing medical colleges. These in turn will lead to motivating young doctors into the academic career and will further enhance the quality of medical education and clinical research in the country.

The proposed undergraduate medical education program is designed to create an "Indian Medical Graduate". The Indian medical graduate will have the necessary competencies (knowledge, skills, and attitudes) to assume his or her role as a health care provider to the people of India and the world. The goals of the M.B.B.S. training program are to create doctors - with requisite knowledge, skills, attitudes, values and responsiveness, so that they may function appropriately and effectively as a *Basic Doctor*, physicians of first contact for the community in the primary care setting both in urban as well as rural areas of our country.

ROLES

In order to fulfil these goals the doctor must be able to function in the following roles appropriately and effectively:

1. Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

2. Leader and member of the health care team and system with capabilities to collect analyze and synthesize health data.

3. Communicator with patients, families, colleagues and community.

4. Lifelong learner committed to continuous improvement of skills and knowledge.

5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community, and profession.

KEY ELEMENTS OF CBME

FOUNDATION COURSE of one-month duration at the beginning of the MBBS course will sensitise the fresh medical student with the required knowledge and skills that will assist him/her in acclimatising to the new professional environment which would be his/her milieu for a life-long career in the medical profession. The Foundation Course will ~~also~~ provide a sound foundation for learning in the MBBS course and later in their professional career.

The major components of the Foundation Course include:

a) **Orientation Program:** This includes orienting students with respect to place (learning environment and facility), time, teaching schedules and timetables, processes (Rules, Regulations, policies and procedures), personnel (faculty, staff, and mentors), patients and their relatives.

b) **Skills Module (Basic):** This involves skill sessions such as Basic Life Support, First Aid, Universal precautions and biomedical waste and safety management that students need to be trained prior to entering the patient care areas.

c) **Field visit to Community and Primary Health Centre:** These visits provide orientation to the care delivery through community and primary health centres, and include interaction with health care workers, patients and their families.

d) **Professional development including Ethics:** This is an introduction to the concept of Professionalism and Ethics. This component will provide students with understanding that clinical competence, communication skills and sound ethical principles are the foundation of professionalism. It will also provide understanding of the consequences of unethical and unprofessional behaviour, value of honesty, integrity and respect in all interactions. Professional attributes such as accountability, altruism, pursuit of excellence, empathy, compassion and humanism will be addressed. It should inculcate respect and sensitivity for gender, background, culture, regional and language diversities. It should also include respect towards the differently abled persons. It introduces the students to the basic concept of compassionate care and functioning as a part of a health care team. It sensitises students to "learning" as a behaviour and to the appropriate methods of learning. Orientation to Professionalism and Ethics will continue as the AETCOM module after the first month of the MBBS course and throughout the first year, with reinforcement of the various components introduced.

e) **Sports and Extracurricular activities:** These have been included, in order to demonstrate the importance of work-life balance in a demanding profession, and provide an opportunity for students to have compulsory physical activity and to showcase their talents.

f) **Enhancement of Language / Computer skills / Learning Skills:** These are sessions to provide opportunity for the students from diverse background and language competence to undergo training for speaking and writing English, fluency in local language and basic computer skills. The students should be sensitized to various learning methodologies such as small group discussions, skills lab, simulations, documentation and concept of Self-Directed learning

INTEGRATED TEACHING AND LEARNING

The innovative new curriculum have been structured to facilitate horizontal and vertical integration between and among disciplines, bridge the gaps between theory & practice, between hospital-based medicine and community medicine. Basic and laboratory sciences (integrated with their clinical relevance) would be maximum in the first year and will progressively decrease in the second and third year of the training when clinical exposure and learning would be dominant.

EARLY CLINICAL EXPOSURE

Students require context to understand basic sciences. They also require grounding in human and social aspects of the practice of medicine. Early clinical correlation and exposure to clinical environment will provide a point of reference and relevance to the novice learner. The ECE program in the MBBS curriculum tries to create an opportunity for students to correlate learning in Phase I subjects with their clinical application. Learning of basic sciences with respect to a clinical context can improve student's motivation to learn and also improve retention. It also provides authentic human context and early introduction to immersion into the clinical environment.

The objectives of early clinical exposure of the first-year medical learners are to enable the learner to:

(a) Recognize the relevance of basic sciences in diagnosis, patient care and treatment

(b) Provide a context that will enhance basic science learning (c) Relate to experience of patients as a motivation to learn.

