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WHITE COATS, BLACK MARKS

TIME TO END RAGGING IN MEDICAL SCHOOLS

The white coat is supposed to be a symbol of healing and humanity. But in India's medical colleges, it too often marks the beginning of humiliation, abuse and, shockingly often, death.

A damning report by the Society Against Violence in Education (SAVE) confirms what survivors have been saying for years: medical colleges are the country's epicenters of ragging. Between 2022 and 2024, these institutions accounted for 38.6% of all ragging complaints, 35.4% of serious cases, and a staggering 45.1% of ragging-related deaths. Out of 51 students who lost their lives in this period due to ragging, 23 were from medical colleges.

This isn't initiation. It's institutionalized brutality. And these numbers should shock us. But the more troubling question is: why are they not shocking enough to bring about an urgent change?

What's worse is the system's stunning tolerance for this rot. The Medical Council of India — now the National Medical Commission (NMC) — and state health departments have long had anti-ragging regulations on paper. Yet, the SAVE data proves they have been little more than paper shields. Colleges implicated in multiple complaints still attract fresh batches without any visible penalty. The fact that such institutions can remain fully accredited while hosting what amount to abuse chambers speaks volumes about the regulators' priorities.

When medical seniors force juniors into degrading acts or physical harm, they aren't just violating the law, they're perverting the moral foundation of medicine. Abuse becomes the first lesson, hierarchy the first skill. If bullying is normalized in the hostel, why wouldn't harassment be normalized in the hospital ward?

The National Anti-Ragging Helpline's 3,160 complaints over the past three years reveal that students are speaking up. The tragedy is that speaking up rarely means anything changes. Investigations are slow, internal committees often toothless, and survivors are pressured into silence in the name of "protecting the institution's reputation."

It's time to flip that logic. The real stain on a medical college's reputation isn't in admitting ragging happens, it's in pretending it doesn't. The NMC must start suspending admissions to repeat-offender colleges, making heads of institutions legally liable, and mandating public disclosure of every complaint and action taken.

Beyond punishment, prevention must be proactive. Mandatory anti-ragging orientation for all batches, independent student welfare committees, anonymous reporting mechanisms, and regular monitoring by external bodies can help break the cycle. Faculty must also stop playing the role of silent spectators, because silence here amounts to complicity.

Anti-ragging laws exist. The problem is enforcement and will. Until regulators treat ragging deaths as the medical emergencies they are, nothing will change. And until the profession demands a culture that values dignity over dominance, we'll keep graduating doctors who learned early how to inflict harm without consequence.

If we want medical graduates to embody empathy, professionalism, and respect for human dignity, we must start by ensuring that their first experience in college reflects those values. Until we end ragging in medical colleges, the white coat will remain stained with the bruises of those who should have been our healers.

The white coat is supposed to be a promise. Right now, in too many Indian medical colleges, it's just camouflage.

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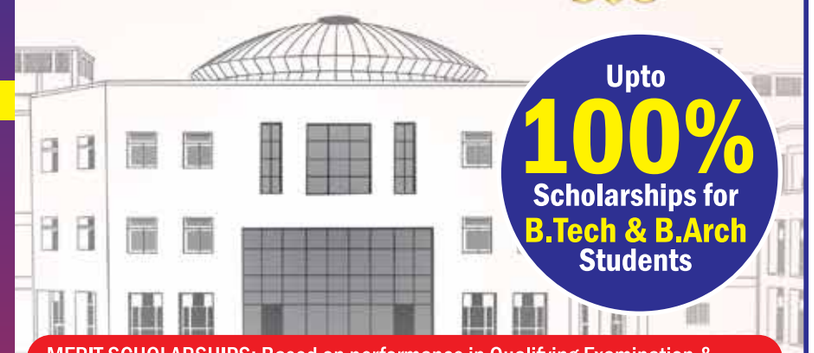
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Dr. Niranjan Kumar
Vice-Chancellor, SDM University
Dharwad

EDUCATION SHOULD NOT JUST CREATE PROFESSIONALS, BUT COMPASSIONATE CHANGE MAKERS FOR SOCIETY

Dr. Niranjan Kumar's journey from being a renowned plastic surgeon to becoming the founding Vice-Chancellor of SDM University, Dharwad, reflects a rare blend of precision, compassion, and vision. In the operating theatre, he mastered the art of discipline and empathy — qualities that now shape the very DNA of the university he leads. Since its inception in 2018, SDM has grown into a multidisciplinary institution rooted in innovation, research, and values-driven education. Guided by the philosophy of "Excellence with Compassion," Dr. Kumar has nurtured an ecosystem where students are encouraged to think beyond textbooks, engage with communities, and embrace interdisciplinary learning. In this exclusive interview with Education Post's **Prafull Pandey,** he articulates his vision, which is not only to produce skilled professionals but also to inspire changemakers who embody integrity, empathy, and social responsibility. Under his leadership, SDM University is steadily carving a place among India's most forward-looking centers of learning.

Q How would you describe the journey and mission of SDM University?

When SDM University was conceived in 2018, our vision was clear: to create a multidisciplinary institution rooted in academic excellence, human values, and social responsibility. Coming from a background in surgery, I've always believed in precision, discipline, and empathy — qualities that we have infused into the university's DNA. We wanted SDM to stand out not only for its infrastructure and programs but also for the kind of graduates it produces: skilled professionals who are also compassionate, ethical, and socially conscious.

Over the years, this journey has been one of continuous learning and evolution. We've built state-of-the-art facilities, attracted top faculty, and created a vibrant academic culture. But beyond the tangible growth, our mission has always been to nurture a spirit of inquiry and innovation among students while ensuring they remain deeply connected to societal needs. Our motto, "Excellence with Compassion," truly encapsulates this balance.

Q What makes SDM University's academic ecosystem different from other private universities in India?

While many universities focus on academic delivery alone, at SDM University we've built an ecosystem that integrates academics, research, innovation, and community engagement seamlessly. Our curriculum is designed to encourage interdisciplinary collaboration — a medical student might work on a project with an engineering student, or a researcher in genomics might partner with a faculty member in public health. This cross-pollination of ideas is something we actively promote.

Additionally, our governance model empowers faculty and students alike. We maintain small class sizes, provide personalized mentorship, and ensure that our laboratories and learning resources are on par with global standards. Another differentiator is our emphasis on values-based education; ethics, empathy, and sustainability are not afterthoughts — they are embedded in every program we offer.

Q How is SDM University promoting interdisciplinary learning across health sciences, engineering, and biomedical research?

Interdisciplinary learning is not just a buzzword for us — it's a structural part of how we operate. We have established joint research centers where faculty from different disciplines co-lead projects. For example, our biomedical engineering initiatives bring together clinicians, engineers, and data scientists to solve healthcare challenges that are both locally relevant and globally significant.

Students are encouraged to take elective courses outside their primary discipline. An engineering student may attend seminars on anatomy or public health, while a medical student may explore courses in artificial intelligence or biotechnology. This openness builds versatility in our graduates and prepares them for complex, real-world problems where solutions rarely fit into neat disciplinary boxes.

Q Tell us more about the advanced programs like M.Sc. in Biomedical Sciences & Genomics and their relevance in today's world.

The M.Sc. in Biomedical Sciences & Genomics is one of our flagship programs, reflecting the shift in healthcare from reactive treatment to preventive, predictive, and personalized medicine. With the advent of genomic technologies, we are now able to understand diseases at a molecular level, which allows for far more targeted and effective interventions.

Our program blends theory with hands-on training in cutting-edge laboratories equipped with next-generation sequencing technologies. Students work on real research problems, often in collaboration with industry partners or international institutions. This exposure ensures they graduate not only with academic knowledge but also with the practical skills and global perspective needed to



excel in biotech, pharma, research institutions, or even entrepreneurial ventures.

How are students trained for research, entrepreneurship, and innovation during their academic journey?

We believe research and innovation are not the exclusive domain of postgraduate students — they should begin at the undergraduate level. From the first year itself, students are encouraged to join faculty-led research projects. We've set up incubation centers where ideas can be nurtured into viable prototypes and eventually into market-ready products.

Entrepreneurship is supported through workshops, mentorship programs, and collaborations with industry experts. We also provide seed funding for promising student-led ventures. Importantly, our training is not just technical — we teach students about intellectual property, regulatory landscapes, and business models so that they can navigate the complete innovation pipeline.

Could you highlight any flagship community initiatives or healthcare outreach programs led by the university or its hospitals?

One of our proudest initiatives is our rural healthcare outreach program, which sends multidisciplinary teams into underserved communities to provide free consultations, diagnostic services, and health education. Our medical students gain firsthand experience of rural health challenges, while engineering students contribute by developing low-cost diagnostic tools.

We also run health awareness campaigns on topics like nutrition, hygiene, and preventive care. These are not one-off events but sustained efforts where we return to the same communities to measure impact over time. For us, community engagement is not charity — it's a reciprocal relationship that enriches both our students and the communities we serve.

Are there any international or industry collaborations that are driving innovation and global relevance in SDM's research?

Absolutely, we have partnerships with several international universities in Europe, the US, and Southeast Asia. These collaborations enable joint research projects, faculty exchange programs, and opportunities for our students to participate in global internships. For example, our tie-up with a European genomics lab has allowed our students to work on cross-border studies related to rare genetic disorders.

On the industry front, we collaborate with pharmaceutical companies, biotech firms, and medical device manufacturers. These partnerships not only bring in funding and technical expertise but also ensure that our research remains aligned with real-world applications. The goal is to produce work that is academically rigorous and commercially viable.

How would you describe the campus culture at SDM University?

The campus culture at SDM University is intentionally designed to blend the warmth of a close-knit community with the intellectual vibrancy of a top-tier academic institution. Our Chancellor has always envisioned the university as a space where both students and patients feel an environment of care, comfort, and positivity — one that goes far beyond the functional walls of classrooms and hospitals. To achieve this, we've invested in creating a living and learning ecosystem that's beautiful, sustainable, and holistic. Our hostels are designed for comfort, surrounded by lush gardens and green spaces that give students a natural sanctuary for reflection and recreation.

One of the unique aspects of our campus culture is its commitment to sustainability and wellness. We've banned the use of personal motor vehicles within the campus to reduce pollution and noise, encouraging students to use bicycles — a small but meaningful step toward a cleaner, greener environment. Daily yoga sessions, prayer gatherings, and nature walks create an atmosphere of mindfulness and connection. Clubs dedicated to arts, culture, and environmental stewardship provide students with avenues to express themselves creatively while contributing to the community. At its core, our campus culture reflects a simple belief: education should nurture the body, mind, and spirit in equal measure.

What efforts are being made to foster diversity, inclusivity, and mental wellness?

We recognize that a truly world-class university is not just measured by its academic output, but also by how it supports the holistic well-being of its students. At SDM University, diversity is not a checkbox — it is a principle embedded in our admissions, hiring, and community engagement practices. Our student body is a blend of individuals from varied cultural, linguistic, and socioeconomic backgrounds. This diversity is celebrated through cultural festivals, exchange programs, and student-led initiatives that encourage dialogue and understanding.

Mental wellness is a cornerstone of our student support system. From the moment students join us, we conduct an initial wellness screening to better understand their mental and emotional health needs. A 24/7 helpline is available for those seeking immediate support, and our mentor–mentee program ensures that every student has a trusted guide throughout their journey here. This is modeled after the traditional guru–shishya system but adapted for modern needs, creating a deep personal connection between faculty and students. We also integrate wellness practices — from sports and cultural activities to mindfulness workshops — into the academic calendar, so that maintaining mental health becomes a natural part of student life, not an afterthought.

What is your long-term vision for SDM University in the next 5 to 10 years?

Our long-term vision is to establish SDM University as a beacon of academic excellence that harmoniously blends the best of ancient wisdom with the most advanced scientific knowledge. We want to be recognized not only for producing skilled professionals but also for nurturing individuals who possess integrity, empathy, and a global outlook. In the next decade, we aim to expand our research footprint, create stronger interdisciplinary programs, and attract students and faculty from across the world who are aligned with our values.

To achieve this, we are investing in infrastructure, research facilities, and collaborations that will allow us to compete on a global stage. We envision more international exchange programs, deeper partnerships with industry leaders, and centers of excellence that focus on frontier areas of knowledge. Our ultimate goal is not just to educate, but to inspire — to create graduates who will become leaders and changemakers in their fields, carrying forward the SDM ethos of service, innovation, and humanity.

Q Are there new courses or international initiatives in the pipeline?

Yes, our academic expansion plans are ambitious and forward-looking. We are introducing several advanced programs such as DM in Hematology, MCH in Neurosurgery, and DM in Neurology. These are designed to meet the growing need for specialized expertise in healthcare, ensuring that our graduates are equipped to address complex medical challenges both in India and abroad. These programs also open the door for more intensive research collaborations, allowing our faculty and students to contribute to groundbreaking advancements in their fields.

On the international front, we are actively building collaborations with leading universities and research institutions across the globe. These partnerships will facilitate student and faculty exchanges, joint research projects, and shared access to cutting-edge technology and expertise. The idea is to expose our students to diverse perspectives, methodologies, and cultures, so they graduate not just as competent professionals, but as global citizens ready to lead in a rapidly changing world.

Q How has your experience as a surgeon influenced your leadership style?

My journey as a plastic surgeon has been invaluable in shaping my approach to leadership. In the operating theatre, every decision carries significant consequences, and there is no room for hesitation. That sense of urgency and accountability has naturally translated into my role as Vice-Chancellor. I believe in acting swiftly when required, but always with precision and a well-considered plan — much like in surgery, where speed without accuracy can be detrimental.

Being a surgeon has also taught me the importance of listening deeply before making a decision. In the OT, a senior surgeon listens to every member of the team — the anaesthetist, the nurses, the junior doctors — because every perspective can help avert risk. In administration, it's the same. Whether I am in a board meeting or walking across campus, I make it a priority to listen more than I speak. Leadership, to me, is not about issuing instructions from the top; it's about facilitating the best outcomes through trust, clarity, and teamwork.

Q What was your original vision for SDM, and how close are you to it?

From day one, our vision was clear: to awaken the intelligence of young minds, to nurture creativity, and to create a university that is both student-centric and patient-centric. Education and healthcare are the twin pillars of our institution, and we wanted them to reflect compassion, innovation, and a respect for human dignity. We aimed to build an environment where students are not treated as numbers on a roll sheet, but as individuals whose potential needs to be unlocked.

Are we close to achieving that vision? Yes — but I believe true vision is never "completed." We have made significant progress in building the infrastructure, academic programs, and culture that we dreamed of in 2018. However, there is always more to do: new technologies to adopt, fresh collaborations to form, and emerging societal challenges to address. Vision is a living entity; it must grow and adapt with time. My role is to ensure we never lose sight of our founding ideals while continuously raising the bar for excellence.

Q What role does SDM play in healthcare outreach, especially in underserved areas?

SDM University sees itself as more than just an academic institution — we are an active participant in the public health landscape. One of our most impactful initiatives is our rural healthcare outreach program. Here, our medical students and faculty work directly with underserved communities, educating them not only about healthcare but also about hygiene, nutrition, and preventive measures. The aim is to empower people to take charge of their own health before problems escalate into emergencies.

We have also introduced a unique "Adopt a Family" program, where students are assigned specific families in nearby villages. They act as that family's point of contact for medical advice, follow-ups, and preventive care, effectively becoming their "family doctor." This approach creates a bond of trust and ensures continuity of care, something often missing in rural health systems. By blending medical training with social responsibility, our students graduate with a deep sense of purpose and a practical understanding of real-world healthcare challenges.

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ICFAI Education School
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Ph.D
ICFAI Law School
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BA-LL.B.(Hons.)
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Ph.D
• MERIT SCHOLARSHIPS: Based on performance in Qualifying Examination & Semester-wise Performance in respective programs.
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RANKINGS
1 RANKED Among Top Engg. Colleges of Uttarakhand CSR - GHRDC 2024
2 RANKED Among Top Pvt. Law Colleges in Uttarakhand Open Magazine, 2023
4 RANKED Among Top Leading Law Schools of Super Excellence in India (Govt. & Pvt.) GHRDC Law School Ranking 2023
1 RANKED Among Top Pvt. Universities in Uttarakhand IIRF Ranking 2023
1 RANKED Among Top Pvt. B-Schools in Uttarakhand Education World B-School Ranking 2023
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HIGHLIGHTS
• Highly qualified faculty, most of them are Ph.Ds with vast experience • Smart board enabled classes with top of the line live teaching infrastructure • A vast array of co-curricular and extra-curricular activities such as Music, Arts, Clubs, Debating etc. • Beautiful landscaped campus surrounded by hills and jungles • Fully Wi-fi enabled campus • Hi-Tech Innovative Labs • Well stocked Digitalized library • Active Clubs/ Centers for enhancing professional skills, cultural and sports activities
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• 11 Universities • 9 B-Schools • 9 Law Schools • 7 Tech Schools • 3 Pharma Schools • 4 Decades in Flexible Learning

What culture do you hope to build beyond academics?

While academic excellence is non-negotiable, I believe universities must go beyond textbooks and classrooms to prepare students for life itself. At SDM, we place equal emphasis on the art of living — how to deal with failure, how to navigate competition with grace, and how to live with a sense of purpose. The ultimate goal is to produce not just skilled professionals but compassionate human beings who contribute meaningfully to society.

We encourage students to participate in community service, cultural activities, and sports, because each of these experiences shapes character in ways a formal lecture never could. I want our graduates to leave SDM not only with degrees but with a strong moral compass, resilience in the face of adversity, and the ability to find joy in their work. Education should never be an end in itself; it should be a foundation for a life of contribution and significance.

How do you ensure wellness and inclusivity on campus?

Wellness and inclusivity are woven into the fabric of SDM University. We have a structured mentor-mentee system that creates close-knit support networks for students, ensuring they always have someone to turn to. The Swasti wellness program offers a holistic approach to mental and physical health, combining counselling services, yoga, meditation, and sports activities. The philosophy is simple: a healthy mind and body are prerequisites for academic success.

Inclusivity is equally vital. We celebrate cultural diversity through festivals, art, and cuisine, ensuring every student feels a sense of belonging. Our policies are designed to ensure that no student is disadvantaged due to their background, gender, or financial situation. Whether it's through scholarships, accessibility measures, or peer support groups, we are committed to making sure every student can thrive here.

How do you stay connected with students?

One of the ways I maintain a strong connection with students is by continuing to teach postgraduate classes. This keeps me rooted in the academic pulse of the university and ensures that I never lose touch with the student experience. The classroom is a place of honest exchange, where students feel comfortable sharing both their academic challenges and personal aspirations.

Beyond the classroom, I make it a point to walk around campus, visit hostels, and attend student-led events. These informal interactions often provide more insight than formal meetings. Students know they can approach me directly, and I value their candid feedback. Their questions and perspectives challenge me to think differently, and their energy is a constant reminder of why we exist as an institution.

What advice would you give to young doctors and engineers today?

The first piece of advice I would offer is to stay deeply passionate about your craft. Technical skills can be learned, but passion is what sustains you during difficult times. Believe in yourself, trust your instincts, and never lose sight of why you chose your profession in the first place.

Secondly, remember that your work has an impact beyond your immediate surroundings. Whether you're designing a bridge or performing surgery, you are contributing to the well-being of society. Listen to your heart, stay ethical, and serve with integrity. Success will come, but what truly matters is the legacy you leave behind.

One final message for the SDM community?

My message is simple yet heartfelt: be the light to yourself. Do not wait for external validation to feel accomplished or fulfilled. Chase growth, not just success, and remember that personal satisfaction often outweighs public applause.