(d) Recognize attitude, ethics and professionalism as integral to the doctor-patient relationship

(e) Understand the socio-cultural context of diseases through the study of humanities

SELF-DIRECTED LEARNING

Self-Directed Learning (SDL) is defined as the "preparedness of a student to engage in learning activities defined by himself rather than a teacher". The Graduate Medical Education 2019 document lists life-long learning as one of the roles of the Indian Medical Graduate (IMG). One of the methods suggested achieving this is SDL. Seven key components of SDL have been described. These include the identification of learning needs, formulation of learning objectives, utilization of appropriate learning resources, employing suitable learning strategies, commitment to a learning contract, evaluating learning outcomes and the teacher as a facilitator.

SKILL CERTIFICATION

The current undergraduate medical education curriculum focuses on competencies and outcomes and gives emphasis to skill development in all phases. The Graduate Medical Education Regulations Part II, 2019 envisages that certain skills are prerequisites for graduation. Therefore, it is necessary for each student to acquire essential/ desirable and certifiable skills. These skill sessions are planned during their respective phase in a laboratory/during clinical posting along with proper documentation of the process of acquisition of skills. When required, a skills lab may be used to impart training. Skills lab provides a safe training environment in which a learner can be observed and be provided with the feedback necessary to improve. It also allows the learner to do tasks repetitively under supervision till the desired level of competency is achieved.

Skill is the ability to perform a task leading to a specific predefined outcome. Medical students will be trained to acquire the following broad category of Skills :

a) Intellectual or cognitive which includes clinical reasoning and decision making skills,

b) Procedural or psychomotor skills that require manual dexterity and include laboratory and clinical skills,

c) Communication skills,

d) Team skills including leadership skills

STUDENT DOCTOR METHOD OF CLINICAL TRAINING

In order for the MBBS course to provide sufficient skills development for competent practice, a frame shift is required in clinical training in the following ways:

a. Focus on common problems seen in outpatient and emergency setting

b. Learning through clerkship/ student doctor method by involvement in patient care as a team member - involvement in investigations, management and performance of basic procedures.

c. Emphasis on a significant part of training taking place at the primary and secondary level with compulsory family medicine training.

ELECTIVES

Provision of avenues in the competency based undergraduate MBBS program for the student to explore and experience various streams of the profession is important. Electives are learning experiences that will provide the learner with an opportunity to gain immersive experience of a career stream, discipline or research project and provide an opportunity for the learner to explore, discover and experience areas or streams of interest. Electives format is as follows:

a) The learner shall rotate through two elective blocks of 04 weeks each.

b) Block 1 shall be done in a pre-selected preclinical or para-clinical or other basic sciences laboratory OR under a researcher in an ongoing research project.

c) During the electives, regular clinical postings shall continue.

d) Block 2 shall be done in a clinical department (including specialties, superspecialties, ICUs, blood bank and casualty) from a list of electives developed and available in the institution OR as a supervised learning experience at a rural or urban community clinic.

e) The learner must submit a learning log book based on both blocks of the elective. 75% attendance in the electives and submission of log book maintained during elective postings is required for eligibility to appear in the final MBBS examination.

AETCOM

Health Professions and practice is a complex interplay of Knowledge, Clinical Skills & Acumen, Communication, Attitude, Inter- Professional behavior and is largely dependent on strong Ethical values. The entire concept of AETCOM module lies on the fundamental principle that changing a person's attitude can change his or her behavior. In order to ensure that training is in alignment with the goals and competencies, a newer teaching learning approaches including a structured longitudinal programme on attitude, ethics and communication has been proposed. Role modelling and mentoring associated with classical approach to professional apprenticeship has long been a powerful tool. This approach alone is no longer sufficient for the development of a medical professional. The domains of attitude and communications with emphasis on ethics therefore need to be taught directly and explicitly throughout the undergraduate curriculum. AETCOM is a longitudinal program spread across all phases of medical course that will help students acquire necessary competence in the attitudinal, ethical and communication domains. It offers framework of total 27 competencies (5 competencies in Professional Year 1, 8 competencies in 2nd year, 5 competencies in 3rd year and 9 competencies in final year) that students must achieve by the end of their course.