In the fast-paced world we live in, it's easy to get caught up in the race for recognition. But I believe the real measure of achievement is whether you can look in the mirror and feel content with the choices you've made. To our students, faculty, and alumni — keep striving, keep learning, and above all, keep your values intact. EP

ICFAI UNIVERSITY

The ICFAI University, Himachal Pradesh

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B.Com
BBA | BBA (Logistics)
B.Pharmacy | B.Pharmacy (LE)
Ph.D (Physics | Chemistry | Mathematics Computer Science & Engineering | Management | Commerce Law | Pharmaceutical Sciences
BBA-LL.B. (Hons)
BA-LL.B. (Hons)
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EXCELLENCE IS MORE THAN HEALING

Dr. K. N. Gopakumaran Kartha's
Dean, SRM Medical College Hospital and Research Centre, Trichy

Dr. K.N. Gopakumaran Kartha, Dean of Trichy SRM Medical College Hospital and Research Centre, has been at the forefront of transforming medical education in India, shaping institutions where teaching, research, and compassionate patient care thrive together.

In a candid conversation with Education Post's **Prabhav Anand,** he shares how true excellence lies in blending modern innovations like AI-driven diagnostics and simulation-based learning with timeless values of empathy, mentorship, and community outreach. His vision emphasizes producing practice-ready, research-driven, and socially conscious doctors who not only heal patients but also influence policy and redefine the future of healthcare.

Q You have been instrumental in establishing and leading multiple medical colleges across India. In your experience, what are the key components that differentiate a good medical institution from a truly great one in terms of education, research, and patient care?

What truly sets a great medical institution apart is the ability to go beyond academics and create an ecosystem where education, research, and patient care thrive together. Blending innovative teaching methods with traditional approaches prepares students to be both knowledgeable as well as skilled. A culture of research built on collaboration, innovation, and global publication keeps the institution future-ready. At the same time, patient care must remain rooted in empathy and compassion, helping students understand the human side of medicine. At Trichy SRM Medical College Hospital and Research Centre, we believe that interdisciplinary collaboration among faculty and students ensures wider perspectives and creative solutions. Above all, a commitment to continuous quality improvement ensures that the institution evolves with the changing healthcare needs. This holistic balance of teaching, research, and compassionate care is what turns a good medical college into a truly great one.

Q Medical education has a rich legacy, yet it faces unprecedented disruption from technological advancements such as AI in diagnostics, simulation-based learning, and telemedicine. How do you strike a balance between preserving foundational teaching methods and embracing these modern tools?

The future of medical education lies in achieving the right balance between traditional clinical skills and modern technology. We don't see technology as a replacement but as an enabler. AI-driven diagnostics, simulation labs, and telemedicine tools are used to enhance learning, while faculty training ensures these innovations are seamlessly integrated into our teaching methods. At the same time, we give equal emphasis to developing core clinical skills, which include listening, empathy, and hands-on patient interaction, so that technology never overshadows the human touch. Regular evaluations help us keep a track of the effectiveness of new methods, helping our approach remain adaptive and relevant. By mixing tradition with innovation, we prepare students who are not only tech-savvy but also compassionate doctors, ready to serve a rapidly evolving healthcare system without losing sight of its human values.

Q A recurrent concern in healthcare is the gap between academic knowledge and clinical readiness of young doctors. What strategies have you implemented at Trichy SRM Medical College Hospital and Research Centre to ensure graduates are "practice-ready" from day one?

One of the biggest challenges in medical education is bridging the gap between classroom learning and real-world practice. We ensure that our students are "practice-ready" from day one by providing them with early clinical exposure and immersive, hands-on learning. Simulation-based training allows them to safely rehearse critical scenarios, while structured mentorship programs help them connect with experienced clinicians who impart practical wisdom beyond textbooks. Regular feedback mechanisms further assist students in refining their skills and building confidence. We combine real-life exposure, guided mentorship, and reflective learning to create graduates who are knowledgeable as well as capable, confident, and compassionate. They step into the profession ready to deliver quality patient care, adapt to dynamic situations, and uphold the highest ethical standards of medicine right from the beginning of their careers.

Q You've consistently advocated for a strong research culture in medical institutions. What are the systemic and mindset-related barriers that medical colleges in India face in fostering impactful research, and how can they be overcome?

Research is the backbone of progress in medicine, but still Indian medical institutions often face hurdles in nurturing it. Faculty and students are both discouraged due to limited funding, inadequate infrastructure, and bureaucratic processes. Even more challenging is the lack of a strong research culture and effective mentorship, which often makes research seem optional rather than essential. Overcoming these barriers requires a broad systemic change. Institutions must allocate more resources, create dedicated facilities, and simplify regulatory processes to enable and encourage meaningful research. Equally, building mentorship programs and providing research training can inspire young doctors to take research seriously. Collaborations with leading national and international institutions also create exposure, credibility, and opportunities. By working on structural and cultural obstacles, medical colleges can be converted into dynamic research hubs where innovation makes a positive contribution to the global healthcare challenges.

Q You have a long track record of conducting faculty development programs, CMEs, and teaching training programs. In your view, how can Indian medical colleges institutionalize continuous faculty upskilling so that educators remain aligned with global best practices?



Quality medical education depends on how well updated the educators are themselves. Continuous faculty development is not optional but essential. At Trichy SRM Medical College Hospital and Research Centre, we focus on structured upskilling through regular training workshops, teaching enhancement sessions, and clinical updates. Peer review and mentorship programs create a culture of shared learning, while incentives encourage faculty to actively seek growth. Collaborations with global institutions help in cross-border knowledge exchange, exposing faculty to global best practices. This ensures that teaching is not static but constantly evolving with new medical advancements, technologies, and methodologies. Institutionalizing faculty development in this way benefits the educators as well as the students, who receive cutting-edge knowledge in the classroom and clinics. Ultimately, investing in faculty is investing in the next generation of doctors who will lead healthcare forward.

Q Given the recent public health crises and India's growing healthcare needs, how should medical colleges redefine their role beyond producing doctors — particularly in community outreach, preventive medicine, and health policy advocacy?

Medical colleges today cannot limit themselves to just producing doctors, they must also play a larger role in society. We view community engagement and preventive healthcare as integral to our mission. Our students and faculty participate in rural health camps, awareness drives, and preventive screenings that directly improve community well-being while nurturing social responsibility. Beyond service delivery, medical colleges should actively contribute to health policy, offering insights that shape the public health systems. Partnerships with NGOs, government agencies, and public health organizations further strengthen this role and ensure more significant impact. By focusing on prevention, advocacy, and social determinants of health, medical institutions serve as a catalyst for healthier communities. In doing so, they train competent doctors and also create socially conscious healthcare leaders for the future.

Q Having mentored generations of medical students and faculty, what would be your message to young doctors who aspire not only to excel in clinical practice but also to lead institutions and shape the future of medical education?

My advice to young doctors is simple: stay curious, stay compassionate, and never stop learning. Excellence in clinical practice comes from mastering skills, but true impact is made by leading with integrity and vision. The world needs doctors who are not only healers but also innovators, educators, and advocates. Embrace new technologies but never forget the human connection that defines medicine. Look beyond the hospital walls, mentor others, influence policy, and contribute to research that shapes the future. Leadership in medicine isn't about titles, it's about responsibility to patients, communities, and the society at large. If you combine clinical excellence with empathy and a commitment to innovation, you can redefine the future of healthcare. EP

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Diploma | Diploma (LE) Mechanical Eng. | Mech. (Electric & Hybrid Vehicles)
M.Tech Computer Science & Engineering
BCA (Hons.)
BCA (Hons.) Data Science | Cyber Security | (AI & IoT) | Mobile Application & Web Tech | Full Stack Devp.
B.Sc. (Hons.)
B.Sc. (Hons.) Forensic Science
B.Pharm
B.Pharm (LE)
MCA
M.Sc. Forensic Science
BBA (Hons.)
BBA (Hons.) Fin Tech Business Analytics
BA (Hons.) Political Science Economics | Psychology
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BA-LL.B (Hons.)
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3 RANKED Among Top Engineering Colleges of Rajasthan CSR - GHRDC 2023
9 RANKED Among Outstanding B-Schools of Excellence CSR - GHRDC 2023
AA+ RATED Among Top Law Colleges of Rajasthan Careers 360 2023
AAA RATED Among Pvt.Universities in Rajasthan Careers 360 India's Best Engg.Colleges 2023

HIGHLIGHTS

- Fabulous Scholarships for the wards of Armed Forces
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CHARACTER IS THE NEW CURRENCY IN EDUCATION AND LEADERSHIP

Siddharth Anand, Founder and CEO of TEA (Tertiary Education Advisors), has redefined the role of higher education consultancy by blending the grit of elite athletics with the strategic foresight of Wall Street. His vision goes beyond college admissions, focusing on resilience, purpose, and long-term impact. In this conversation with Education Post's **Prabhav Anand,** Siddharth shares how TEA is shaping not just applications, but the leaders of tomorrow.



Siddharth Anand
Founder and CEO
TEA (Tertiary Education Advisors)

TEA
A YOUTH EMPOWERMENT COMPANY

Q You founded TEA with the ambition to 'shape the leaders of tomorrow' and 'unlock their true potential' at the admissions stage. Could you share more about the personal or professional experiences that motivated you to make higher education consultancy your calling? How did your journey—from your finance studies at Wagner College, to your experience as a Division I student-athlete in tennis, to roles in marketing and business intelligence—shape the core vision of TEA?

The motivation behind TEA wasn't a single event, but a slow-burning realization born from living in two profoundly different worlds: the tennis court and the Wall Street boardroom. Each arena is a crucible of pressure, strategy, and high stakes, and each taught me a lesson that, when combined, formed the core vision of TEA.

My journey as a Division I NCAA athlete was my first real education in character. It taught me that talent is merely the entry fee; victory is paid for in discipline, resilience, and unwavering self-belief. On the court, there are no excuses. You can't blame the system or your circumstances when you're down a match point. You either find a strength within you that you didn't know you possessed, or you lose. That raw accountability, and the sacred relationship with a coach who pushes you beyond your perceived limits, is the foundation of TEA's mentorship model. We don't just advise; we coach.

Then came Wall Street. Finance and business intelligence provided a completely different kind of training. It was an education in seeing the world as a system of interconnected variables, of understanding long-term strategy, risk assessment, and the power of a data-driven narrative. You learn to cut through the noise and identify the core metrics that drive success. This shaped TEA's strategic pillar. I saw that college admissions, like financial markets, require a long-term strategy, not a series of disconnected, short-term tactics.

The "aha!" moment came when I looked at the Indian education landscape and saw these two worlds were completely disconnected. We were building students with powerful academic "engines"—brilliant, hardworking, and capable of immense intellectual output. However, we were placing these engines into fragile "chassis"—leaving them unprepared for the pressures and failures of the real world. I saw young individuals with stellar credentials who lacked a core narrative, who were terrified of failure, and who had never been coached to develop the resilience to withstand life's inevitable setbacks.

TEA was born from that gap. Our vision is to be the workshop where the engine and the chassis are forged together. We blend the relentless discipline and mindset coaching of elite athletics with the long-term, analytical strategy of the financial world. We don't just prepare students for an application; we prepare them for a life of impact by helping them answer the most critical question: not "What do you want to study?", but "Who do you want to become?"

Q Last May, you appointed Dr. Pratik Singh Uppal as Lead Mentor at TEA, highlighting his structured and strategic approach. How have you fostered a mentorship culture at TEA, and how does Dr. Uppal's appointment reflect a broader vision for redefining student guidance beyond traditional counselling?

Our mentorship culture is the heart of TEA, and it is built on a fundamental distinction: we reject the traditional model of "counselling" in favour of "coaching." Counselling often implies a transactional, problem-fixing approach—a student comes with a deficit (a need for admissions help), and the counsellor provides a service. It can be reactive and limited in scope.

Coaching, as I learned in my athletic career, is

transformational. It's a partnership built on trust, shared goals, and the belief that the individual's potential is far greater than they perceive. A coach doesn't just give you the answers; they provide you with the frameworks to find the answers yourself. That is the culture we have fostered at TEA. Our mentors are strategists and mindset coaches who embark on a long-term journey with a student. We aren't just a checklist for applications; we are a partner in their growth.

Dr. Uppal's appointment is a strategic pillar in professionalizing this culture. In the world of mentorship, it's easy to rely solely on intuition and personal experience. Dr. Uppal brings a level of strategic rigour and structured thinking that allows us to codify our unique approach into scalable, repeatable frameworks. He is an architect of our mentoring philosophy, ensuring that every student benefits from a system designed for clarity, accountability, and purpose-driven growth. His expertise helps us translate our vision into a tangible process.

This reflects our broader mission to redefine student guidance entirely. The old model is broken because it is fundamentally transactional. Our vision is to create a new standard:

Proactive, not Reactive: We start working with students early to build a foundation, not just polish an application at the last minute.

Holistic, not Singular: We connect academics, extracurriculars, personal character, and career ambitions into a single, cohesive narrative.

Transformational, not Transactional: Our goal isn't just an acceptance lefler. It's to empower a student with the self-awareness, confidence, and resilience to thrive long after they've left our guidance.

Dr. Uppal's appointment is a testament to our commitment to this vision. He represents the "science" behind our "art" of mentorship, ensuring our guidance is not only inspiring but also exceptionally effective.

Q TEA emphasizes not just academic admission, but leadership, adaptability, networking and career acceleration. How do you define—and measure—'success' for TEA's students, both in the short term (admissions outcomes) and long term (professional and personal growth)? Can you share a specific example of a student whose trajectory best illustrates this approach?

Defining success is one of the most important things we do at TEA, and we measure it on two distinct horizons.

Short-term success, naturally, includes admissions outcomes. An acceptance at a top-tier university is a key performance indicator. However, we define it with more nuance. For us, a successful outcome is not just admission to a high-ranking institution, but admission to an institution that is the right fit for the student's long-term mission and personal ethos. It's about the quality and alignment of the win, not just the win itself.

Long-term success is our true north star. This is where our philosophy is truly tested. We measure it years after a student has left us, based on these key pillars:

Resilience: How did they navigate their first significant academic or professional failure? Did it derail them, or did they treat it as data for growth, just as an athlete would a lost match?

Purposeful Agency: Are they actively architecting their career, or are they passively lefling it happen to them? Are they making choices that align with the "who" they defined with us?

Impact: Are they moving beyond personal achievement to contribute meaningfully to their chosen field or community?

Adaptability: Are they thriving in a world that demands constant learning and pivoting?

A student who perfectly illustrates this is a young man I'll call Aarav. He came to us in Grade 11 as a brilliant student with a quiet, unfocused passion for environmental science. His academic record was flawless, but his profile lacked a narrative; it had no "spike." A traditional counsellor would have advised him to join a few environmental clubs.

We pushed him further. Using our "Initiative-Impact" framework, we mentored him to channel his passion into a tangible project. He researched the e-waste problem in his local community, created a detailed plan, and launched a surprisingly successful collection and awareness drive in his neighbourhood. In doing so, he wasn't just "volunteering"; he was learning logistics, marketing, public speaking, and leadership. He had moved from passive interest to active impact.

Short-Term Result: Aarav's personal narrative became the centerpiece of his applications. He was no longer just a student with good grades who liked science; he was a proven problem-solver who had demonstrated tangible initiative. He secured a place in a highly competitive Environmental Policy program at a top US university.

Long-Term Trajectory: The real success story is what happened next. Armed with the confidence from his project, Aarav didn't just aflend university; he arrived with a mission. He immediately got involved with campus sustainability initiatives, leveraged his project experience to secure a research internship, and is now a leading voice in his cohort. He texts me occasionally, not with questions, but with updates on his new projects. That, for us, is the ultimate measure of success—when a student becomes the CEO of their own journey.

Q With your background in strategic partnerships, marketing, and business intelligence, how does TEA collaborate with academic institutions, industry partners, or alumni networks to enhance its offerings? Can you share a recent collaboration or initiative that significantly elevated TEA's ability to support students?

My background has ingrained in me a core belief: excellence is rarely achieved in isolation. Growth and opportunity lie at the intersection of collaborative ecosystems. At TEA, we don't see ourselves as a standalone consultancy; we act as a central hub, orchestrating a "cohesive consolidation" of resources to create a powerful support system for our students. Our partnerships are built on a philosophy of shared value and a common mission to empower youth.

We collaborate across three main verticals:

Academic Institutions: We partner with forward-thinking schools to build a sustainable culture of mentorship from the inside out. We run workshops on profile building, mindset development, and career readiness, but our goal is to move beyond one-off seminars into deep, strategic alignment.

Industry Partners: We cultivate relationships with companies and professionals to provide students with what they need most: context. Through internships, guest lectures, and targeted mentorship, we bridge the gap between academic theory and real-world application, allowing students to test their interests and build their professional networks early.

Alumni Networks: Our students are our greatest asset. We are building a powerful, pay-it-forward alumni network where former TEA students, now thriving in top universities and companies worldwide, become mentors and guides for the next generation. This creates a virtuous, self-sustaining cycle of mentorship.

A recent initiative that perfectly encapsulates our approach is our strategic collaboration with Ahlcon Public School, a distinguished institution in Delhi. This partnership goes far beyond a typical advisory contract. We co-created a bespoke, multi-pillar program designed to embed our philosophy directly into the school's fabric.

A key and innovative part of this collaboration is our 'Educating the Educator' Program. We recognized that to create lasting change, we needed to empower the frontline mentors—the teachers themselves. This program equips faculty with advanced mentorship strategies and mental frameworks, enabling them to guide students more effectively on a daily basis. We are essentially building an in-house culture of world-class mentorship.

This initiative has been transformative. It allows us to scale our impact beyond our direct student cohort and create a sustainable system of guidance within the school, significantly elevating our collective ability to support every student. It is a true partnership, not a service, and it's a model we intend to replicate.

Q In the evolving global admissions environment—impacted by pandemic shifts, rising demand for skill-based hiring, and changing university priorities—how has TEA adapted its methodology to stay ahead? What challenges or opportunities have emerged, and how does TEA help students prepare for the changing expectations of universities?

The evolving global admissions landscape has been one of the greatest challenges for traditional consultancies, but it has been the single greatest validation of TEA's founding philosophy. The world is finally catching up to what we have believed from day one: character is the new currency.

The pandemic, the rise of remote work, and the sheer volume of applicants have made universities and employers realize that past academic performance (credentials) is no longer a reliable predictor of future success. They are now actively searching for proof of durable, real-world skills: resilience, adaptability,

leadership, communication, and the ability to solve unstructured problems.

This shift represents a monumental opportunity for authentic students and a death knell for the old "checklist" approach to admissions. Our methodology was built for this new era, and we have adapted by doubling down on what makes us different:

Emphasis on Demonstrable Skills over Stated Interests: We have intensified our focus on the "Initiative-Impact" loop. It's no longer enough to say you're interested in something. We guide every student to transform their passion into a tangible micro-project—a blog, a community drive, a small app, a research paper. This provides irrefutable evidence of the skills universities are desperate to see.

Mastering the Personal Narrative: With the declining importance of standardized tests, the personal essay and interview have become the bafflegground. We have refined our narrative-crafting methodology to help students weave their diverse experiences into a compelling story that showcases not just what they've done, but who they are.

Proactive Digital Citizenship: We actively mentor students on building a professional and purposeful digital footprint. In a world where an admissions officer might look at a LinkedIn profile, we ensure our students present a mature and compelling online presence that reinforces their application's narrative.

The primary challenge today is the "noise"—the sheer volume of applicants. The opportunity is that most of them still follow the old playbook. Our students stand out because they are not polished, they are proven. We prepare them for the changing expectations by helping them build a profile so authentic and rich with tangible evidence of their character and skills that it doesn't just meet the new standard; it sets it.

Q TEA is currently a boutique consultancy based in Delhi NCR. Looking ahead, what are your plans for scaling TEA—whether expanding geographically, broadening services, or introducing technology-based advisory tools? How do you intend to maintain the individualized, high-touch mentorship model while pursuing growth?

This question touches upon the central strategic challenge for any bespoke, high-touch organization: how to grow without dilution. Our plan for scaling TEA is rooted in the principle of deepening our impact, not just widening our reach. We will never sacrifice the quality of our mentorship for the quantity of our students.

Our growth strategy is three-pronged:

Strategic Geographic Expansion: We plan to expand beyond Delhi NCR, but not through a franchise model. We will establish small, core TEA hubs in key cities like Mumbai, Bangalore, and later, international locations like Dubai and Singapore. Each hub will be led by senior mentors trained extensively in our core philosophy, ensuring a consistent standard of excellence.

Deepening Service Verticals: Rather than adding unrelated services, we will deepen our existing ones. This includes launching pre-college programs for younger students (Grades 9-10) to build foundational skills early, expanding our specialized Sports Mentoring and Talent Management vertical into a standalone offering, and creating post-admit career acceleration programs to support our students through their university journey and into their first job.

Empowering Mentors with Technology: This is the key to scaling while maintaining our high-touch model. We are developing a proprietary technology platform that is designed not to replace mentors, but to supercharge them. The platform will automate the administrative and logistical aspects of the advisory process—timeline management, document tracking, and resource sharing.

This use of technology is critical. By automating the "low-touch" tasks, it will free up our mentors to focus 100% of their time on what truly maflers: deep, strategic, one-on-one conversations. It will also serve as a hub for our global alumni network, allowing us to connect a student in Delhi with a TEA alumnus at Stanford for advice with the click of a buflon.

Our growth model is clear: technology will handle the process so that humans can focus on the relationship. We will scale our systems and our platform aggressively so that we can keep our mentorship sacred and individualized. We are building a boutique institution with global reach, proving that it is possible to grow in scale while deepening the human connection that lies at the heart of all meaningful transformation.

Thank you again for this wonderful opportunity. I hope these responses provide the depth and clarity you were looking for. Please let me know if any further information is required. EP

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The ICFAI University, Nagaland

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MBA | M.Com | MCA | MA (Economics) | MA (English)

MA (Pol.Sc.) | MA (Education) | M.Lib.Sc (Integrated)

Ph.D. (Management | Pol.Sci. | English)

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MEDICAL EDUCATION IN INDIA BETWEEN ASPIRATION AND REALITY

Prabhav Anand

Every year, more than 20 lakh students in India sit for the National Eligibility cum Entrance Test (NEET), their eyes fixed on a dream that feels both sacred and elusive — to wear a doctor's white coat. For many families, especially from small towns and rural India, studying medicine is not just a career choice; it is a ticket to dignity, stability, and social prestige. Parents mortgage land, sell jewelry, or drain their life savings for a chance at this dream.

But the numbers tell a harsher truth. Against millions of aspirants, India has just over 1 lakh MBBS seats, with nearly half in private colleges where annual fees range anywhere from ₹10 lakh to ₹1 crore. The competition is brutal, the costs are staggering, and the emotional toll is crushing.

India's medical education system is often described as a paradox: it produces some of the world's most respected doctors, yet within its borders, the path to becoming one is riddled with inequality, systemic flaws, and ethical questions. As the country expands healthcare access through new AIIMS campuses, digital health initiatives, and medical reforms, the question remains: Is our education system producing enough doctors of the right kind for India's future?

The Numbers Game: Too Many Aspirants, Too Few Seats

India has always been a doctor-deficit country. The World Health Organization recommends a doctor-patient ratio of 1:1000. India officially crossed this ratio in 2023, but experts warn this figure is misleading — it counts all registered doctors, not those actively practicing, and doesn't account for the rural-urban divide.

Current Scenario (2024 data):

- **MBBS seats:** ~1.07 lakh (across government + private + deemed universities)
- **PG seats:** ~65,000
- **NEET applicants (UG 2024):** 23 lakh+

That means only 4–5% of aspirants actually secure an MBBS seat. The rest are left scrambling for alternatives — nursing, pharmacy, dentistry, allied health sciences, or foreign universities.

This bottleneck is not new. For decades, India has had fewer medical colleges and limited expansion. Though the number of colleges has nearly doubled in the last decade (from ~400 in 2013 to ~700+ in 2024), demand has far outpaced supply.

The Government vs. Private Divide

For those who crack NEET with top ranks, government colleges remain the ultimate prize — not just for their reputation but also for their affordability. At many state-run institutions, annual MBBS fees hover between ₹10,000–50,000. Compare that with a private or deemed university, where fees can cross ₹1 crore for the entire course, not including hostel and exam charges.

The result? Medical education in India is stratified along economic lines.

- Students from affluent families often secure private seats if not able to get into government institutions.
- Middle-class and rural aspirants, even after qualifying NEET, sometimes give up their dreams due to unaffordable fees.

This creates a silent divide — not in merit, but in means.

The Coaching Culture and Mental Health Crisis

The road to a medical seat is paved with years of coaching. Towns like Kota in Rajasthan and Kottayam in Kerala thrive as coaching hubs where lakhs of students migrate from across India to prepare for NEET. The coaching industry is valued at over ₹58,000 crore, reflecting the desperation of families.

But behind the numbers are human stories — of burnout, anxiety, and even suicides. The National Crime Records Bureau (NCRB) reports that over 13,000 student suicides take place annually in India, many linked to exam pressure. Kota alone



has reported over 30 suicides in 2023, a chilling reminder of how the medical dream can turn fatal.

Parents sacrifice everything, students carry the weight of expectations, and when the system shuts its doors, despair often replaces hope.

The Quality Question: Producing Doctors, Not Just Graduates

Even for those who secure a seat, another challenge looms large: the quality of medical education.

A 2016 parliamentary report bluntly called India's medical education system "corrupt and deteriorating", pointing to issues such as:

- Shortage of faculty in many new colleges.
- Ghost colleges where infrastructure exists only on paper.
- Private institutions prioritizing revenue over education.
- Outdated curricula that don't match modern healthcare needs.

The Competency-Based Medical Education (CBME) Curriculum, introduced in 2019, aimed to shift focus from rote learning to practical skills. But implementation remains patchy. Students often graduate with theoretical knowledge but inadequate clinical exposure, especially in rural postings where infrastructure is weak.

Postgraduate Bottleneck: The Specialist Crunch

If the MBBS race is difficult, the postgraduate (PG) struggle is harsher. India needs specialists — cardiologists, neurologists, oncologists, orthopedists — but PG seats are far fewer than MBBS graduates.

- **MBBS graduates yearly**: ~1 lakh
- **PG seats:** ~65,000
- **Super-specialty (DM/MCh) seats**: ~5000

This mismatch forces many MBBS graduates into repeated attempts at NEET-PG or into jobs where they remain underpaid and underutilized. Rural India, which bears the brunt of healthcare deficits, continues to face a shortage of specialists.

The Brain Drain: Doctors for the World, Not India

Paradoxically, while India struggles with shortages, it is also one of the largest exporters of doctors to the world. In the UK's NHS, nearly one in ten doctors is of Indian origin.

The US, Canada, Australia, and Gulf countries also rely heavily on Indian-trained doctors.

Why do they leave?

- Better salaries and infrastructure abroad
- Transparent systems with less bureaucratic red tape
- Frustration with working conditions in Indian hospitals
- This brain drain raises a painful irony: India spends enormous resources training doctors, but many serve foreign populations.

The Rural-Urban Divide

Even within India, distribution is skewed. Over 70% of doctors are concentrated in urban areas, while nearly 65% of the population lives in rural India.

Government attempts to address this like compulsory rural postings have faced resistance. Many young doctors see rural service as a punishment, given the lack of facilities, safety, and career opportunities. Until India makes rural postings attractive with proper infrastructure, incentives, and security, this imbalance will persist.

Foreign Medical Graduates: A Parallel Pipeline

Another growing trend is Indian students pursuing MBBS abroad in countries like Russia, Ukraine, China, and the Philippines due to cheaper fees and easier admissions. Before the Ukraine war, nearly 20,000 Indians studied medicine in Ukraine alone.

But these graduates face another hurdle: the Foreign Medical Graduate Examination (FMGE/ NExT), a licensing exam in India with a pass rate of just 14–20%. Many end up stranded — qualified abroad, but unable to practice at home.

Reforms and The Road Ahead

India has begun addressing these challenges with policy shifts:

- National Medical Commission (NMC): Replaced the Medical Council of India (MCI) to regulate education and practice with more transparency.
- New AIIMS campuses: Over 20 new AIIMS have been announced, aiming to decentralize quality medical education.

FACT-BOX

The Medical Education Crunch

- NEET Applicants (2024): 23 lakh+
- Total MBBS seats: ~1.07 lakh
- Government vs. Private: ~55,000 govt, ~52,000 private
- PG seats: ~65,000 (for 1 lakh MBBS graduates annually)

- NExT Exam: Proposed as a common exit exam for MBBS and entrance for PG — intended to standardize quality.
- Expansion of Telemedicine & AI: Integrating technology into training and healthcare delivery.
- Skill-based training: Greater emphasis on simulation labs and competency-based curriculum.

Yet, reforms move slowly, and students remain caught in uncertainty during transitions.

The Human Angle: Stories Behind the Statistics

- A farmer in Bihar sells two acres of land to send his daughter to a private medical college in Karnataka
- A boy in Kota studies 16 hours a day, but after two failed NEET attempts, he takes his own life
- A young MBBS doctor in a government hospital works 36-hour shifts for a salary less than what a call center executive earns

These stories reflect the lived reality of medical education — a mix of hope, sacrifice, and systemic gaps.

Medical education in India is more than a professional pipeline; it is a mirror of the country's aspirations and inequities. On one side, the nation celebrates doctors as frontline heroes, especially post-COVID. On the other, the path to becoming one remains a gruelling test of endurance, privilege, and luck.

The stakes are high. By 2030, India needs not just more doctors, but better-trained, empathetic, and evenly distributed doctors. This will require bold reforms — expanding government seats, regulating private fees, improving rural infrastructure, and embracing technology.

Until then, for millions of students each year, the white coat will remain both the symbol of hope and the burden of an unforgiving system. EP



INDIA'S MEDICAL FRATERNITY RISES AS TRAILBLAZERS OF MODERN HEALTHCARE

Amin Masoodi

From intense training to global leadership, Indian physicians are reshaping healthcare worldwide while holding onto their timeless prestige at home.

When 22-year-old Bilquees Ara first stepped into the crowded outpatient ward of Kashmir's Sheri Kashmir Institute of Medical Sciences (SKIMS), she was overwhelmed. A hundred patients sat shoulder to shoulder, waiting for their turn. Within hours, she had seen more clinical cases in a single day than some of her peers abroad might see in a week. "It's exhausting, but it teaches you to think fast, to act faster," she says with a tired smile.

This crucible of high-pressure learning is what forges India's doctors — professionals who today stand at the forefront of global healthcare. Whether it is a rare pediatric heart surgery in Chennai, an advanced cancer treatment in Mumbai, or a robotic joint replacement in Hyderabad, patients from across the world are placing their lives in Indian hands.

The making of medical trailblazers

Becoming a doctor in India is not for the faint-hearted. Each year, more than two million aspirants sit for the National Eligibility-cum-Entrance Test (NEET), competing for just over 118,000 MBBS seats. It is one of the toughest filters in the world — one that ensures only the most resilient and determined make it through.

This year, a striking 12.3 lakh candidates qualified NEET, reflecting a notable surge in the success rate compared to previous years.

Once admitted, the training is relentless: years of study, intense residencies, and often, global super-specializations in institutions across the US, UK, and Europe. But the real classroom is India itself—its vast population, its diversity of ailments, and the staggering number of patients that flow through its hospitals daily. Exposure to such volume sharpens diagnostic instinct and cultivates decision-making under pressure in ways that few countries can match.

"In the West, you might study rare conditions in textbooks," says Dr. Ramesh Menon, a cardiothoracic surgeon in Chennai. "Here, you'll see them walk into your clinic."

A destination for the world's patients

This hard-earned expertise has made India a global hub for healthcare seekers. By 2025, the country's medical tourism sector is expected to touch $8.7 billion, welcoming over seven million international patients annually. For many, the attraction is threefold: affordability (treatments cost 60–80% less than in the West), speed (shorter waiting times), and trust (world-class outcomes delivered with empathy).

Government initiatives like Heal in India and simplified e-medical visas for 167 countries have only smoothed the journey. Today, cities like Delhi, Mumbai, Chennai, Bangalore, and Hyderabad are no longer just domestic medical centers—they are global destinations of healing.

Masters across disciplines

From minimally invasive heart procedures to advanced brain and spine surgeries, Indian doctors consistently achieve results that rival the world's best. High success rates in organ transplants, precision-driven oncology, and breakthroughs in fertility treatments have placed them in a league of their own.

Behind these triumphs lies not just clinical skill but innovation. Indian physicians are driving research in genomics, stem cell therapy, and AI-assisted diagnostics. They are also reimagining holistic care by integrating traditional systems like Ayurveda and yoga with evidence-based modern medicine—creating healing models that resonate across cultures.

Where skill meets compassion

Yet numbers and technology tell only part of the story. What truly sets Indian doctors apart, patients say, is their humanity. Hospitals in India are filled with multilingual, culturally sensitive physicians who not only treat disease but also listen, comfort, and reassure. Global patients often describe feeling "like family"— helped along by hospital care desks, interpreters, and even personalized meal options.

"Here, I was treated like a person, not just a case," recalls Michael Harris, a 54-year-old cancer survivor from Kenya who sought treatment in Bangalore.

Medicine at home: Still the crown jewel

If Indian doctors command global respect, at home they remain society's brightest stars. Despite the meteoric rise of technology, AI, and finance, medicine continues to be India's most admired and stable profession. Parents dream of it for their children; students labor for years to achieve it; and society at large holds doctors in a near-sacred regard.

Part of this prestige is practical. Medicine offers security and resilience in uncertain times. Doctors were indispensable during the pandemic, and they remain recession-proof in ways few professions can claim. Specialists and surgeons rank among India's highest earners, while even fresh graduates enjoy job stability

that eludes many peers in other fields.

But the pull is also emotional. For countless young Indians, the desire to heal outweighs material rewards. "It's not about money—it's about meaning," says 24-year-old NEET aspirant Idrees Ahmad from Srinagar, Kashmir. "The respect, the chance to save lives — that's priceless." he adds.

Medicine as a transformative equalizer for women in India

Medicine today is more than just a profession — it has become a strong driver of gender equality in India. Once seen as a male-dominated field, it now mirrors the ambitions, determination, and rising opportunities for women, marking a significant shift in both society and professional spaces.

Recent statistics show that women are not only entering medical education in large numbers but are also excelling and often surpassing their male counterparts. In Gujarat's 2025 UG medical merit list, girls secured 56% of the seats — an all-time high. From 2022 to 2025, the number of female candidates grew by 37%, leaving male aspirants far behind.

National data reflects the same trend: women now make up more than half of MBBS seats, setting a milestone for gender parity in medical education. Even in postgraduate specialties that were once male bastions — such as Cardiology, Oncology, Orthopaedics, and Neurology — female representation is steadily increasing, breaking long-standing stereotypes.

Excellence across specialties

From heart surgeries to robotic joint replacements and advanced cancer treatments, Indian doctors consistently deliver results comparable to, and often exceeding, Western benchmarks. Areas of expertise include:

- Cardiology: Minimally invasive heart procedures and advanced pediatric cardiac care.
- Oncology: Cutting-edge immunotherapy, precision radiation, and integrated palliative support.
- Transplants: High success rates and reduced waiting times for kidney, liver, and heart transplants.
- Neurology & Neurosurgery: Advanced brain and spine surgeries using next-generation navigation systems.
- Fertility & Reproductive Medicine: IVF and assisted reproductive technologies at globally competitive costs.

Academic excellence and recognition

At the 10th convocation of Rajasthan University of Health Sciences, women displayed exceptional academic strength, winning 8 of 9 gold medals and earning the majority of doctoral degrees — 15 out of 21 PhDs. This achievement is not just about performance; it highlights ambition and the societal encouragement driving women toward excellence in medical academia.

Women leading change

While numbers are rising, challenges remain. Women account for around 29% of doctors, but only 18% hold leadership roles in healthcare. Many are concentrated in lower-paid frontline jobs such as nursing and midwifery. On average, they earn about 34% less than men. Leadership within the Indian Medical Association also reflects this gap, with women occupying just 5.5% of positions and only one woman ever serving as president in its century-long history

Looking ahead: Health, policy, and recognition

India's women's health sector is expanding rapidly. In 2024, it was valued at USD 1.6 billion and is expected to grow to nearly USD 2.5 billion by 2030, driven by rising demand for contraceptives and menopause care (Grand View Research). Digital health platforms are also reshaping access, enabling women to seek gynecological and mental health support through telemedicine apps and government-led initiatives.

Adding to this progress is the recognition of pioneers like Dr. Neerja Bhatla, a renowned gynecologist honored with the Padma Shri in 2025. She also became the first Indian to serve as president of FIGO (International Federation of Gynecology and Obstetrics), symbolizing the global heights women in Indian medicine can achieve.

A beacon for the future

From New Delhi to New York, from Boston to Bangalore, the story is clear: Indian doctors are not just participants in global healthcare — they are leaders shaping its future.

At home, they remain the ultimate career aspiration, embodying stability, service, and sacrifice. Abroad, they are the vanguard of a healthcare revolution, proving that world-class expertise can also be accessible, affordable, and deeply human.

In a world often divided by inequality in access to care, India's doctors stand as proof that excellence and empathy can coexist. They are healers, innovators, and role models — building not just healthier bodies, but also stronger bridges between nations. EP

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PSYCHOLOGY HAS LEFT THE COUCH

Tejas Gupta

When people think of psychology, many still picture Sigmund Freud and his theories on the unconscious. But while Freud opened the door to our inner world, the field quickly evolved into a rigorous science. It began by measuring what could be seen, with pioneers like Ivan Pavlov and B.F. Skinner demonstrated how we learn through association and respond to rewards and punishments. The focus then expanded inward. Jean Piaget revealed the incredible stages of a child's cognitive development, while Albert Bandura proved we learn powerfully by observing others. As a counterpoint, humanists like Carl Rogers championed our innate potential for growth and self-actualisation. This journey culminated in the modern era with Daniel Kahneman and Amos Tversky, who uncovered the hidden biases that systematically shape our decisions.

The Digital Experiment

This century-long quest built an incredible foundation of knowledge, but that foundation is now the Launchpad for the field's most transformative chapter yet. Psychology has broken free from the lab, moving from simply observing human behaviour to actively designing our digital experiences. Nowhere is this new power more vivid than in the world of video games, a fact that became startlingly clear in 2005 with a now-legendary incident in the online game World of Warcraft. A virus called "Corrupted Blood," designed as a temporary challenge for powerful players inside a remote dungeon, escaped its quarantine. The game's developers overlooked a critical combination of mechanics: players could teleport to major cities while still infected, and their in-game pets could become asymptomatic carriers, spreading the disease silently.

The result was a perfect storm that digital epidemiologists and social scientists could only have dreamed of. The players' reactions were unscripted and startlingly real. Many panicked and fled to the digital countryside, inadvertently spreading the infection. Others showed great altruism, with healing characters acting as volunteer first responders. A few even turned into digital bioterrorists, intentionally contracting the plague to spread chaos. For researchers, this was a revelation: an unplanned, unfiltered look at human behaviour during a crisis that revealed more organic data than years of controlled lab studies ever could. The incident proved that virtual worlds were not just games; they were living laboratories.

While the "Corrupted Blood" incident was an accident, it permanently changed the conversation. It was the spark that alerted the scientific community to a powerful new reality: if one accidental plague could reveal so much, what could be learned by studying these digital worlds intentionally? Today, that intentional study is happening on an unimaginable scale. Every major video game has become a massive data-gathering operation, quietly logging every choice a player makes, every path they take, and every second they hesitate. This telemetry provides researchers with a constant, unfiltered stream of data on motivation and decision-making. It solves one of psychology's oldest problems: the gap between what people say they would do in a survey and what they actually do when immersed in a task. This direct window into behaviour is transforming games from mere entertainment into the largest ongoing behavioural studies in history.

Psychology in Action

The connection, however, is not just one-way. Psychologists are not only studying games; they are actively building them. The difference lies in the intent. For years, many large "Triple-A" studios have applied psychology with a focus on maximising profit, leading to systems that can feel exploitative, akin to the compulsive loops in "gacha" games. But an indie revolution revealed a fundamental truth: players resonate with genuine effort and passion. Games like Hollow Knight shook the industry because they were made with a palpable love that players wanted to be a part of. Its creators tapped into our desire for mastery and exploration, not to exploit it, but to share a journey. This lesson is being amplified by games like Clair Obscur: Expedition 33, where a small team's authentic vision has generated massive excitement. The true revolution is the triumph of connection over compulsion, proving that players don't just want to be targeted by psychology; they want to feel its warmth.