DISTRIBUTION OF SUBJECTS BY PROFESSIONAL PHASE

Phase and Year of MBBS Training	Subjects and new teaching elements	Duration	University examination
First professional MBBS	• Foundation course (1month) • Human Anatomy, Physiology& Biochemistry • Introduction of Community Medicine, Humanities • Early Clinical Exposure • Attitude. Ethics and Communication Module (AETCOM)	1+12 months	I Professional
Second professional MBBS	• Pathology, Microbiology, Pharmacology, Forensic Medicine And Toxicology • Introduction to clinical subjects including community Medicine • Clinical postings • AETCOM	12months	II Professional
Third professional MBBS-part I	• General Medicine ,General Surgery, OBG, Paediatrics, Orthopaedics, Dermatology, Pyschiatry, Otorhinolaryngology, Ophthalmology, Community Medicine, Forensic Medicine and Toxicology, Respiratory Medicine, Radiodiagnosis & Radiotherapy, Anaesthesiology • Clinical Subjects /postings • AETCOM	12months	III Professional part I
Electives	• Electives ,skills and assessment	2months	
Third professional MBBS-part II	• General Medicine ,Paediatrics, General Surgery, Orthopaedics, Obstetrics and Gynaecology, including Family welfare and allied specialties • Clinical Postings /subjects • AETCOM	13 months	III Professional part II

SCHEME OF EXAMINATION

INTERNAL ASSESSMENT: General guidelines

- Regular periodic examinations shall be conducted throughout the course. There shall be **minimum three internal assessment examinations** in each preclinical subject. In addition, there shall be **one Internal Assessment in Community Medicine in Phase I MBBS**.
- The **third internal examination** should be conducted on the lines of the university examination.
- There shall be one short essay on ECE in each internal assessment in each subject.
- There should be **at least one short question from AETCOM** in each subject in any of the internal assessment.
- Questions on ECE and AETCOM in Internal Assessments must be assessed by the faculty of the respective pre-clinical departments.
  (Anatomy/Physiology/Biochemistry)
- An **average of the marks scored in the three internal assessment examinations** will be considered as the final internal assessment marks.
- Learners **must secure not less than 40 % marks in theory and practical separately and not less than 50% marks of the total marks (combined in theory and practical)** assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject.
- A candidate who has not secured requisite aggregate in the internal assessment may be subjected to remedial measures by the institution. If he/she successfully completes the remediation measures, he/she is eligible to appear for University Examination. Remedial measures shall be completed before submitting the internal assessment marks online to the university.
- **Internal assessment marks will reflect under separate head in the marks card of the university examination. The internal assessment marks (theory/practical) will not be added to the marks secured (theory/practical) in the university examination for consideration of pass criteria.**
- **The results of IA should be displayed on the notice board within a 1-2 week of the test.**

- Learners must have completed the required certifiable competencies for that phase of training and completed the logbook appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.

ANATOMY EXAMINATION PATTERN:

INTERNAL ASSESSMENT

Theory (maximum marks)		**Practical (maximum marks)**	
Theory paper	30marks	Gross Anatomy, Histology (25marks) Viva (5marks)	30marks
Professionalism	5 marks	Histology record	5 marks
Part completion tests	5 marks	ECE	5 marks
TOTAL	**40 marks**	**TOTAL**	**40 marks**

UNIVERSITY EXAMINATION

Theory (maximum marks)		**Practical (maximum marks)**	
Paper 1	100 marks	Spotters (10x2)	20 marks
		Window discussion (above diaphragm)	15 marks
		Window discussion (below diaphragm)	15 marks
		TOTAL	50 marks
Paper 2	100 marks	HISTOLOGY	
		Spotters (10x1)	10 marks
		Slide discussion (general histology)	10 marks
		Slide discussion (systemic histology)	10 marks
		TOTAL	30 marks
		VIVA VOCE	
		Osteology	05 marks
		Surface marking	05 marks
		Radiological anatomy	05 marks
		Embryology	05 marks
		TOTAL	20 marks
TOTAL	**200 marks**	**TOTAL**	**100 marks**
Internal assessment 40 marks		**Internal assessment 40 marks**	

PHYSIOLOGY EXAMINATION PATTERN

INTERNAL ASSESSMENT

Theory (maximum marks)		**Practical (maximum marks)**	
Theory paper	30 marks	Practical (25marks) Viva (5marks)	30marks
Part completion tests	10 marks	ECE + Skill Certification	7 marks
		Practical record	3 marks
TOTAL	**40 marks**	**TOTAL**	**40 marks**

UNIVERSITY EXAMINATION

Theory (maximum marks)		**Practical (maximum marks)**	
Paper 1	100 marks	Clinical examination I + clinical case histories Clinical examination II Human experiments + Amphibian chart Haematology + Calculations TOTAL	20 marks(15+5) 20 marks 20 marks(15+5) 20 marks(15+5) 80 marks
Paper 2	100 marks	Viva	20 marks
TOTAL	**200 marks**	**TOTAL**	**100 marks**
Internal assessment	**40 marks**	**Internal assessment**	**40 marks**

BIOCHEMISTRY EXAMINATION PATTERN

INTERNAL ASSESSMENT

Theory (maximum marks)		**Practical (maximum marks)**	
Theory paper	30marks	Practical (25marks) Viva (5marks)	30marks
MCQ/Unit test/ Case Based Test/ Assignment	10 marks	ECE + skill certification	5 marks
		Practical record	5 marks
TOTAL	**40 marks**	**TOTAL**	**40 marks**

UNIVERSITY EXAMINATION

Theory (maximum marks)		**Practical (maximum marks)**	
Paper 1	100 marks	OSPE	20 marks
		Qualitative analysis	20 marks
		Quantitative analysis	20 marks
		Case studies	20 marks
		TOTAL	80 marks
Paper 2	100 marks	Viva	20 marks
TOTAL	**200 marks**	**TOTAL**	**100 marks**
Internal assessment	**40 marks**	**Internal assessment**	**40 marks**

UNIVERSITY EXAMINATION

General guidelines

- University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.

- Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Essays and Short Answers Questions (SAQ). Marks for each part should be indicated separately.

- The learner **must secure at least 40% marks in each of the two papers with minimum 50% of marks in aggregate (both papers together) to pass.**

- Practical/clinical examinations will be conducted in the laboratories. The objective will be to assess proficiency and skills to conduct experiments, clinical examination, interpret data and form logical conclusion, wherever applicable.

- Viva/oral examination should assess candidate's skill in analysis and interpretation of common investigative data, X-rays, identification of specimens, ECG, etc. [wherever applicable] and attitudinal, ethical and professional values.

- **There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the phase I university examination.**
- **A learner shall not be entitled to graduate after 10 years of his/her joining of the first part of the MBBS course.**

Phase 1 university examination

- The first Professional examination shall be held at the end of first Professional training (1+12 months), in the subjects of Human Anatomy, Physiology and Biochemistry.

- A maximum number of four permissible attempts would be available to clear the first Professional University examination, whereby the first Professional course will have to be cleared within 4 years of admission to the said course. Partial attendance at any University examination shall be counted as an availed attempt.

ELIGIBILITY FOR EXAMINATION

The following criteria to be met by the students to be eligible for the university exams:

a. Shall have undergone satisfactorily the approved course of study in the subject/subjects for the prescribed duration.
b. Shall have attended not less than 75% of the total classes conducted in theory and not less than 80% of the total classes conducted in practical separately to become eligible to appear for examination in that subject/subjects.
c. Minimum of 40% marks to be obtained **separately** in theory and practical to appear for University exam. At least 50% marks of the total marks **combined** in theory and practical assigned for internal assessment is to be obtained in a particular subject. (average of 3 internal assessments theory and practical separately)
d. Learners must have completed the required certifiable competencies for that phase of training and completed the logbook appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.

CRITERIA FOR PASS

For declaration of pass in any subject in the University examination, a candidate shall pass both in Theory and Practical examination components separately as stipulated below:

- The Theory component consists of marks obtained in University Written papers only. For a pass in theory, a candidate must secure at least 40% marks in each of the two papers with minimum 50% of marks in aggregate (both papers together).
- For a pass in practical examination, a candidate shall secure not less than 50% marks in aggregate, i.e., marks obtained in university practical examination and viva voce added together.
- **Internal assessment marks will reflect as a separate head of passing at the university examination.**
- A candidate not securing 50% marks in aggregate in Theory or Practical examination + viva in a subject shall be declared to have failed in that subject and is required to appear for both Theory and Practical again in the subsequent examination in that subject.