This healthier approach to psychological design, using it to connect rather than compel, is now reshaping more than just our entertainment. We see its principles in the "gamification" of everyday apps. The language-learning app Duolingo, for instance, is a prime example. It is built on a foundation of psychological principles that make learning feel rewarding. Its use of streaks, points, and leader boards creates a powerful motivation loop based on operant conditioning and variable rewards, transforming a potentially tedious task into a habit built on positive reinforcement. These are carefully designed tools to foster genuine commitment, proving that the techniques used to build compelling virtual worlds can also help us build better real-world skills.

And this practical application of psychology now extends far beyond our personal devices. Its principles are reshaping the world of work itself. In the corporate world, psychometric testing has moved from a niche tool to a standard for employee recruitment. Designed by industrial-organisational psychologists, these assessments help build more effective and harmonious teams by looking beyond résumés to measure personality and problem-solving skills. It is psychology in action, offering data-driven solutions to complex business challenges. The same consumer psychology that builds engaging games is also the blueprint for the intuitive products we love and the marketing that subtly guides our daily choices.

Beyond the Textbook

All of this gives rise to a new kind of psychologist, one who is less of an isolated academic and more of a creative collaborator. Today's experts work in lockstep with engineers, artists, and data scientists to build these complex digital worlds. This spirit of collaboration is also pushing psychology closer to other sciences, particularly neuroscience. Now, by using tools like fMRI scans to watch a player's brain light up during a tense boss battle, researchers can see the "flow state" in action. This partnership, bridging the gap between observable behaviour and biology, is making psychology more verifiable and powerful than ever, grounding our understanding of the mind in the physical reality of the brain.

Ultimately, the journey from analysing the mind to actively shaping our digital experiences is more than just a change of scenery. It is a fundamental shift in perspective. A degree in psychology is no longer about memorising theories; it is about learning a versatile toolkit for understanding and influencing human experience. It teaches you the 'why' behind the 'what' of human action, inviting us not just to be students of the human condition, but its architects. The true scope of this field is not defined by what we learn in a textbook, but by the creativity with which we apply that knowledge. Whether it is building more humane technology, designing more effective educational tools, or creating more engaging art, the principles of psychology are a universal key. For anyone looking to make an impact on the world, the lesson is clear: the challenge is to take that understanding and apply it, to build, to connect, and to create. Psychology has handed us the controller; it's our turn to shape the game. EP

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OPINION



THE JOURNEY OF **REGIONAL LANGUAGES** INTO MEDICAL CAMPUSES

Siddharth Verma

The integration of India's diverse linguistic landscape into its medical education system marks a profound and transformative milestone. It's a shift that transcends mere administrative change, representing a deep commitment to inclusivity, accessibility, and cultural connection in healthcare. This ambitious endeavor, culminating in the establishment of the country's first dedicated Hindi-medium MBBS college in Jabalpur, Madhya Pradesh, is not a sudden development but the result of centuries of linguistic activism and the tireless efforts of pioneering medical professionals. This initiative is scripting a new narrative for medical training in India, one where healing speaks every language and where the soul of care is woven into the very fabric of one's mother tongue.

From Colonial Roots to Modern Pioneers

The idea of teaching medicine in Indian languages is steeped in history. The concept first took form in 1822 with the establishment of the Native Medical Institute (NMI) in Calcutta. This pioneering institution, a beacon of intellectual rebellion against colonial academic norms, boldly began training doctors using translated medical texts in Hindustani, Persian, and Sanskrit scripts. The NMI's work was revolutionary, proving that complex scientific subjects could be taught and comprehended with academic rigor in a vernacular medium, long before the pervasive dominance of English in scientific discourse. This early groundwork laid the vocabulary and conceptual framework for a non-English scientific education.

In the modern era, this legacy has been carried forward by tireless champions. One of the most prominent is Dr. Ashok Khandelwal, the former Vice Chancellor of Madhya Pradesh Medical University. His vision and determination were instrumental in spearheading the project to translate MBBS textbooks into Hindi. The herculean effort began in 2022, when a dedicated committee of clinicians, professors, and linguists undertook the task of translating core subjects like Anatomy, Physiology, and Biochemistry for first-year MBBS students. This painstaking process, meticulously overseen by individuals with a deep understanding of both medicine and language, created a validated and scientifically accurate body of work. This monumental achievement gave the green light for the Madhya Pradesh government to formally launch the Hindi-medium program in October 2022, marking a watershed moment in the history of Indian medical education. The National Medical Commission (NMC)'s updated regulations, which officially permit bilingual instruction and assessment, provided the crucial legal framework for this national-level paradigm shift.

The Cornerstone of Accessibility and Comprehension

The most immediate and powerful benefit of this linguistic pivot is the radical enhancement of accessibility and comprehension. For millions of students from rural and marginalized backgrounds, the English-centric education system has long been a formidable barrier, stifling talent and limiting professional aspirations. By offering medical education in regional languages like Hindi, Tamil, Telugu, and Assamese, this initiative unleashes a vast, untapped reservoir of talent. For a student from a small village in Rajasthan or a tribal district in Chhattisgarh, the transition from school to a medical college is no longer fraught with the added anxiety of navigating a foreign language.

Beyond simply opening doors, this approach also profoundly improves the quality of learning. When complex biological concepts, such as the intricacies of the Krebs cycle or the subtle nuances of neural pathways, are explained in one's mother tongue, the comprehension is more intuitive and lasting. The cognitive load of simultaneously learning a new language and a complex scientific subject is removed, allowing students to focus their mental energy on genuine understanding. This deeper grasp of foundational principles fosters superior critical thinking and problem-solving skills, which are paramount for clinical practice. The results have been encouraging: reports from the initial batches in Madhya Pradesh indicate improved student performance and higher retention rates, debunking the myth that scientific excellence is exclusive to the English medium.

Societal Impact and Empathetic Care

The shift towards vernacular education is not just about better grades; it's about forging a more empathetic and effective healthcare system. A doctor who can communicate with a

patient in their own dialect is not just a medical professional but a cultural bridge. They can explain complex diagnoses and treatment plans in terms that are emotionally resonant and culturally familiar. Imagine a physician explaining a chronic illness to a farmer in his native Bhojpuri, or a surgeon reassuring a patient's family in their familiar Marathi. This simple act of speaking the same language can transform a sterile clinical interaction into one of genuine trust and empathy.

This linguistic comfort reduces patient anxiety, improves adherence to treatment protocols, and facilitates more honest and open communication about symptoms and health concerns. Medical graduates who are fluent in local languages are better equipped to serve in community clinics and rural health centers, where a large portion of the population struggles with English. They become ambassadors of holistic healthcare, capable of delivering public health education that truly resonates with the local populace. This leads to better patient outcomes and a stronger, more community-integrated healthcare system, especially in areas where healthcare disparities are most pronounced.

Navigating the Labyrinth of Challenges: A Collective Sprint

While the vision is luminous, the path is not without its formidable challenges. The first major hurdle is the complexity of terminology translation. Medical science is a discipline built on a precise lexicon, much of which is rooted in Latin and Greek. Translating these terms while maintaining their scientific accuracy and avoiding dangerous ambiguity is a herculean task. To mitigate this risk, collaborative committees of linguists, clinicians, and educationalists are meticulously working on creating a standardized medical lexicon in regional languages.

The second challenge is the urgent need for comprehensive resource development. While a few core textbooks have been translated, there remains a scarcity of up-to-date medical journals, reference books, and digital learning materials. Faculty members often find themselves in the position of having to create curricula from scratch or adapt partial translations. Furthermore, many teachers themselves were trained in English, necessitating a significant investment in their own professional development to become effective educators in a new medium. Ensuring assessment parity is another critical task. Examinations in regional languages must be on par with their English counterparts to maintain the integrity of national licensing and specialization pathways, thereby ensuring that the quality of Indian doctors remains globally competitive.

Innovative Roadmaps and Future Horizons

To overcome these challenges, universities are employing a suite of innovative strategies. Many colleges now offer bilingual instruction, allowing students to begin their journey in their native tongue and gradually build proficiency in English for future research and specialization. Digital platforms are also playing a crucial role. EdTech solutions, such as MedLern, are providing continuous learning resources for nurses and other healthcare professionals in up to eight regional languages, ensuring that the learning never stops.

The future of this movement is bright. The coming years will see an expansion of these programs beyond the MBBS curriculum to include postgraduate studies. Medical research, once confined to English-language publications, may soon begin to flourish in native tongues, with journals publishing groundbreaking findings in Hindi, Tamil, and Bengali. This visionary shift, backed by the government's unwavering support, promises to create a generation of doctors who are not just clinically skilled but also culturally competent. They will be ambassadors of holistic care, embodying the true spirit of service. This movement is a testament to India's ability to innovate by looking inward, embracing its linguistic heritage, and building a future where every child has a chance at healing.

This is not just a reform; it is a resonance of India's ethos. The shift towards regional languages in medical colleges represents a powerful leap toward a future of equitable, empathetic, and excellent healthcare. The journey is ongoing, and it is a collective sprint for faculties, students, and policymakers. As medical education finds new words for old wisdom, it will continue to script a new era where the soul of care is woven into the very fabric of every mother tongue. EP

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THE ARCHITECT OF MODERN INDIA

NITIN GADKARI

AND THE TRANSFORMATION OF INFRASTRUCTURE THROUGH SAGARMALA, PARVATMALA, AND SETU BHARATAM

Dr. Shashi Pandey

India's rapid economic growth and global integration necessitate a robust and future-ready infrastructure. Among contemporary leaders shaping this transformation, Shri Nitin Gadkari, Union Minister for Road Transport and Highways, stands out as a visionary architect of modern India. His policies and initiatives have redefined the discourse on connectivity, mobility, and logistics. Three of the flagship programmes under his leadership—Sagarmala, Parvatmala, and Setu Bharatam—are particularly significant for their long-term impact on economic development, regional integration, and social mobility.

SAGARMALA: Port-led Development for Economic Growth

With a coastline of over 7,500 kilometers, India is strategically positioned to become a maritime hub. However, for decades, this natural advantage remained underutilized. The Sagarmala Programme, introduced to leverage India's coastal potential, seeks to promote port-led industrialization and logistics efficiency.

Key Highlights:

- Development of modern and efficient ports with enhanced cargo handling capacity.
- Expansion of coastal shipping to reduce logistics costs, making exports more competitive.
- Establishment of port-proximate industrial clusters, fostering employment opportunities.
- Strengthening of India's blue economy through fisheries, shipbuilding, and coastal tourism.

Importance: Sagarmala represents a structural shift in India's trade strategy. By aligning infrastructure development with industrial growth, it directly contributes to reducing logistics costs, improving export competitiveness, and generating employment opportunities.

Parvatmala: Ropeways for Sustainable Mountain Mobility

Connectivity in hilly and mountainous regions has long been constrained by challenging terrain, fragile ecosystems, and limited road infrastructure. The Parvatmala Project (National Ropeways Development Programme) is a pioneering intervention aimed at addressing these constraints through modern ropeway networks.

Key Highlights

- Introduction of ropeway systems as safe, eco-friendly, and cost-effective transport alternatives.
- Reduction of vehicular congestion and environmental degradation in sensitive ecological zones.
- Enhanced access to remote habitations and religious/tourist destinations.
- Boost to local economies through improved connectivity and tourism inflows.

Importance: Parvatmala reflects an innovative approach to sustainable mobility. It underscores the balance between development and ecology, while also opening avenues for technological advancement in transport engineering.

Setu Bharatam: Strengthening the Road Network

Road connectivity remains a backbone of India's economy. Recognizing the significance of bridges in ensuring seamless road transport, the Setu Bharatam Project focuses on the construction of new bridges and the modernization of existing structures.

Key Highlights

- Nationwide construction of road-over-bridges and road-under-bridges to eliminate railway level crossings.
- Upgradation of dilapidated bridges for enhanced safety and efficiency.
- Strengthening rural-urban connectivity to facilitate smoother flow of goods and services.
- Contribution to accident reduction and travel time savings.

Importance: Setu Bharatam enhances the resilience and safety of the national highway network. It ensures reliable connectivity that is vital for both economic growth and social integration.

Relevance for Students and Academia

The study of these initiatives is particularly significant for students of economics, public policy, engineering, and management. They represent case studies in infrastructure planning, project implementation, and sustainable development.

Educational Value: These projects highlight the importance of integrated planning and inter-sectoral collaboration.

Career Orientation: Emerging opportunities in logistics, civil engineering, marine studies, and sustainable mobility are linked to these initiatives.

National Consciousness: Understanding these transformative projects fosters awareness among students about the role of infrastructure in shaping India's socio-economic future.

Conclusion

Through Sagarmala, Parvatmala, and Setu Bharatam, Nitin Gadkari has demonstrated that infrastructure development is not merely about construction—it is about vision, innovation, and inclusivity. These projects, while addressing India's immediate logistical challenges, are also preparing the nation for long-term global competitiveness.

For students and young scholars, engaging with these initiatives offers both intellectual insights and practical inspiration. They underscore the fact that well-conceived infrastructure policies can act as powerful instruments of nation-building. EP



ARE WE RAISING THINKERS OR FOLLOWERS?

THIS INTERNATIONAL YOUTH DAY CALLS FOR A GENERATION OF CREATIVE AND CRITICAL THINKERS

Prabhav Anand

In a world dominated by disruption, disinformation, and digital overload, the role of education is more vital than ever. Yet, as we prepare to celebrate another International Youth Day, a troubling question persists: Are our education systems genuinely raising thinkers—or simply manufacturing followers?

For decades, education has been hailed as the great equalizer, the tool to unlock opportunity, critical consciousness, and civic participation. But what we often fail to ask is what kind of minds we are cultivating in the process. Are students being taught how to think, or merely what to think? Are they encouraged to question, debate, and innovate—or expected to conform, memorize, and obey?

Across classrooms, campuses, and coaching centers, an observable pattern has emerged: the prioritization of performance over understanding, of standardization over creativity, and of compliance over curiosity. Rote learning, rigid syllabi, high-stakes testing, and reward systems focused solely on grades continue to define academic success. As a result, many young people leave school with credentials—but without confidence in their own thinking, without the courage to question systems, and without the skills to navigate ambiguity.

On the topic of whether our current education system encourages independent thinking or rewards conformity, Education reformist Mr. Kuldip Sarma, who is also Pro-Chancellor of Medhavi Skills University said, “In many parts of India’s education ecosystem today, tradition still privileges rote memorisation over curiosity. For example, while NEP 2020 aims to embrace critical thinking, recent surveys suggest that only around 30% of students actively engage in problem-solving tasks at school—highlighting the gap between policy and practice. In industry partnerships with academia, employers openly lament that young graduates can follow instructions well, but often struggle to challenge assumptions or innovate. This conformity isn’t born of laziness, it’s a survival strategy within an exam-driven system. As we push forward under the banner of Atmanirbhar Bharat, true self-reliance requires cultivating thinkers, not just followers. We need environments where students are encouraged to dissent, iterate, and rethink. Otherwise we risk producing workforce-ready graduates who aren’t world-ready innovators.”

Dr. Shivendra Mathur, Registrar and Adjunct Associate Professor, NIIT University added, “Given that the education landscape is evolving, and we are beginning to see a promising shift towards independent thinking today, following a growing demand for experiential learning, interdisciplinary curricula, and project-based approaches. However, the legacy systems that dominate the educational landscape, promote a culture where memorization is prized over exploration, and compliance often matters more than curiosity. That said, there is a growing recognition that the future belongs to original thinkers, the ones who can question, imagine, and problem-solve in diverse, dynamic environments. NIIT University is contributing to this change by embracing student-cantered pedagogies that celebrate curiosity, critical thinking, and real-world problem-solving. At NU, this vision is brought to life through deep - integrated industry partnerships, cutting-edge research opportunities, and a curriculum designed to blend academic rigour with hands-on application. This ensures that learning goes beyond textbooks, equipping students with both technical expertise and the confidence to think independently.

Classrooms are evolving into dynamic spaces where questioning is encouraged, interdisciplinary connections are explored, and innovation is nurtured. Project-based learning, design thinking, and collaborative projects are replacing passive memorization, empowering students to become agile, original thinkers.

The shift is undeniable. Educators today increasingly recognize that the future belongs to those who can adapt, innovate, and challenge the status quo, not just follow instructions. If we want a generation capable of solving complex global problems, adapting to change, and thinking beyond the obvious, we must first stop punishing them for colouring outside the lines. While systemic transformation takes time, the momentum toward a more engaging, thought-provoking education system is stronger than ever. This is an exciting era for learning, one where we are not just preparing youth for the world as it is, but equipping them to shape the world as it could be.”

Mr. Varun Dhamija, Chief Digital Strategy Officer, TimesPro said, “While India’s traditional schooling framework has long been critiqued for its emphasis on rote memorisation and high-stakes examinations, recent policy reforms are beginning to rebalance that equation. Platforms such as SWAYAM democratise access to hundreds of interactive, self-paced courses —from engineering to liberal arts—allowing learners to pursue topics outside prescribed curricula and cultivate self-directed inquiry. Meanwhile, the NEP explicitly prioritises conceptual understanding over exam-driven recall, embedding critical thinking and creativity into its core recommendations and promoting flexible, multidisciplinary pathways. The forthcoming National Digital University will further erode geographic and institutional silos by offering seamless credit mobility and a vast spectrum of electives across affiliated campuses, signalling a shift away from uniformity toward learner-centred autonomy.

This article examines the intellectual and moral consequences of such an education model. It explores how current systems, especially in developing nations, often silence independent thought rather than foster it. It also proposes a fundamental reimagining of education—one that centers critical thinking, ethical reasoning, creativity, and emotional intelligence as core competencies.

The question isn’t merely academic. In an era shaped by climate crises, AI, digital misinformation, and geopolitical tension, the next generation must be more than competent—they must be conscious. If we fail to raise thinkers now, we may be nurturing a future filled with passive consumers, uncritical citizens, and reluctant leaders.

The modern education system, in most parts of the world, was born out of the industrial age. It was designed to serve an economy that required uniformity, discipline, and compliance. The teacher stood at the front of the classroom as the sole authority, and students were expected to listen, absorb, and repeat. The model was efficient for creating workers for factories and clerks for offices—but not for creating innovators, activists, or visionaries.

Despite global progress in technology and pedagogy, this industrial-era mindset still persists. Students in many countries continue to be ranked, streamed, and judged on their ability to recall information under pressure. Teachers, often overworked and under-supported, are forced to focus more on completing the syllabus than nurturing minds. And parents, shaped by their own educational traumas, push children toward “safe” careers rather than fulfilling or intellectually stimulating ones.

This cycle creates a system where asking questions can be risky. A student who challenges a teacher, disagrees with a textbook, or expresses an unconventional opinion may be seen as rebellious or disrespectful. In some educational environments, conformity is mistaken for discipline, and obedience is mistaken for learning.

But thinking cannot be taught in silence. Critical inquiry cannot thrive in fear. And intellectual growth cannot happen when knowledge is presented as a finished product, rather than a process open to revision, reinterpretation, and doubt.

It is not uncommon today to find young people with degrees but without direction. They can pass exams but cannot analyze a news article. They can follow instructions but cannot lead a discussion. They can work hard but struggle to work smart.

The global shift toward standardized testing has exacerbated this problem. Countries compete on international education rankings like PISA (Programme for International Student Assessment), pushing schools to prioritize test scores above intellectual development. As a result, critical thinking, creativity, collaboration, and ethical judgment—skills essential for navigating the real world—are often sidelined.

Suggesting about changes how someone can help transform education into a system that nurtures creativity and critical thinking, Mr. Varun Dhamija, Chief Digital Strategy Officer, TimesPro said, "I believe that to truly transform education, we must harness AI strategically while nurturing creativity and critical thought. Policy must be paired with immersive, technology-driven pedagogy and learner-centred experiences that empower original thinking. AI-powered adaptive platforms can tailor content and feedback to each learner's strengths, lifting them beyond rote tasks and freeing them to innovate, trust their intuition and challenge assumptions. AR and VR laboratories simulate real-world scenarios, support prototyping and deepen comprehension through hands-on discovery. Project-based learning in maker spaces and biannual hackathons instils proactive problem-solving, equipping students to drive change rather than keep pace."

"The AI revolution is spawning entirely new sectors and job roles. Through executive education modules and industry-aligned micro-credentials, we at TimesPro promote continuous upskilling so that our learners can forge personalised career paths while those who follow the crowd risk being left behind by unconventional opportunities. As AI capabilities advance, cultivating ethical insights becomes paramount and learners must be ready to assess AI's societal impact, safeguard fairness and navigate moral complexities. Encouraging leadership and collaboration will see professionals introduce fresh perspectives, disrupt groupthink and inspire teams, ensuring AI amplifies human potential. Underpinning these efforts, our academia must develop proficiency in facilitation, formative assessment and digital-tool integration so that technology uplifts pedagogy. By unifying these elements, education will produce innovators who adapt, question and conceive solutions that shape tomorrow."

On that very note Mr. Kuldip Sarma added, "Transforming India's education into a creative, critical-thinking ecosystem means reimagining both curriculum and culture. Industry-academia collaborations need to go beyond internships, fostering live problem labs where students co-create solutions to real-world challenges. Research suggests that participation in such labs boosts creative thinking scores by 20%. We should also train teachers not just as knowledge transmitters, but as facilitators of inquiry, empowering them with tools to nurture curiosity, debate, and even failure. At the national level, aligning skill development under Atmanirbhar Bharat with academic frameworks, be it through micro-credentials or project-based credits can incentivise experimentation over uniformity. If we measure success not by recall but by resilience, divergence, and design thinking, we'll begin to raise thinkers who can lead India, not just technicians who follow the manual."

Dr. Shivendra Mathur of NIIT University added, "Education is undergoing an inspiring transformation - shifting from memorization to innovation, from standardization to personalization. Today's most dynamic classrooms are alive with creativity, as students solve real problems through hands-on projects, collaborative thinking, and interdisciplinary exploration. This evolution could not come at a better time. As AI handles routine tasks, education is focusing on what makes us uniquely human: creativity, emotional intelligence, and logical thinking. Teachers are becoming innovation coaches and classrooms are turning into the idea labs, and failure is being rebranded as 'learning'."

"At NIIT University, this vision is embedded into the learning model through industry-aligned projects, long-duration internships, and global research collaborations that start from the first year. Students work directly with industry experts, engage in design thinking workshops, and collaborate across disciplines, building the adaptability, innovation, and critical thinking required for the future. From design thinking workshops to global virtual collaborations, today's students are gaining precisely the skills needed to thrive in tomorrow's world. The future of education isn't just about preparing students for the world - it's about empowering them to reshape it."

Even in higher education, many students report that lectures are monologues, not dialogues. They are rarely asked to develop their own ideas, and when they are, they fear being wrong. This creates a mindset where knowledge is consumed passively, not co-created. And where failure—an essential component of learning—is avoided at all costs.

Moreover, this emphasis on academic performance can lead to a deep psychological toll. Anxiety, depression, and burnout are rising among youth globally. Many students no longer see learning as joyful or meaningful; instead, it becomes a relentless pursuit of external validation. When education is reduced to a rat race, we should not be surprised when students emerge from it feeling directionless or disillusioned.

The danger of raising followers is not merely individual; it is societal. When we do not train people to think critically, we leave them vulnerable to manipulation. We see this today in the widespread dissemination of misinformation, in the growing appeal of authoritarian ideologies, and in the passive acceptance of unjust systems.

A society of followers is easier to govern, but harder to transform. It lacks the moral and intellectual muscle to challenge corruption, resist dogma, or reimagine alternatives. In contrast, societies that value dissent, debate, and diversity of thought tend to be more resilient, more just, and more innovative.

Education, therefore, is not just about economic productivity—it is about democratic integrity. It is about whether future citizens will have the courage to say no when everyone else says yes, to defend truth in an age of propaganda, and to think for themselves even when it is inconvenient.

Yet, despite these challenges, there is hope. Around the world, educators, institutions, and youth themselves are pushing back against traditional norms and reimagining what learning can look like.

Progressive schools are experimenting with inquiry-based learning, where students begin with questions rather than answers. Universities are offering interdisciplinary programs that blur the boundaries between science, arts, and philosophy. EdTech platforms are providing access to global perspectives and allowing students to learn at their own pace.

Perhaps most inspiring is the rise of youth-led movements—on climate change, gender justice, political reform, and mental health. These young leaders may not always come from elite institutions, but they think independently, speak fearlessly, and act with purpose. They are not waiting to be taught how to think; they are already thinking critically about the world and seeking to change it.

To build a future filled with thinkers, not followers, we must undertake structural reforms. These include:

- Redesigning curricula to emphasize critical thinking, ethics, creativity, and collaboration alongside core academic subjects.
- Training educators not just to deliver content, but to facilitate inquiry, encourage dissent, and create psychologically safe classrooms.
- Reducing the weight of standardized testing in evaluating student worth, and promoting alternative forms of assessment such as portfolios, presentations, and project-based learning.
- Involving students in decision-making, giving them a voice in how they learn, what they learn, and why they learn.
- Encouraging failure as a learning process, and fostering resilience, self-awareness, and adaptability as key outcomes of education.

These shifts require political will, cultural change, and sustained investment. But they are not utopian. Several countries and communities have already begun implementing such models—with measurable success.

Finland, for instance, has moved away from standardized testing and toward holistic, student-centered learning. In India, alternative schools like Rishi Valley and Riverside have been pioneering experiential and values-based education for decades. In South Korea, initiatives are underway to reduce academic stress and foster creativity. These examples show that change is not only possible—it is already happening.

But educational reform cannot be left only to policymakers or institutions. Parents, too, must reconsider what success looks like. Is it better for a child to be obedient and high-scoring, or curious and courageous? Employers must reward original thinking, not just academic pedigree. Media must promote stories of intellectual integrity, not just celebrity success. And youth themselves must resist the temptation of easy answers, and instead embrace the difficult, beautiful work of thinking.

The future is not a place we inherit; it is a place we shape. And shaping it will require young people who are not content to follow the path laid before them, but who dare to question it, reroute it, or even build a new one.

As we mark International Youth Day, we must look beyond the speeches and slogans. We must ask ourselves—honestly and urgently—whether we are giving our youth the tools to think freely, act wisely, and lead boldly. Are we inspiring them to imagine better worlds, or conditioning them to survive in a broken one? Are we building schools that ignite questions, or factories that suppress them?

The stakes could not be higher. In an age where climate change threatens life, AI challenges humanity, and division fractures societies, passive knowledge is not enough. We need engaged thinkers. We need active citizens. We need conscious creators.

The call is clear, and the time is now. We must rethink education not as a system of instruction, but as a process of awakening. Only then will we raise a generation not of followers, but of leaders of thought, custodians of truth, and architects of a more just and thoughtful world.



THE COACHING CITY

KOTA, CHENNAI, DELHI

AND THE MAKING OF A MEDICAL ASPIRANT

Prabhav Anand

Every year, as summer heat settles across India, thousands of teenagers pack their bags and move away from home—not for a vacation, but to chase a dream that has consumed their families for years. The dream of wearing a white coat, of being called "doctor," of securing a place in one of the most competitive and respected professions in the country. Cities like Kota, Chennai, Delhi, and even small hubs across Bihar and Andhra Pradesh turn into pressure cookers of ambition, where young lives revolve around coaching classes, mock tests, and the relentless countdown to NEET.

For many, these cities are not just destinations but crucibles, shaping who they will become. Here, teenage friendships are forged in cramped hostels, meals are eaten in hurried mess halls, and evenings are spent poring over biology notes instead of cricket matches. But beneath the surface of this relentless pursuit lies a darker story: anxiety, exhaustion, the crushing fear of failure, and in tragic cases, lives cut short before they even begin. This is the story of India's coaching cities—factories of hope and heartbreak—where the making of a medical aspirant is not just about clearing an exam, but about surviving the journey itself.

The Magnet of Kota

Kota, a city once known for its industries, has in the past two decades transformed into the country's biggest coaching hub. Walk through the streets and you'll see giant hoardings of toppers smiling down on you, promising that the next "All India Ranker" could be you. The city breathes coaching—it thrives on it. From hostels and PG accommodations to tiffin services and stationary shops, the entire economy is built around the thousands of teenagers who arrive here each year.

Rahul, a 17-year-old from Jharkhand, describes his first day in Kota with a nervous laugh. "It felt like entering a different world. Everywhere you looked, kids were carrying thick biology books, talking about physics problems, or rushing to class. You suddenly realize you're not special—you're just one among lakhs." His parents sold a piece of ancestral land to fund his two-year coaching, hoping he would succeed where many in their family had not even dared to dream.

But the magnetism of Kota is double-edged. The city has become synonymous not just with ambition but also with mental health crises. According to reports, in 2023 alone, nearly 26 students in Kota died by suicide. Behind every statistic is a young life that buckled under the weight of expectation. Teachers here acknowledge the pressure but defend the system. One faculty member at a leading institute said, "We try to motivate, but the competition is real. The pressure is not just created here—it comes from society, from parents, from the dream of becoming a doctor that every family has."

Chennai and the Southern Model

If Kota is the face of India's coaching industry, Chennai represents a different but equally intense world. Tamil Nadu, long known for opposing NEET, has become a paradox. Despite state resistance, families here invest heavily in coaching, especially in the city's well-known institutes. Unlike Kota, where the atmosphere is overtly commercial, in Chennai the culture is more academic, with schools and coaching centers often tied together.

Priya, an 18-year-old from Madurai, recalls, "I used to wake up at 4 am to attend online test series from Chennai while still living at home. When I finally moved here, it felt like I had joined an army camp. Classes, tests, doubt sessions—it's non-stop. Sometimes I don't even know if I'm studying to become a doctor or just to survive the next mock exam."

Here, the debate around NEET has taken on political tones, with the state government repeatedly arguing that the exam disadvantages rural and underprivileged students. Yet, coaching institutes continue to flourish, because parents are unwilling to take chances. The contradiction is glaring: while policymakers argue about fairness, families are forced into a system that demands more money, more time, and more emotional investment.

Delhi: The Capital of Coaching Dreams

In Delhi's bustling neighborhoods of Mukherjee Nagar and South Extension, coaching classes thrive in multi-story buildings plastered with posters of past toppers. The capital city offers not just coaching but also a sense of prestige—studying here often feels like being at the center of opportunity.

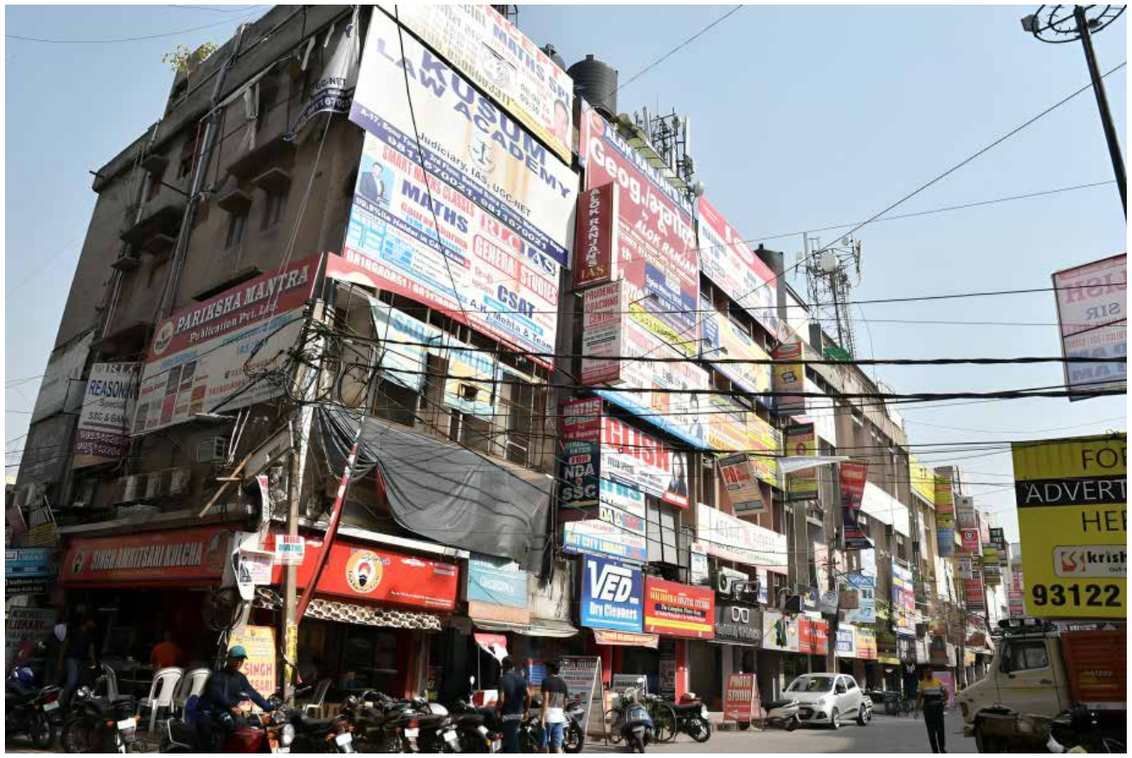
But for students, the grind is the same. Long classes, endless notes, and the constant feeling of being measured against others. One parent, who moved from Kanpur to Delhi for her daughter's NEET preparation, confesses, "We spend more than a lakh every year just on coaching fees, not counting rent and food. Sometimes I wonder if it's worth it, but then I think—if we don't give her this chance, what kind of parents are we?"

Delhi also adds another layer of distraction—big city temptations. While Kota and Chennai are tightly focused on academics, Delhi offers exposure to cultural life, social media buzz, and peer competition in different ways. For many students, this mix of opportunity and distraction makes the journey even more complicated.

The Hidden Cost of Coaching

What rarely gets spoken about is the sheer financial and emotional toll that these coaching journeys take. For middle-class families, sending a child to Kota or Chennai is not just an academic decision—it is a gamble with their savings. Families often borrow money, mortgage property, or cut down on every other expense to fund coaching fees that can run from ₹1.5 to ₹5 lakh per year.

But money is only one part of the cost. The emotional distance between children and families grows. Parents live with constant anxiety about their child's performance, while students battle loneliness in unfamiliar cities. Dr. Rachna Sharma, a clinical psychologist who has worked with coaching students, explains, "At 16 or 17, these kids are still developing emotionally. Suddenly, they are thrown into an environment where their entire identity depends on marks. The fear of failure is magnified, and it often leads to anxiety, depression, or worse."



Success and Survival

Of course, not all stories are bleak. For many, the coaching city becomes a place of growth, resilience, and eventual triumph. Stories of students from remote villages cracking NEET and securing seats in AIIMS or other top medical colleges are celebrated across the country. These success stories fuel the industry, appearing in glossy advertisements and inspirational posters.

Yet, even toppers admit the cost. As one NEET qualifier from Kota shared after securing an AIIMS seat, "Yes, I made it, but I lost two years of my youth. I missed weddings, festivals, even small family moments. It feels like you put your life on hold to win this one battle."

A System in Question

The rise of coaching cities raises uncomfortable questions about the way India has structured medical education. If becoming a doctor requires years of specialized coaching outside school, what does that say about our school system? If the cost of entry is lakhs of rupees in coaching, what does that mean for students from poor families?

Critics argue that coaching has become not just an option but a necessity. And this necessity has created inequalities—urban over rural, rich over poor, English-medium over vernacular students. Policymakers often promise reforms, but the reality on the ground shows little change. The system continues to rely heavily on one exam, one shot, one chance.

In the end, the story of coaching cities is not just about exams or institutions—it is about the human cost of a national obsession. Every student sitting in a cramped hostel room with their head bent over biology notes carries not just their own dream but the dreams of an entire family. Every failure feels like a family tragedy, every success like a collective victory.

The coaching city is a paradox: a place where futures are built and childhoods are often lost, where ambition drives hope but also fuels despair, where the making of a doctor begins long before the first stethoscope is ever placed around the neck.

And perhaps the bigger question we must ask is this: should becoming a doctor in India really require surviving the emotional and financial storm of Kota, Chennai, or Delhi? Or can we imagine a future where medical education is accessible, humane, and built to nurture healers rather than just toppers? EP

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FUTURE DOCTORS, FUTURE INDIA
HOW MEDICAL TRAINING IS CHANGING

Prabhav Anand

When you walk into a medical classroom today, it no longer looks like the ones from decades ago where rows of students sat passively taking notes while professors dictated from yellowed textbooks. Instead, you might find small groups of students huddled around a computer screen, working through virtual anatomy software. You might see a simulation lab where a mannequin "patient" is hooked to machines, testing how students respond to a cardiac arrest. Or you might even hear a conversation about artificial intelligence and how it can help in diagnosing diseases that once required years of clinical expertise.

Medical education in India is quietly but steadily changing. The shift from rote learning to competency-based learning, the infusion of digital tools, and the growing exposure to global practices are reshaping how future doctors are trained. Yet, the transition is not without its challenges—limited infrastructure, uneven access across colleges, and the constant tug-of-war between tradition and innovation. As India produces more medical graduates than ever before, the real question is not just how many doctors we train, but how well we prepare them for a future where healthcare will be more complex, more technological, and more patient-centered than ever before.

For decades, Indian medical education followed a model that many students jokingly referred to as "read, reproduce, and forget." Success was measured by the ability to memorize thick tomes of anatomy, physiology, and pharmacology, and reproduce them in examinations with near photographic accuracy. Clinical exposure often came late in the course, and the transition from theory to practice was abrupt and overwhelming. This created a system where young doctors were highly knowledgeable on paper but often underconfident when facing a real patient.

The introduction of the Competency-Based Medical Education (CBME) curriculum in 2019 was designed to change this. Instead of focusing solely on rote memorization, CBME emphasizes skills, attitudes, and communication alongside knowledge. Students are now encouraged to interact with patients from the very first year, to learn not just about diseases but about the human beings behind them. A professor at AIIMS Delhi explained, "The goal is no longer just to create doctors who can pass exams, but to create doctors who can communicate, who can show empathy, who can handle the complexity of modern medicine."

For students, this shift has been both liberating and challenging. Raghav, a second-year MBBS student in Lucknow, said, "Earlier seniors told us to just mug up Robbins Pathology and Guyton Physiology. Now our teachers want us to discuss cases, think critically, and sometimes even challenge what's in the textbook. It's exciting but also confusing, because not every college has the same resources to make this curriculum work." His words point to a central paradox—the curriculum may have changed on paper, but its implementation remains uneven across India's vast network of medical colleges.

One of the biggest drivers of change has been technology. The pandemic accelerated digital adoption in ways few had imagined. Online lectures, telemedicine demonstrations, and even virtual reality-based anatomy sessions became commonplace. While many students initially struggled with connectivity and access issues, they also discovered the potential of technology to democratize knowledge. A student in Bihar could now attend a guest lecture from a Harvard professor on cardiology, or a student in Kerala could access a simulation app that mimicked complex surgeries.

Simulation labs are another area of growth. Instead of learning to insert IV lines or practice resuscitation directly on patients, students now have access to mannequins and virtual setups. These controlled environments allow them to make mistakes without harming anyone, and to repeat procedures until they gain confidence. As one medical educator in Bengaluru put it, "Medicine is too important to be learned only by trial and error on real patients. Simulation ensures that by the time students reach the wards, they already have some muscle memory of what to do."

Artificial intelligence and data-driven medicine are slowly entering classrooms too. While it may still sound futuristic in many colleges, the reality is that AI-driven diagnostic tools, predictive analytics, and digital health platforms will be part of tomorrow's healthcare system. Some progressive institutions have already introduced modules on digital health, preparing students to integrate technology into their future practice. The challenge, however, lies in ensuring that this does not remain limited to elite institutions but becomes accessible across the board.