DECLARATION OF CLASS

a. A candidate having appeared in all the subjects in the same examination and passed that examination in the first attempt and secures 75% of marks or more of **grand total marks (university examination + internal assessment)** prescribed will be declared to have passed the examination with distinction.

b. A candidate having appeared in all the subjects in the same examination and passed that examination in the first attempt and secures 65% of marks or more but less than 75% of **grand total marks (university examination + internal assessment)** prescribed will be declared to have passed the examination in First Class.

c. A candidate having appeared in all the subjects in the same examination and passed that examination in the first attempt and secures 50% of marks or more but less than 65% of **grand total marks (university examination + internal assessment)** prescribed will be declared to have passed the examination in Pass Class.

d. A candidate passing a university examination in more than one attempt shall be placed in Pass class irrespective of the percentage of marks secured by him/her in the examination.

REFERENCE BOOKS

ANATOMY

General anatomy

- Handbook of General Anatomy, BD Chaurasia / General Anatomy, Vishram Singh

Histology

- Di Fiore's Atlas of Human Histology with Functional Correlation, Victor P Eroschenko / Wheater's Functional Histology: A Text and Colour Atlas
- Textbook of Human Histology with colour Atlas, Inderbir Singh / Textbook of Histology and Practical Guide, Gunasegaran / Histology: Text and Atlas, Brijesh Kumar

Embryology

- Textbook of Human Embryology, Inderbir Singh/ Textbook of Clinical Embryology, Vishram Singh/ Langman's textbook of Medical Embryology, TW Sadler

Gross Anatomy including neuroanatomy

- Cunningham's Manual of Practical Anatomy Volumes I,II and III
- BD Chaurasia's / Dutta's / Vishram Singh's Textbook of Anatomy – all volumes
- Grant's atlas / McMinn's atlas / Netter's atlas
- Clinically Oriented Anatomy, K L Moore / Clinical Anatomy by Regions, Richard Snell / Clinical Anatomy (A Problem Solving Approach) (2 volumes), Neeta Kulkarni
- Gray's Anatomy for Students, South Asia Edition
- Clinical Neuroanatomy, Richard Snell / Textbook of Neuroanatomy, IB Singh /
- Textbook of Clinical Neuroanatomy, Vishram Singh

Surface and radiological anatomy

- Surface and radiological anatomy, A Halim / Surface and radiological anatomy, Ashwini Appaji and Roopa Kulkarni

Reference books

- Stedman's Medical Dictionary
- Gray's Anatomy - The Anatomical Basis of Clinical Practice

PHYSIOLOGY

Text books

- Guyton and Hall. Text of Medical Physiology. 3rd South Asian edition. Adaptation editors : Mario Vaz, Anura Kurpad, Tony Raj. Elsevier publishers.2020
- Ganong's Review of Medical physiology. 26th edition. Kim E Barrett, Heddwen L Brooks, Susan M Baran, Jason X-J Yuan. Mc Graw Hill. 2019.
- G.K Pal. Text book of Medical Physiology.3rd updated edition. Single volume. Ahuja Publishing company.2019
- A.K. Jain. Text book of Medical Physiology. 8th ed. Avichal Publishing company. New Delhi.2019
- CC Chatterjee's Human Physiology. 13th ed. CBS publishers and distributers Pvt. Ltd.
- Indu Khurana and Arushi Khurana Medical Physiology for undergraduate students. 2nd ed. Elsevier India publishers. 2020.
- G.K Pal. Comprehensive textbook of Medical Physiology.2nd edition. Volume (I & II). Jaypee brothers.2019

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- Berne and Levy Physiology. 7th ed. International edition. Editors. Bruce M. Koeppen and Bruce A. Stanton. Physiology . Elsevier.
- Best and Talor's Pyysiological Basis of Medical practice. 13th ed. O.P Tandon, Y. Tripathi. Lippincot Williams and Wilkins.
- Cyril A Keele, Eric Neil, Normon Joesls. Samson Wright's Applied Physiology. 13th ed.Indian reprint 2015. Oxford
- Walter F. Boron, Emile L Boulpaep. Medical Physiology . International edition, 2nd ed. Saunders Elsevier.