But the modernization of medical education is not only about technology—it is also about values. There is a growing recognition that India needs doctors who are not just technically competent but also humane. The pandemic starkly revealed this need, as doctors became not just healers but also counselors, often being the last point of contact for patients separated from their families. Medical schools are beginning to incorporate communication skills, ethics, and empathy into their training. In a medical humanities class in Pune, students recently staged short plays on doctor-patient interactions gone wrong, and then discussed how better communication could have changed outcomes. It was a far cry from the dry lectures of the past, and for many students, it was the first time they truly saw themselves as future caregivers rather than just future professionals.



The government's expansion of AIIMS institutions and new medical colleges across states is another step toward widening access. In theory, more seats mean more doctors, addressing India's chronic shortage. But increasing quantity must go hand in hand with ensuring quality. A senior faculty member at a government college in Madhya Pradesh remarked, "We can build buildings and announce seats, but without enough qualified teachers, labs, or hospitals attached, we risk producing graduates who hold a degree but lack the skills. The real reform has to be in faculty development and infrastructure, not just in numbers."

Still, there is optimism in the air. India's young medical students are among the most resilient in the world. They have weathered the intense competition of NEET, the disruptions of a pandemic, and the uncertainties of a system in transition. Many are already embracing global opportunities, engaging in research, participating in international collaborations, and bringing back ideas that enrich Indian institutions.

A final-year student in Hyderabad summed it up well: "We know our system is not perfect. Sometimes we don't have the best labs or enough faculty. But we also know that being a doctor in India means learning to adapt, to innovate, to make do with limited resources. If we can combine that resilience with new training methods and technology, we'll be ready for the future."

As India looks ahead, the landscape of medical education will continue to evolve. The next decade will likely see more integration of digital health, more emphasis on preventive care, and perhaps even new models of training that blend online and offline learning. But the heart of the matter will remain the same: producing doctors who are competent, compassionate, and capable of meeting the unique challenges of Indian healthcare.

The stethoscope may remain the symbol of the doctor, but tomorrow's healers will also carry tablets, access cloud databases, and collaborate across continents. The white coat will still inspire trust, but behind it will be doctors trained not only to diagnose and treat, but also to listen, to empathize, and to lead.

The transformation of medical education in India is far from complete, but it has begun. And in classrooms, labs, and hospitals across the country, the future of Indian healthcare is quietly taking shape—one student, one lesson, and one innovation at a time. EP

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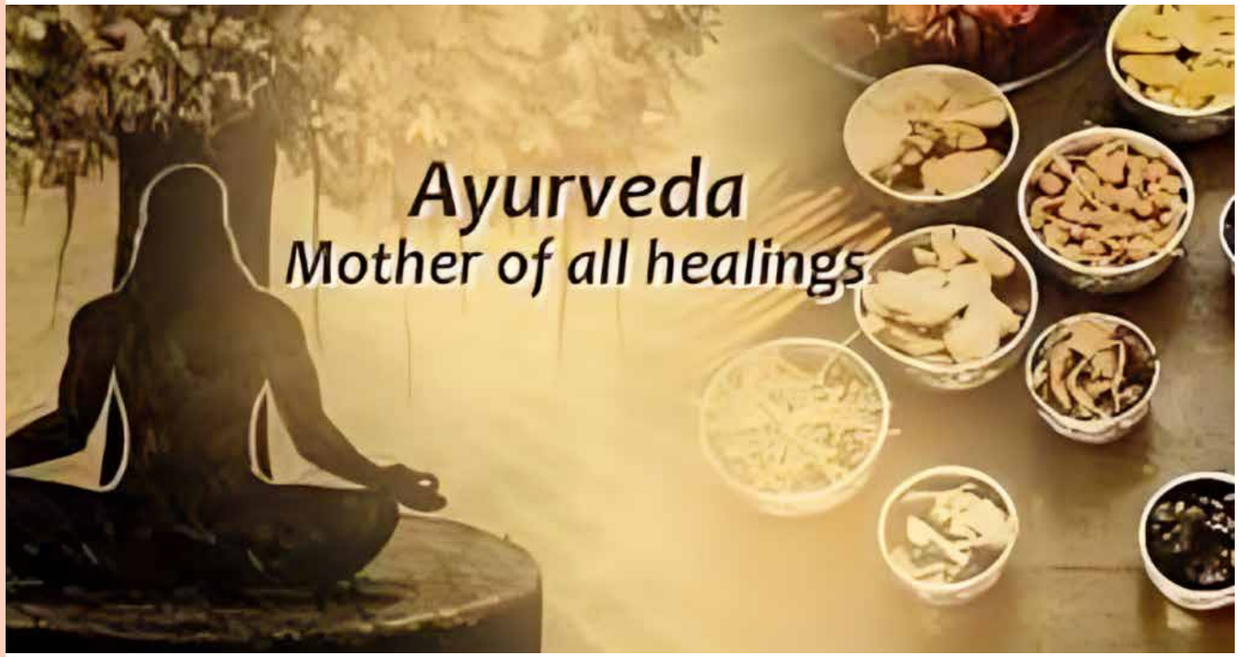
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SCAN



THE COMEBACK OF AYURVEDA

ANCIENT WISDOM IN A MODERN WORLD

Pragya Kumari

Life (ayu) is the combination (samyoga) of body, senses, mind and reincarnating soul. Ayurveda is the most sacred science of life, beneficial to humans both in this world and the world beyond.

— Charaka Samhita, Sutrasthana, 1.42-43.

As more people seek natural remedies and holistic wellness, Ayurveda is enjoying a revival, offering timeless guidance for inner balance and harmony, Pragya Kumari reports.

For thousands of years, Ayurveda has guided the way people in India approached health and well-being. The name itself comes from the Sanskrit words *"Ayus"* (life) and "Veda" (knowledge), meaning the ***"science of life."***

More than just a system of medicine, Ayurveda is a philosophy that sees health as a balance between body, mind, and spirit.

For centuries it was the primary form of healthcare across South Asia, detailed in classical texts such as Charaka Samhita and Sushruta Samhita.

As modern medicine advanced and Western systems became dominant, Ayurveda slipped into the background.

Now, in a striking turn, it is returning to the spotlight. Around the world, people are once again turning to Ayurvedic principles, herbs, and practices in search of natural healing and preventive care.

This revival is not simply about nostalgia or cultural pride. It reflects a broader desire for wellness solutions that feel holistic, sustainable, and closer to nature.

Ancient wisdom, modern relevance

At the heart of Ayurveda lies the belief that every individual has a unique constitution shaped by the three *"Doshas,"* i.e., *"Vata," "Pitta,"* and *"Kapha."* Maintaining balance among these forces is seen as key to preventing illness and promoting vitality.

Unlike modern systems that often focus on specific diseases, Ayurveda emphasizes diet, daily routines, seasonal adjustments, and harmony with nature as essential tools for staying healthy.

What makes this ancient wisdom relevant today is the modern health crisis itself. Lifestyle disorders such as diabetes, hypertension, obesity, and stress-related illnesses are now among the leading global health concerns.

Modern medicine excels at acute care, surgery, and lifesaving drugs, but it often struggles to offer long-term answers for conditions linked to lifestyle. Ayurveda, with its focus on preventive care and root causes, fills that gap.

The world is looking back

Several forces have brought Ayurveda back into global discussions. The natural healing movement, with its preference for plant-based diets, herbal supplements, and organic living, fits seamlessly with Ayurvedic principles.

In Western countries, once skeptical of traditional systems, turmeric lattes, *"Ashwagandha"* supplements, and oil-pulling routines have become everyday health trends.

The popularity of yoga and meditation has also played a role. Both grew out of the same philosophical tradition as Ayurveda, and as yoga practitioners explored its deeper roots, they encountered Ayurvedic diet, detox therapies, and holistic routines.

At the same time, scientific studies have started confirming what practitioners have long claimed. Herbs like ***"Tulsi," "Giloy,"*** and ***"Turmeric"*** carry measurable benefits for immunity, inflammation, and mental health.

The COVID-19 pandemic further accelerated this trend. With no immediate cure in sight, people turned to preventive care and immunity-boosting remedies.

Ayurvedic practices such as drinking herbal decoctions, consuming "Chawanprash," or following seasonal diets gained renewed popularity not only in India but across the world.

Ayurveda in daily life

What sets Ayurveda apart from many traditional systems is how seamlessly it can fit into daily routines. People are adopting Ayurvedic principles in ways both small and profound.

A morning ritual might include warm water with lemon and ginger, tongue scraping, and yoga stretches. Diet plans based on body type encourage seasonal fruits, whole grains, and spices that improve digestion.

"Golden milk," once a grandmother's home remedy, has now become a wellness trend in global cafés.

Ayurvedic skincare and beauty routines have also entered the mainstream. Oils like "Neem," "Coconut," and "Sandalwood" are promoted as safe and natural alternatives to chemical-based cosmetics.

Therapies such as *"Panchakarma," "Abhyanga"* (oil massage), and *"Shirodhara"* (oil poured on the forehead) are attracting wellness tourists to Indian retreats. In all these ways, Ayurveda is moving from ancient texts to everyday lifestyles.

Challenges on the path

For all its promise, Ayurveda faces challenges as it steps back into the mainstream. One major issue is the need for standardization.

Unlike modern medicine, which is based on fixed dosages and controlled trials, Ayurvedic remedies are often personalized and vary in preparation.

While this individualization is a strength, it can create trust issues in mass markets where consistency and regulation matter.

Another challenge is evidence. Though research on Ayurvedic herbs is growing, the system as a whole still requires more peer-reviewed studies to convince skeptics.

There are also concerns about commercialization. As Ayurveda becomes a billion-dollar industry, the market is flooded with products making exaggerated claims, risking the reputation of authentic practices.

Integration with modern healthcare is another hurdle. Too often, Ayurveda and allopathy are seen as rivals, when in reality they could complement each other.

Emergencies and acute conditions require modern interventions, but preventive care and long-term wellness can benefit from Ayurvedic principles.



A truly integrated system would give patients the best of both worlds.

A global revival

Governments and institutions are recognizing this potential. In India, the Ministry of AYUSH has been actively promoting research, education, and clinical practice of Ayurveda.

Universities are training a new generation of practitioners, and Ayurvedic hospitals are expanding alongside allopathic ones.

The World Health Organization has acknowledged the role of traditional medicine and is working toward standardizing practices globally.

Beyond policy, the revival of Ayurveda is visible in wellness tourism. States like Kerala have built a reputation for authentic Ayurvedic retreats, drawing travelers from Europe, the Middle East, and North America.

Here, people not only experience therapies but also learn the daily habits that form the essence of this tradition. The appeal is clear: "Ayurveda does not just treat disease; it offers a philosophy of living."

Returning to balance

What makes Ayurveda's revival so powerful is that it speaks directly to the anxieties of modern life. In an era of speed, stress, and disconnection from nature, Ayurveda's message is deceptively simple.

Health is balance. It reminds us that food is medicine, that sleep and routine matter, and that mental well-being is inseparable from physical health.

For someone struggling with sleepless nights, digestive troubles, or anxiety, Ayurveda offers not a quick pill but a new way of living.

Slowing down, eating mindfully, breathing deeply, and respecting natural cycles are central to this philosophy.

In this sense, the return to Ayurveda is not a rejection of modern progress but a rediscovery of timeless wisdom.

The Takeaway

The revival of Ayurveda is a sign that the world is ready for more than just treatment. It is ready for prevention, balance, and sustainable living.

This return to tradition is not about abandoning modern medicine, whose contributions remain vital, but about complementing it with practices that nurture long-term wellness.

From herbal teas in global supermarkets to Ayurvedic retreats in Indian backwaters, the reach of this ancient science is growing wider than ever before.

As the world rediscovers Ayurveda, it becomes clear that sometimes the best way forward is to look back. EP





WHEN ASPIRATIONS KNOW NO BORDERS

MORE INDIAN STUDENTS CONSIDER MBBS ABROAD AMID LIMITED SEATS AND SOARING FEES

Fatima Z Hasan

Rising competition for scarce MBBS seats and steep tuition costs in India are driving students to explore medical programs overseas, where affordable fees, globally recognized curricula, and diverse clinical exposure make international education an increasingly viable option, writes Fatima Zohra Hasan.

An increasing number of Indian students are turning to foreign universities for medical education as domestic hurdles, particularly limited MBBS seats and steep private college fees continue to make studying medicine in India a challenging prospect.

Over 23 lakh students appeared for the NEET-UG exam this year, competing for just around 1.09 lakh MBBS seats available in India. Of these, roughly 55,000 are in government colleges, while the rest fall under the private sector, where tuition can cost anywhere from ₹50 lakh to ₹1 crore.

For many families, this makes medical education at home financially unfeasible. With fierce competition for limited medical seats and skyrocketing tuition fees in India, many aspiring doctors are looking beyond national borders for their MBBS education. Studying abroad offers not only affordability but also internationally recognized degrees and diverse clinical exposure.

The Philippines has emerged as an especially attractive destination, now offering 14-day visa-free entry to Indian citizens. This change has made it easier for students and their families to explore campuses, complete admission procedures, and settle in without bureaucratic delays.

With more than 2,500 Indian students enrolling each year, the Philippines is now among the top five choices for Indian medical aspirants.

Other foreign medical universities, particularly in Russia, China, Ukraine, Kyrgyzstan, Kazakhstan, and Guyana, offer MBBS degrees at a significantly lower cost, typically between ₹15 lakh and ₹35 lakh for the full course.

These institutions also admit students based on their NEET qualification and Class 12 results, with no requirement for large donations or capitation fees, which are common in India's private colleges.

Few of the countries that have emerged as preferred destinations for medical education abroad are:

1. Philippines

The Philippines has become a popular destination for Indian medical aspirants, with over 2,500 students enrolling each year. The country offers 14-day visa-free entry for Indian citizens, simplifying the admission process.

2. Russia

Russia is home to numerous medical universities that provide quality education at affordable rates. The country has a significant number of Indian students pursuing MBBS, making it a familiar choice for many.

3. China

China offers a variety of medical programs with English-medium instruction, attracting Indian students seeking cost-effective education.

4. Ukraine

Despite recent geopolitical challenges, Ukraine has been a preferred destination due to its established medical institutions and reasonable tuition fees.

5. Kyrgyzstan and Kazakhstan

These Central Asian countries provide affordable medical education with English-taught programs, appealing to Indian students.

6. Guyana

Guyana offers medical degrees with international recognition, following US-based syllabi, and is increasingly becoming a choice for Indian students.

The appeal of international universities also lies in their infrastructure, globally relevant curricula, and exposure to multicultural clinical environments. Some universities, like those in Guyana, even follow US-based syllabi and offer degrees with international recognition.

However, Indian students who pursue their MBBS abroad must pass the Foreign Medical Graduates Examination (FMGE) upon returning to India to be eligible to practise.

Despite the growing number of students appearing for the FMGE rising from around 6,000 in 2009 to over 21,000 in 2018 pass rates remain below 20%, highlighting the importance of choosing credible institutions.

Why Indian Students Are Choosing MBBS Abroad

1. Intense Competition for MBBS Seats:

Over the past few years, India has seen more than 20 lakh students appearing for the NEET-UG exam annually, competing for roughly 1.09 lakh MBBS seats. This trend, reported by the National Testing Agency (NTA), highlights the persistent shortage of medical seats in government and private colleges.

2. High Tuition Fees and Capitation in Private Colleges:

Private medical colleges in India often charge between ₹50 lakh and ₹1 crore, according to the All India Council for Technical Education (AICTE) annual report 2024, making medical education financially inaccessible for many middle-class families.

3. Affordable and Accessible Programs Abroad

Countries like Russia, China, Ukraine, Kyrgyzstan, Kazakhstan, the Philippines, and Guyana offer MBBS programs at ₹15–35 lakh, based on reports from the World Directory of Medical Schools (WHO/FAIMER). Admissions are largely NEET-based, without requiring donations or capitation fees.

4. International Recognition of Degrees:

Many foreign universities are listed in WHO's global directory and recognized by the National Medical Commission (NMC), allowing graduates to practice in India after clearing the Foreign Medical Graduates Examination (FMGE).

5. Modern Infrastructure and Clinical Exposure:

According to the Study in Russia and Philippines government education portals, international universities provide advanced hospital facilities, exposure to diverse patient populations, and English-medium instruction, which can be limited in many Indian medical colleges.

6. Simplified Admission and Visa Processes:

The Philippine Department of Education reports that Indian students can enter the country visa-free for 14 days, making campus visits, admissions, and initial settling much easier.

7. Long-Term Career Opportunities:

Graduates from abroad may pursue USMLE (United States) or PLAB (UK) exams, expanding career and specialization opportunities internationally, as noted by the Educational Commission for Foreign Medical Graduates (ECFMG).

According to career consultants, students and parents are advised to thoroughly research a university's recognition status, licensing outcomes, and quality of clinical training before committing to an overseas program.

With approximately 30,000 to 40,000 students heading abroad each year to pursue medical education, the trend underscores a pressing need for more accessible, affordable medical seats within India to curb the outbound rush. EP

MONTHLY DIGEST



Centre Expands PM SHRI Scheme to 10,000 More Schools

The Union Cabinet approved the expansion of the PM SHRI schools scheme, adding 10,000 new schools nationwide. These institutions will serve as model schools under the NEP 2020 framework, focusing on modern pedagogy, technology integration, and skill development.



IIT Madras Launches India's First Space Tech Innovation Hub

IIT Madras inaugurated the country's first dedicated Space Technology Innovation Hub. Backed by ISRO, the hub will support start-ups and students working on satellites, propulsion, and space-based applications, strengthening India's position in the global space economy.

NCERT Introduces AI and Robotics in School Curriculum



The NCERT announced the inclusion of Artificial Intelligence and Robotics modules for Classes 6–12. The move is designed to align school education with future skills and prepare students for careers in emerging technology fields.



NMC Makes Rural Internship Mandatory for MBBS Students

The National Medical Commission (NMC) announced that all MBBS students must undergo a three-month rural internship. This decision aims to address rural healthcare shortages and expose students to grassroots medical challenges.



India-UK Agreement on Joint Degree Programs

India and the UK signed an agreement enabling joint and dual degree programs between universities. The initiative will simplify student mobility, encourage research collaborations, and offer students wider international learning opportunities.



AICTE Expands Women in STEM Scholarships

AICTE has expanded its scholarship program for female students pursuing science, technology, engineering, and mathematics (STEM). The scheme now covers over 10,000 students annually, providing financial assistance and mentorship for career development.

MONTHLY DIGEST



Centre Approves National Credit Framework Implementation

The Ministry of Education has rolled out the National Credit Framework across higher education institutions. Students can now earn and transfer credits for academic and skill-based courses, providing flexibility and recognition of diverse learning pathways.



CBSE Announces Skill Subjects for Classes 9–12

CBSE has introduced new skill-based subjects, including renewable energy, drone technology, and digital marketing, for secondary classes. The step aims to integrate employable skills with academics and align education with market demands.



UGC Notifies New Guidelines for International Branch Campuses

The University Grants Commission (UGC) has issued guidelines for foreign universities setting up campuses in India. Provisions include academic autonomy, quality checks, and fee regulations, aimed at making India a global education hub.

Delhi Government Introduces AI Curriculum in All Schools

Delhi Education Department announced the rollout of AI curriculum across government schools for Classes 8–12. Teachers are being trained with industry support to deliver practical knowledge on coding, machine learning, and AI ethics.



Kerala Introduces Coding from Class 1

Kerala has become the first state to introduce mandatory coding lessons from Class 1. The curriculum includes block-based programming and problem-solving exercises, helping children develop computational thinking from an early age.

MONTHLY DIGEST

NIOS Launches Online Degree Programs

The National Institute of Open Schooling (NIOS) has started online degree programs for students unable to attend regular college. Courses include B.Com and BA with flexible schedules, enhancing access to higher education.

New Policy for Ed-Tech Regulations Finalized

The Centre finalized a framework to regulate ed-tech platforms, mandating transparent fee structures, protection against predatory practices, and quality control of online courses. The policy aims to safeguard students and parents in the booming ed-tech sector.