Practical:

- G.K Pal , Pravati Pal. Text book of Practical Physiology. 5 th Edition. Universities Press. A.K Jain . Manual of Practical Physiology.6th ed. Arya Publications.2019
- Ghai's Text book of Practical Physiology.9th ed. Jaypee brothers.
- MacLeods' Clinical Examiation. Edited by J. Alastair Innes, Anna R .Dover, Karen Fairhurst 12th ed.
- Hutchison's Clinical methods. 24th ed. International edition. Elsevier

BIOCHEMISTRY

Text books

- D M V asudevan. Text Book of Biochemistry for Medical students. 9th Edition
- Lippincott's Illustrated reviews
- S K Gupta. Biochemistry for MBBS
- Pankaj Naik. Biochemistry
- Dinesh Puri. Text Book of Medical Biochemistry
- Namrata Chhabra. Case oriented approach towards Biochemistry
- Divya Shanti D'sza, Sowbhagyalakshmi. An easy guide to Practical Biochemistry

Reference books

- Harper's illustrated Biochemistry
- Marshall and Bangert. Clinical Chemistry
- Baynes and Dominiczak. Medcial Biochemistry
- Bhagavan and Ha. Essentials of Medical Biochemistry with clinical cases
- Stryer. Biochemistry
- James Watson. Molecular biology of gene

BEST PRACTICES FOR SUCCESS IN EXAMINATIONS

BEFORE EXAMINATION:

- **Set a routine:**
  - Making a time-table helps to study in an organised manner
  - However not keeping in pace with the time-table may add to stress
  - Set realistic goals in your time-table to make them achievable
  - Keep slots for relaxation time
  - Dedicate slots for frequent revisions
  - Focus on key concepts, just before the examination
  - Cover “must know” topics of the syllabus on priority basis
- **Take care of health:**
  - Eat a balanced diet to maintain your stamina
  - Avoid junk food/street side food
  - Adequate sleep is very essential to rejuvenate your mind & body
  - Listen to soothing music during breaks to elate your mood
  - Interact regularly with your friends to stay updated
- **Curb distractions:**
  - Stay away from social networking sites
  - Avoid unnecessary calls from friends that might waste your precious time
- **Seek family help:**
  - Speak to your parents /siblings to keep your morale high
  - Seek help from them if you feel low or stressed out
  - Avoid discussing family matters that do not require your participation
- **Prepare in sync with exam pattern**
  - Understand the examination pattern thoroughly
  - Plan your preparation in accordance to the exam pattern
  - Stay updated with the style of questioning adopted in the previous years
- **Make ground preparations well in advance**
  - Procure your hall ticket & other documents as soon as made available
  - Keep your set of exam stationery with adequate backup
  - Plan out your travel to the exam centre
  - Stay connected with at-least few people who are taking exams along with you

DURING EXAMINATION:

- **Arrive early at the examination hall**
    - Arrive at least half an hour early to the exam centre to avoid last minute hassles
    - Identify your seat and be seated to extend cooperation with the invigilators
    - Avoid unnecessary discussion with other students before the start of exams
    - Try to relax your mind by using some relaxation techniques
- **Follow examination hall etiquettes**
    - Follow the general rules of the examination hall
    - Do not indulge in copying or any malpractices
    - Fill your candidate particulars on the answer booklet correctly
    - Doubly crosscheck all the important details like signatures, register number etc.
    - Seek help from invigilators to fill up the details, if required
- **Time management is the key to success**
    - Plan the time allotment for each answer in accordance to the marks weightage
    - Cross check the question paper code with your hall ticket
    - Read the question paper quickly & completely to identify any errors
    - Plan the order of answering the questions
    - Maintain orderliness would be preferable, however you can always start with easy answers to boost your morale
    - Always write the question number correctly & on left side of the margin
    - Delineate one answer from another by drawing lines
    - Devote time for each answer in proportion to the allotted marks
    - Keep some time at the end to check whether you have attempted all questions
- **Sell your answers**
    - It would be preferable to write a content layout for long essays
    - Divide your answer into sub-headings
    - Attempt all the sub-headings in a structured essay question in accordance to the marks allotted
    - Answer in a point wise manner wherever feasible
    - Use diagrams and flow charts wherever necessary to make your answer appealing

- Make sure you do not waste a lot of time in drawing diagrams/flowcharts if you are not good at it
- Highlight key points in your answer by underlining or making a text box around them
- Write specific answers to the questions asked