IIT Bombay Partners with Tata Steel on Green Hydrogen Research

IIT Bombay signed an MoU with Tata Steel to advance research in green hydrogen. The collaboration will develop technologies to decarbonize steel production and involve students in applied research and industrial innovation.

National School Nutrition Survey Report Released

The Education Ministry released the National School Nutrition Survey highlighting concerns about malnutrition. Findings revealed disparities in mid-day meal access, prompting the government to revise the meal schemes for better coverage and nutritional quality.

New IIT in Assam Receives Cabinet Approval

The Union Cabinet approved the establishment of a new IIT in Assam, focusing on renewable energy and sustainable technologies. This move is expected to boost higher education access in the Northeast and create local opportunities.

AIIMS, IIM Joint Healthcare Management Program Launched

AIIMS Delhi and IIM Ahmedabad have launched a joint postgraduate program in healthcare management. The course aims to develop leaders for India's rapidly expanding healthcare sector by blending medical knowledge with managerial expertise.

Scholarships for Tribal Students Expanded Nationwide

The Ministry of Tribal Affairs expanded its scholarship scheme to cover 5 lakh tribal students pursuing higher education. The initiative will fund tuition fees, accommodation, and books to improve representation in professional courses.

Digital University of India to Begin Admissions 2026

The Ministry of Education announced that the Digital University of India will commence admissions in 2026. Offering online, flexible, and personalized courses, the university will integrate AI-driven platforms to enhance learning experiences.

J&K Schools to Introduce Bilingual Curriculum

The Jammu and Kashmir administration has approved a bilingual curriculum (English-Urdu) across schools. This reform aims to promote inclusivity, preserve cultural identity, and improve language proficiency among students.

Sources: Ministry of Education releases, UGC/AICTE circulars, The Hindu (Education Weekly), Indian Express Education, Hindustan Times Education, Times of India, PIB.

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ALL INDIA RANK* (Based on Survey, Perception & Secondary Research)	NAME OF THE INSTITUTE	CITY	STATE	STATE RANK	ZONE	ZONE RANK		TEACHING LEARNING RESOURCE & PEDAGOGY (TLRP)	RESEARCH OUTPUT (RO)	INNOVATIVE MEDICAL INFRASTRUCTURE	SOCIAL INCLUSION	FUTURE ORIENTATION	EXTERNAL PERCEPTION	OVERALL INDEX SCORE
1	All India Institute of Medical Sciences, New Delhi	New Delhi	Delhi	1	North	1		163.83	161.67	157.33	157.5	157.33	158.67	**960.21**
2	Christian Medical College	Vellore	Tamil Nadu	1	South	1		163	161.35	157.18	156.78	156.43	158.33	**957.02**
3	Postgraduate Institute of Medical Education and Research	Chandigarh	Chandigarh	1	North	2		163.33	161.2	156.33	156	154.33	158.17	**954.38**
4	National Institute of Mental Health & Neuro Sciences	Bengaluru	Karnataka	1	South	2		163.13	160.72	155.87	155.38	153.88	157.77	**951.83**
5	Jawaharlal Institute of Postgraduate Medical Education and Research	Puducherry	Puducherry	1	South	3		162.33	159.73	154.8	154.67	153.33	156.78	**946.6**
6	Pt. B. D. Sharma Post Graduate Institute of Medical Sciences, Rohtak	Rohtak	Haryana	1	North	3		159.67	161.5	154.18	154.17	153.05	156.55	**943.42**
7	Madras Medical College and Hospital	Chennai	Tamil Nadu	2	South	4		158.33	161.67	153.72	153.82	152.67	155.33	**940**
8	King George's Medical University	Lucknow	Uttar Pradesh	1	North	4		158.07	160.67	153.33	153.58	152.38	155	**937.3**
9	Institute of Medical Sciences, BHU	Varanasi	Uttar Pradesh	2	North	5		158.33	160	152.57	152.95	151.67	154.35	**934.59**
10	Sanjay Gandhi Postgraduate Institute of Medical Sciences	Lucknow	Uttar Pradesh	3	North	6		157.87	159.83	152.07	152.42	151.33	153.67	**932.05**
11	Medical College, Kolkata	Kolkata	West Bengal	1	East	1		157.33	159.48	151.9	151.83	150.8	153.07	**929.45**
12	Faculty of Medical Sciences, University of Delhi	Delhi	Delhi	2	North	7		156.83	158.92	151.5	151.5	150.17	152.72	**926.66**
13	All India Institute of Medical Sciences, Jodhpur	Jodhpur	Rajasthan	1	North	8		155.65	158	150.33	149.92	148.73	150.73	**919.05**
14	Government Medical College & Hospital	Chandigarh	Chandigarh	2	North	9		155.33	157.67	149.92	149.33	147.83	150.17	**916.33**
15	Sree Chitra Tirunal Institute for Medical Sciences and Technology	Thiruvananthapuram	Kerala	1	South	5		154.92	157.33	149.5	148.75	147.17	149.67	**913.61**
16	All India Institute of Medical Sciences, Bhubaneswar	Bhubaneswar	Odisha	1	East	2		154.5	156.83	149	148.17	146.5	149	**910.49**
17	All India Institute of Medical Sciences, Rishikesh	Rishikesh	Uttarakhand	1	North	10		154	156.33	148.5	147.5	145.83	148.33	**907.16**
18	All India Institute of Medical Sciences, Patna	Patna	Bihar	1	East	3		153.5	155.88	148.17	146.87	145.17	147.77	**904.18**
19	Vardhman Mahavir Medical College & Safdarjung Hospital	New Delhi	Delhi	3	North	11		153	155.5	147.67	146.33	144.67	147	**901.18**
20	Government Medical College, Kozhikode (Calicut Medical College)	Kozhikode	Kerala	2	South	6		152.5	155	147.18	145.82	144	146.5	**898.1**
21	University College of Medical Sciences & Guru Teg Bahadur Hospital	Delhi	Delhi	4	North	12		152.22	154.7	146.67	145.17	143.33	145.87	**895.37**
22	Government Medical College, Thiruvananthapuram	Thiruvananthapuram	Kerala	3	South	7		151.67	154.17	146.18	144.53	142.72	145.3	**892.05**
23	Medical College Baroda	Vadodara	Gujarat	1	West	1		151.17	153.72	145.7	143.88	142	144.67	**888.81**

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IIRF-2025 | BEST MBBS COLLEGES (GOVT.)

ALL INDIA RANK* (Based on Survey, Perception & Secondary Research)	NAME OF THE INSTITUTE	CITY	STATE	STATE RANK	ZONE	ZONE RANK		TEACHING LEARNING RESOURCE & PEDAGOGY (TLRP)	RESEARCH OUTPUT (RO)	INNOVATIVE MEDICAL INFRASTRUCTURE	SOCIAL INCLUSION	FUTURE ORIENTATION	EXTERNAL PERCEPTION	OVERALL INDEX SCORE
24	Institute of Post Graduate Medical Education & Research	Kolkata	West Bengal	2	East	4		150.73	153.17	145.22	143.33	141.33	144.03	**885.68**
25	All India Institute of Medical Sciences, Bhopal	Bhopal	Madhya Pradesh	1	Central	1		149.83	152.33	144.17	142.17	140	142.83	**879.56**
26	All India Institute of Medical Sciences, Raipur	Raipur	Chhattisgarh	1	Central	2		149.47	151.83	143.73	141.5	139.33	142.27	**876.55**
27	Lady Hardinge Medical College & Associated SSK & KSC Hospitals	New Delhi	Delhi	5	North	13		148.9	151.48	143.17	140.83	138.67	141.53	**873.21**
28	The Gujarat Cancer & Research Institute	Ahmedabad	Gujarat	2	West	2		148.33	150.9	142.78	140.3	138	140.98	**870.01**
29	All India Institute of Medical Sciences, Mangalagiri	Mangalagiri	Andhra Pradesh	1	South	8		147.95	150.4	142.17	139.78	137.33	140.23	**866.84**
30	All India Institute of Medical Sciences, Rai Bareily	Rai Bareily	Uttar Pradesh	4	North	14		147.38	149.87	141.67	139.12	136.67	139.53	**863.35**
31	All India Institute of Medical Sciences, Nagpur	Nagpur	Maharashtra	1	West	3		147.1	149.45	141.28	138.33	136.07	138.83	**860.49**
32	All India Institute of Medical Sciences, Kalyani	Kalyani	West Bengal	3	East	5		146.52	148.88	140.8	137.67	135.33	138.2	**856.95**
33	Grant Government Medical College and Sir J.J Group of Hospitals	Mumbai	Maharashtra	2	West	4		146.12	148.33	140.27	137.17	134.77	137.55	**853.9**
34	Government Medical College & ESIC Hospital	Coimbatore	Tamil Nadu	3	South	9		145.55	147.83	139.7	136.55	134	136.92	**850.41**
35	Government Medical College, Surat	Surat	Gujarat	3	West	5		144.6	146.98	138.77	135.32	132.72	135.57	**844.22**
36	Institute of Liver & Biliary Sciences (ILBS)	New Delhi	Delhi	6	North	15		142.67	145	138.33	133.33	131	136.67	**835.68**
37	Topiwala National Medical College and Bai Yamunabai Laxman Nair Charitable Hospital	Mumbai	Maharashtra	3	West	6		141.67	143.33	136.67	135	133.33	135	**832.2**
38	Sawai Man Singh Medical College	Jaipur	Rajasthan	2	North	16		140	143.33	138.33	131.67	130	133.33	**825.8**
39	Armed Forces Medical College	Pune	Maharashtra	4	West	7		142.33	145.57	137.33	128.2	125	128.05	**822.69**
40	Netaji Subhash Chandra Bose Medical College	Jabalpur	Madhya Pradesh	2	Central	3		142.3	144.55	136.43	127.02	123.67	126.67	**817.72**
41	Jawaharlal Nehru Medical College	Ajmer	Rajasthan	3	North	17		141.17	143.5	135.33	125.67	122.33	125.33	**810.65**
42	Sri Venkateswara Institute of Medical Sciences	Tirupati	Andhra Pradesh	2	South	10		140.17	142.5	134.33	124.33	121	124	**803.99**
43	Patna Medical College	Patna	Bihar	2	East	6		140.73	143.17	134.97	121.38	118	121.12	**800.64**
44	Calcutta National Medical College	Kolkata	West Bengal	4	East	7		140.32	142.52	134.4	120.7	117.48	120.47	**797.22**
45	All India Institute of Medical Sciences, Gorakhpur	Gorakhpur	Uttar Pradesh	5	North	18		138.65	141.28	132.85	118.82	115.62	118.35	**787.42**
46	All India Institute of Medical Sciences, Deoghar	Deoghar	Bihar	3	East	8		138.08	140.52	132.28	118.22	114.72	117.65	**783.5**

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ALL INDIA RANK* (Based on Survey, Perception & Secondary Research)	NAME OF THE INSTITUTE	CITY	STATE	STATE RANK	ZONE	ZONE RANK		TEACHING LEARNING RESOURCE & PEDAGOGY (TLRP)	RESEARCH OUTPUT (RO)	INNOVATIVE MEDICAL INFRASTRUCTURE	SOCIAL INCLUSION	FUTURE ORIENTATION	EXTERNAL PERCEPTION	OVERALL INDEX SCORE
47	All India Institute of Medical Sciences, Bathinda	Bathinda	Punjab	1	North	19		137.55	139.88	131.68	117.52	113.85	116.78	**779.61**
48	All India Institute of Medical Sciences, Guwahati	Guwahati	Assam	1	North East	1		136.33	138.65	130.48	116.12	112.05	115.32	**771.72**
49	All India Institute of Medical Sciences, Jammu	Jammu	Jammu & Kashmir	1	North	20		135.55	137.8	130.22	115.48	111.32	114.52	**767.73**
50	All India Institute of Medical Sciences, Bilaspur	Bilaspur	Himachal Pradesh	1	North	21		134.98	137.35	129.47	114.72	110.35	113.72	**763.76**
51	R. G. Kar Medical College and Hospital	Kolkata	West Bengal	5	East	9		135.22	136.95	129.67	114.35	107.88	111.38	**761.26**
52	Maulana Azad Medical College	New Delhi	Delhi	7	North	22		134.52	136.05	129.55	113.78	106.98	110.68	**757.55**
53	Aligarh Muslim University	Aligarh	Uttar Pradesh	6	North	23		133.88	135.28	129.28	113.33	106.77	110	**754.39**
54	Government Medical College	Srikakulam	Andhra Pradesh	3	South	11		133	134.45	127.65	111.78	105.25	108.35	**746.91**
55	Stanley Medical College	Chennai	Tamil Nadu	4	South	12		132.68	133.72	128.2	109.05	102.05	105.65	**740.5**
56	Annamalai University	Annamalai Nagar	Tamil Nadu	5	South	13		131.53	132.27	127.67	108.72	101.35	105	**735.26**
57	B.J. Medical College	Ahmedabad	Gujarat	4	West	8		131.72	132.22	128.02	105.38	97.85	101.35	**729.07**
58	Sardar Patel Medical College	Bikaner	Rajasthan	4	North	24		131.28	131.62	127.45	104.88	97.22	100.65	**725.81**
59	Gajra Raja Medical College	Gwalior	Madhya Pradesh	3	Central	4		130.68	131.02	126.95	104.35	96.62	100.12	**722.43**
60	Tirunelveli Medical College	Tirunelveli	Tamil Nadu	6	South	14		130.12	130.48	126.38	103.82	96.05	99.55	**719.11**
61	Smt. NHL Municipal Medical College (A.M.C Medical Education Trust)	Ahmedabad	Gujarat	5	West	9		129.55	129.95	125.82	103.18	95.45	98.85	**715.61**
62	Rabindra Nath Tagore Medical College	Udaipur	Rajasthan	5	North	25		128.98	129.48	125.18	102.62	94.85	98.28	**712.25**
63	Maharaja Krishna Chandra Gajapati Medical College & Hospital	Berhampur	Odisha	2	East	10		128.45	128.85	124.62	102.05	94.22	97.72	**708.78**
64	Gauhati Medical College and Hospital	Guwahati	Assam	2	North East	2		127.85	128.32	124.15	101.52	93.65	97.12	**705.51**
65	Government Siddhartha Medical College	Vijayawada	Andhra Pradesh	4	South	15		127.28	127.72	123.62	100.95	93.05	96.55	**702.09**
66	Dr. Sampurnanand Medical College	Jodhpur	Rajasthan	6	North	26		126.72	127.12	123.02	100.32	92.48	95.95	**698.52**
67	Regional Institute of Medical Sciences	Imphal	Manipur	1	North East	3		126.18	126.52	122.45	99.78	91.88	95.35	**695.14**
68	North Bengal Medical College & Hospital	Siliguri	West Bengal	6	East	11		125.65	126.05	121.98	99.18	91.32	94.82	**692.02**
69	Seth Gordhandas Sunderdas Medical College and King Edward Memorial Hospital	Mumbai	Maharashtra	5	West	10		125.12	125.48	121.45	98.65	90.72	94.22	**688.71**
70	Darbhanga Medical College	Darbhanga	Bihar	4	East	12		124.52	124.88	120.88	98.05	90.15	93.62	**685.17**

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ALL INDIA RANK* (Based on Survey, Perception & Secondary Research)	NAME OF THE INSTITUTE	CITY	STATE	STATE RANK	ZONE	ZONE RANK		TEACHING LEARNING RESOURCE & PEDAGOGY (TLRP)	RESEARCH OUTPUT (RO)	INNOVATIVE MEDICAL INFRASTRUCTURE	SOCIAL INCLUSION	FUTURE ORIENTATION	EXTERNAL PERCEPTION	OVERALL INDEX SCORE
1	SDM College of Medical Sciences & Hospital, SDM University	Dharwad	Karnataka	1	South	1		163	160	155	155.18	153.67	157.35	**949.15**
2	Amrita Institute of Medical Sciences & Research Center	Kochi	Kerala	1	South	2		158.13	160.32	156.67	156.67	155	155	**945.52**
3	Kasturba Medical College	Manipal	Karnataka	2	South	3		159.67	161.73	154	153.53	152.33	154.43	**941.59**
4	Christian Medical College & Hospital	Ludhiana	Punjab	1	North	1		158.5	161.2	153	151.07	149.05	151.67	**932.53**
5	Dr. D. Y. Patil Medical College, Hospital And Research Centre, Pimpri	Pune	Maharashtra	1	West	1		160	159.03	150.88	148.33	148.33	148.33	**924.69**
6	SRM Institute of Science & Technology	Chennai	Tamil Nadu	1	South	4		159.15	158.07	149.83	146.2	146.67	146.67	**917.07**
7	Siksha 'O' Anusandhan	Bhubaneswar	Odisha	1	East	1		158.57	157.52	149.38	145.5	143.07	145.88	**912.12**
8	Bharati Vidyapeeth Medical College	Pune	Maharashtra	2	West	2		158	157	148.83	144.83	142.33	145.17	**908.55**
9	D Y Patil Deemed to be University, School of Medicine	Navi Mumbai	Maharashtra	3	West	3		157.5	156.5	148.33	144.33	141.67	144.67	**905.47**
10	Sri Devaraj Urs Academy of Higher Education and Research, Kolar	Kolar	Karnataka	3	South	5		157	156	147.83	143.67	141	144	**902.14**
11	Saveetha Institute of Medical and Technical Sciences	Chennai	Tamil Nadu	2	South	6		156.5	155.5	147.33	143	140.33	143.7	**898.97**
12	Mahatma Gandhi Medical College and Research Institute	Puducherry	Puducherry	1	South	7		156	155	146.83	142.33	139.67	142.67	**895.48**
13	Ramaiah Medical College	Bengaluru	Karnataka	4	South	8		155	154	145.88	141.27	140	141.33	**889.97**
14	JSS Medical College	Mysuru	Karnataka	5	South	9		154.5	153.5	145.33	140.5	137.67	140.67	**885.67**
15	Sri Ramachandra Institute of Higher Education and Research	Chennai	Tamil Nadu	3	South	10		154.27	152.92	144.9	139.92	137	140.22	**882.89**
16	Dr. Chandramma Dayananda Sagar Institute of Medical Education and Research	Ramanagara	Karnataka	6	South	11		153.5	152.5	144.33	139.17	136.33	139.33	**879.01**
17	Sri Lakshmi Narayana Institute of Medical Sciences	Puducherry	Puducherry	2	South	12		153.07	152.1	143.83	138.58	135.67	138.8	**876.06**
18	K J Somaiya Medical College & Research Centre	Mumbai	Maharashtra	4	West	4		152.6	151.5	143.33	138	135	138.05	**872.7**
19	Sikkim Manipal Institute of Medical Sciences	Gangtok	Sikkim	1	North East	1		152	151	142.83	137.33	134.33	137.33	**869.2**
20	Bhaarath Medical College & Hospital	Chennai	Tamil Nadu	4	South	13		151	150	141.83	136	133	136	**862.54**

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21	Maharishi Markandeshwar	Ambala	Haryana	1	North	2		150.62	149.6	141.37	135.33	132.33	135.33	**859.56**
22	Jawaharlal Nehru Medical College	Belagavi	Karnataka	7	South	14		150	149	140.97	134.9	131.9	134.72	**856.43**
23	Jamia Hamdard	New Delhi	Delhi	1	North	3		149.07	148	139.87	133.5	130.43	133.63	**849.72**
24	LN Medical College & Research Centre	Bhopal	Madhya Pradesh	1	Central	1		148.55	147.53	139.4	132.95	129.73	132.67	**846.43**
25	Chettinad Hospital & Research Institute	Kanchipuram	Tamil Nadu	5	South	15		148.15	147.05	138.95	132.17	129	132	**843.17**
26	PSG Institute of Medical Sciences & Research	Coimbatore	Tamil Nadu	6	South	16		147	146	137.83	131	127.67	130.67	**836.26**
27	Datta Meghe Institute of Higher Education & Research	Wardha	Maharashtra	5	West	5		146.12	145	136.95	129.72	126.33	129.33	**829.97**
28	Adichunchanagiri Institute of Medical Sciences	B.G Nagara	Karnataka	8	South	17		145	144.12	135.95	128.33	125	128.05	**823.26**
29	Sri Muthukumaran Medical College Hospital & Research Institute	Chennai	Tamil Nadu	7	South	18		144.1	143.05	134.83	127.07	123.82	126.67	**816.64**
30	Sri Aurobindo Institute of Medical Sciences	Indore	Madhya Pradesh	2	Central	2		135.95	128.02	121.67	105.85	99.55	103.05	**724.29**
31	Teerthanker Mahaveer Medical College and Research Centre, TMU-Moradabad	Moradabad	Uttar Pradesh	1	North	4		143.13	142.07	133.92	125.67	122.58	125.48	**810.19**
32	Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals, Salem	Salem	Tamil Nadu	8	South	19		142.5	141.57	133.33	125	122.03	124.8	**806.61**
33	St. John's Medical College	Bengaluru	Karnataka	9	South	20		142.07	141.05	132.87	124.47	121.15	124.13	**803.44**
34	Aarupadai Veedu Medical College & Hospital	Puducherry	Puducherry	3	South	21		141.5	140.5	132.33	123.67	120.33	123.33	**799.63**
35	Adesh Institute of Medical Sciences and Research	Bathinda	Punjab	2	North	5		140.2	139.18	130.98	121.8	118.53	121.45	**790.65**
36	Kasturba Medical College	Mangaluru	Karnataka	10	South	22		139.62	138.63	130.48	121.07	117.7	120.67	**786.93**
37	Meenakshi Medical College Hospital and Research Institute (MMCHRI)	Kanchipuram	Tamil Nadu	9	South	23		137	136.3	128.33	120	121.67	120	**777.82**
38	Vinayaka Mission's Medical College and Hospital	Karaikal	Tamil Nadu	10	South	24		138	134.92	127.78	120	118.33	116.67	**773.83**
39	Amala Institute of Medical Sciences	Thrissur	Kerala	2	South	25		141.08	136.1	128.83	115.05	110.35	113.82	**770.9**
40	Kalinga Institute of Industrial Technology	Bhubaneswar	Odisha	2	East	2		141.88	135	129.18	112.55	107.15	110.78	**765.56**

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41	Integral Institute of Medical Sciences & Research (IIMSR)	Lucknow	Uttar Pradesh	2	North	6		141.07	133.88	127.83	111.63	106.67	109.65	**759.54**
42	Jubilee Mission Medical College & Research Institute	Thrissur	Kerala	3	South	26		140.55	133.33	127.3	110.48	106.48	108.62	**755.64**
43	Pravara Institute of Medical Sciences	Ahmednagar	Maharashtra	6	West	6		140	132.62	127.05	110	104.35	108.33	**751.9**
44	Parul University	Vadodara	Gujarat	1	West	7		139.27	131.33	126.67	109	103.33	107.25	**746.63**
45	Krishna Vishwa Vidyapeeth	Karad	Maharashtra	7	West	8		138.18	130.38	125.95	108.15	102.32	106.22	**741.05**
46	Sri Guru Ram Das Institute of Medical Sciences & Research	Amritsar	Punjab	3	North	7		137.62	129.85	125.48	107.68	101.68	105.52	**737.83**
47	Mahatma Gandhi Medical College & Hospital	Jaipur	Rajasthan	1	North	8		137.15	129.22	124.88	107.05	101.28	104.95	**734.46**
48	BLDE (Deemed to be University)	Vijayapura	Karnataka	11	South	27		136.55	128.78	124.45	106.62	100.68	104.18	**731.39**
49	Rajasthan Unani Medical College & Hospital	Jaipur	Rajasthan	2	North	9		135.98	128.15	123.95	106.02	100.12	103.72	**727.99**
50	People's College of Medical Sciences & Research Centre	Bhopal	Madhya Pradesh	3	Central	3		129.88	123.52	121.67	105	100	101.67	**707.97**
51	Maharashtra Institute of Medical Education & Research	Pune	Maharashtra	8	West	9		135.38	127.45	121.67	105.22	99.02	102.52	**721.53**
52	K S Hegde Medical Academy	Mangaluru	Karnataka	12	South	28		134.85	126.88	122.33	104.65	98.48	101.95	**719.68**
53	KMCT Medical College	Kozhikode	Kerala	4	South	29		134.32	126.32	122.32	104.18	97.88	101.38	**717.08**
54	Indira Gandhi Technological and Medical Sciences University	Ziro	Arunachal Pradesh	1	North East	2		133.78	125.72	121.78	103.65	97.35	100.82	**713.78**
55	Chirayu Medical College & Hospital	Bhopal	Madhya Pradesh	4	Central	4		143.5	142.5	134.33	126.33	123	126	**812.95**
56	KPC Medical College & Hospital	Kolkata	West Bengal	1	East	3		129.35	122.98	118.95	105	100	100	**702.5**
57	Faculty of Medicine, Khaja Bandanawaz University	Kalaburagi	Karnataka	13	South	30		128.78	122.45	118.35	103.33	98.33	100	**697.63**

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ALL INDIA RANK* (Based on Survey/ Perception & Secondary Research)	NAME OF THE COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
1	Maulana Azad Institute of Dental Sciences	New Delhi	Delhi	1	North	1
2	Faculty of Dental Sciences, King George's Medical University	Lucknow	Uttar Pradesh	1	North	2
3	SDM College of Dental Sciences & Hospital	Dharwad	Karnataka	1	South	1
4	Manipal College of Dental Sciences, Manipal	Manipal	Karnataka	2	South	2
5	SRM Dental College	Chennai	Tamil Nadu	1	South	3
6	Christian Dental College	Ludhiana	Punjab	1	North	3
7	Pt. B D Sharma Post Graduate Institute of Dental Sciences	Rohtak	Haryana	1	North	4
8	Government Dental College and Hospital	Mumbai	Maharashtra	1	West	1
9	Dr. D. Y. Patil Dental College & Hospital	Pune	Maharashtra	2	West	2
10	Faculty of Dental Sciences, BHU	Varanasi	Uttar Pradesh	2	North	5
11	D Y Patil University, School of Dentistry, Navi Mumbai	Navi Mumbai	Maharashtra	3	West	3
12	Saveetha Institute of Medical and Technical Sciences	Chennai	Tamil Nadu	2	South	4
13	Institute of Dental Sciences, Siksha 'O' Anusandhan	Bhubaneswar	Odisha	1	East	1
14	Faculty of Dentistry, Jamia Millia Islamia	New Delhi	Delhi	2	North	6
15	Sri Ramachandra Institute of Higher Education and Research	Chennai	Tamil Nadu	3	South	5
16	Amrita School of Dentistry	Kochi	Kerala	1	South	6
17	A B Shetty Memorial Institute of Dental Sciences	Mangaluru	Karnataka	3	South	7
18	Dental College and Hospital, Pune (Bharati Vidyapeeth)	Pune	Maharashtra	4	West	4
19	Meenakshi Ammal Dental College & Hospital	Chennai	Tamil Nadu	4	South	8
20	Aligarh Muslim University	Aligarh	Uttar Pradesh	3	North	7
21	Government Dental College & Hospital	Nagpur	Maharashtra	5	West	5
22	JSS Dental College & Hospital	Mysuru	Karnataka	4	South	9
23	Datta Meghe Institute of Higher Education & Research	Wardha	Maharashtra	6	West	6
24	Government Dental College	Thiruvananthapuram	Kerala	2	South	10

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ALL INDIA RANK* (Based on Survey/ Perception & Secondary Research)	NAME OF THE COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
25	Dayananda Sagar College of Dental Sciences	Bengaluru	Karnataka	5	South	11
26	Manipal College of Dental Sciences, Mangalore	Mangaluru	Karnataka	6	South	12
27	KLE Vishwanath Katti Institute of Dental Sciences & Hospital	Belagaum	Karnataka	7	South	13
28	Bapuji Dental College & Hospital	Devangere	Karnataka	8	South	14
29	Manav Rachna Dental College	Faridabad	Haryana	2	North	8
30	Maharishi Markandeshwar University	Ambala	Haryana	3	North	9
31	Ramaiah University of Applied Sciences	Bengaluru	Karnataka	9	South	15
32	Kalinga Institute of Industrial Technology	Bhubaneswar	Odisha	2	East	2
33	Nair Hospital Dental College	Mumbai	Maharashtra	7	West	7
34	SRM Kattankulathur Dental College	Chennai	Tamil Nadu	5	South	16
35	Army College of Dental Sciences	Secunderabad	Telangana	1	South	17
36	Government Dental College	Ahmedabad	Gujarat	1	West	8
37	Mahatma Gandhi P.G. Institute of Dental Sciences	Pondicherry	Pondicherry	1	South	18
38	Yenepoya Dental College	Mangaluru	Karnataka	10	South	19
39	Chettinad Dental College & Research Institute	Chennai	Tamil Nadu	6	South	20
40	Tamil Nadu Government Dental College & Hospital	Chennai	Tamil Nadu	7	South	21
41	Government Autonomous College of Dentistry	Indore	Madhya Pradesh	1	Central	1
42	Mahatma Gandhi Vidyamandir s Karmaveer Bhausaheb Hiray Dental College & Hospital, Panchavati, Nashik	Nashik	Maharashtra	8	West	9
43	K.S.R Institute of Dental Science and Research	Namakkal	Tamil Nadu	8	South	22
44	Sri Siddhartha Dental College	Tumkur	Karnataka	11	South	23
45	Govt. Dental College & Hospital	Aurangabad	Maharashtra	9	West	10
46	Karpaga Vinayaga Institute of Dental Sciences	Chengalpattu	Tamil Nadu	9	South	24
47	Parul University	Vadodara	Gujarat	2	West	11
48	Government Dental College and Research Institute	Bengaluru	Karnataka	12	South	25
49	Ranjeet Deshmukh Dental College & Research Centre, (Formerly, VSPM Dental College and Research Centre)	Nagpur	Maharashtra	10	West	12

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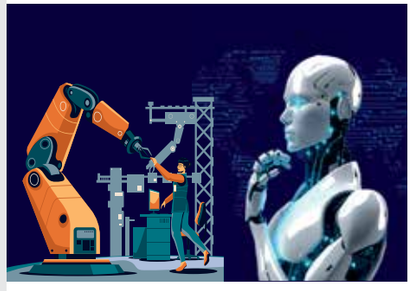
ALL INDIA RANK* (Based on Survey/ Perception & Secondary Research)	NAME OF THE COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
49	Teerthanker Mahaveer Dental College & Research Centre, TMU-Moradabad	Moradabad	Uttar Pradesh	4	North	10
50	Vinayaka Mission's Sankarachariyar Dental College , Salem Vinayaka Mission's Research Foundation (Deemed to be University)	Salem	Tamil Nadu	10	South	26
51	College of Dental Sciences	Davangere	Karnataka	13	South	27
52	School of Dental Sciences, Krishna Vishwa Vidyapeeth	Karad	Maharashtra	11	West	13
53	Dr. Harvansh Singh Judge Institute of Dental Sciences & Hospital, Panjab University	Chandigarh	Chandigarh	1	North	11
54	School of Dental Sciences (Sathyabama Institute of Science and Technology)	Chennai	Tamil Nadu	11	South	28
55	Sinhgad Dental College & Hospital	Pune	Maharashtra	12	West	14
56	Dr. M.G.R Educational And Research Institute	Chennai	Tamil Nadu	12	South	29
57	Pacific Dental College & Hospital	Udaipur	Rajasthan	1	North	12
58	Mathrusri Ramabai Ambedkar Dental College & Hospital	Bengaluru	Karnataka	14	South	30
59	RVS Dental College & Hospital	Coimbatore	Tamil Nadu	13	South	31
60	Nanded Rural Dental College and Research Center	Nanded	Maharashtra	13	West	15
61	Sri Venkateswara Dental College and Hospital	Chennai	Tamil Nadu	14	South	32
62	D Y Patil Dental School	Pune	Maharashtra	14	West	16
63	Pushpagiri College of Dental Sciences	Thiruvalla	Kerala	3	South	33
64	Malla Reddy Institute of Dental Sciences (Malla Reddy Vishwavidyapeeth) Deemed To Be University	Hyderabad	Telangana	2	South	34
65	Bharati Vidyapeeth (Deemed to be University) Dental College & Hospital, Sangli	Sangli	Maharashtra	15	West	17
66	Tagore Dental College & Hospital	Chennai	Tamil Nadu	15	South	35
67	Maharashtra Institute of Dental Sciences & Research (Dental College)	Latur	Maharashtra	16	West	18
68	Dr. G. D. Pol Foundation's Y. M. T. Dental College and Hospital	Navi Mumbai	Maharashtra	17	West	19
69	Priyadarshini Dental College and Hospital	Pandur	Tamil Nadu	16	South	36
70	Malla Reddy Dental College for Women (Malla Reddy Vishwavidyapeeth Deemed To Be University)	Hyderabad	Telangana	3	South	37

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ALL INDIA RANK* (Based on Survey, Perception & Secondary Research)	NURSING COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
1	College of Nursing, Christian Medical College, Vellore	Vellore	Tamil Nadu	1	South	1
2	St. Stephen's Hospital College of Nursing	Delhi	Delhi	1	North	1
3	College of Nursing, Christian Medical College, Ludhiana	Ludhiana	Punjab	1	North	2
4	College of Nursing, Tata Main Hospital	Jamshedpur	Jharkhand	1	East	1
5	SDM Institute of Nursing Sciences	Dharwad	Karnataka	1	South	2
6	St. John's College of Nursing, Vellore	Vellore	Tamil Nadu	2	South	3
7	St. John's College of Nursing, Bengaluru	Bengaluru	Karnataka	2	South	4
8	SRM College of Nursing (SRM Institute of Science & Technology)	Kattankulathur	Tamil Nadu	3	South	5
9	Holy Family College of Nursing, New Delhi	New Delhi	Delhi	2	North	3
10	Bishop's College of Nursing	Dharapuram	Tamil Nadu	4	South	6
10	Post Graduate College of Nursing, Bhilai	Durg	Chattisgarh	1	Central	1
11	School of Nursing and Allied Health Science, Utkal university	Bhubaneswar	Odisha	1	East	2
12	JSS College of Nursing (JSS Mahavidyapeetha)	Mysuru	Karnataka	3	South	7
13	Siksha 'O' Anusandhan (SOA)	Bhubaneswar	Odisha	2	East	3
14	Sri Ramachandra College of Nursing (SRIHER University)	Chennai	Tamil Nadu	5	South	8
15	Manipal College of Nursing (MAHE)	Manipal	Karnataka	4	South	9
16	S.N.D College of Nursing, Babhulgaon	Nashik	Maharashtra	1	West	1
17	Arulmigu Meenakshi College of Nursing (AMCON)	Kanchipuram	Tamil Nadu	6	South	10
18	Bharati Vidyapeeth College of Nursing, Pune	Pune	Maharashtra	2	West	2
19	St. Mary's College of Nursing & Paramedical Institute	Lucknow	Uttar Pradesh	1	North	4
20	School of Nursing (D Y Patil University)	Navi Mumbai	Maharashtra	3	West	3
21	College of Nursing Sri Ramakrishna Institute of Paramedical Sciences	Coimbatore	Tamil Nadu	7	South	11
22	Datta Meghe College of Nursing	Nagpur	Maharashtra	4	West	4
23	PSG College of Nursing	Coimbatore	Tamil Nadu	8	South	12
24	M S Ramaiah Institute of Nursing Education and Research	Bengaluru	Karnataka	5	South	13
25	K J Somaiya College of Nursing	Mumbai	Maharashtra	5	West	5

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ALL INDIA RANK* (Based on Survey, Perception & Secondary Research)	NURSING COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
26	Dr. D. Y. Patil Institute of Nursing Education, Bhosari	Pune	Maharashtra	6	West	6
27	Karpagam Nursing College	Coimbatore	Tamil Nadu	9	South	14
28	Shri Sathya Sai College of Nursing (SBV Chennai Campus)	Chengalpattu	Tamil Nadu	10	South	15
29	Christian College of Nursing	Bengaluru	Karnataka	6	South	16
30	Vinayaka Missions Annapoorana College of Nursing, Salem	Salem	Tamil Nadu	11	South	17
31	L N Nursing College, LNCT University	Bhopal	Madhya Pradesh	1	Central	2
32	Institute of Nursing, Bangalore Baptist Hospital	Bengaluru	Karnataka	7	South	18
33	St. Gregorios College of Nursing, Parumala	Thiruvalla	Kerala	1	South	19
34	Chitkara School of Health Sciences, Chitkara University	Patiala	Punjab	2	North	5
35	Kalinga Institute of Nursing Sciences (KINS), KIIT	Bhubaneswar	Odisha	3	East	4
36	Kasturba Gandhi Nursing College	Puducherry	Puducherry	1	South	20
37	Venkateswara Nursing College	Chennai	Tamil Nadu	12	South	21
38	Nizam's Institute of Medical Sciences	Hyderabad	Telangana	1	South	22
39	Department of Nursing, Banasthali Vidyapith	Banasthali	Rajasthan	1	North	6
40	Symbiosis College of Nursing (SCON), Symbiosis International University	Pune	Maharashtra	7	West	7
41	Maharishi Markandeshwar College of Nursing, Ambala	Ambala	Haryana	1	North	7
42	Teerthanker Mahaveer College of Nursing, TMU-Moradabad	Moradabad	Uttar Pradesh	2	North	8
43	St. John College of Nursing, Warangal	Warangal	Telangana	2	South	23
44	Bapuji College of Nursing, S.S. Genaral Hospital	Davangere	Karnataka	8	South	24
45	Adichunchanagiri College of Nursing, Adichunchanagiri University	B.G.Nagara	Karnataka	9	South	25
46	Smt. Sindhutai Eknathrao Vikhe Patil College of Nursing (Pravara Institute of Medical Sciences), Loni	Ahmednagar	Maharashtra	8	West	8
47	Faculty of Nursing, Dr. M.G.R Educational and Research Institute	Chennai	Tamil Nadu	13	South	26
48	BMS Hospital Nursing College	Bengaluru	Karnataka	10	South	27
49	VSPM Madhuribai Deshmukh Institute of Nursing Education	Nagpur	Maharashtra	9	West	9
50	Faculty of Nursing, Parul University	Vadodara	Gujarat	1	West	10
51	BLDEA's Shri B M Patil Institute of Nursing Sciences	Vijayapura	Karnataka	11	South	28

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ALL INDIA RANK* (Based on Survey, Perception & Secondary Research)	NURSING COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
52	Al-Ameen Fathima School of Nursing	Bengaluru	Karnataka	12	South	29
53	Holy Cross College of Nursing, Kottiyam	Kollam	Kerala	2	South	30
54	Army Institute of Nursing	Guwahati	Assam	1	North-East	1
55	D Y Patil College of Nursing	Kolhapur	Maharashtra	10	West	11
56	NITTE Usha Institute of Nursing Sciences	Mangaluru	Karnataka	13	South	31
57	St. Thomas College of Nursing	Alappuzha	Kerala	3	South	32
58	KLE Society's Institute of Nursing Sciences, Belagavi	Belagavi	Karnataka	14	South	33
59	Vinayaka Mission's College of Nursing (Vinayaka Mission's Research Foundation)	Karaikal	Puducherry	2	South	34
60	College of Nursing, Pt. Deen Dayal Upadhyaya University of Health Sciences	Karnal	Haryana	2	North	9
61	Arunachal University of Studies	Namsai	Arunachal Pradesh	1	North-East	2
62	Batra Hospital & Medical Research Centre	New Delhi	Delhi	3	North	10
63	Dr. John's School & College of Nursing	Bengaluru	Karnataka	15	South	35
64	Royal Institute of Nursing and Medical Sciences	Durgapur	West Bengal	1	East	5
65	Shimla Nursing College	Shimla	Himachal Pradesh	1	North	11
66	College of Nursing Public Khalsa College For Women	Hoshiarpur	Punjab	3	North	12
67	Vinayaka Mission's College of Nursing, Puducherry	Puducherry	Puducherry	3	South	36
68	Aurovindo College of Nursing	Bhopal	Madhya Pradesh	2	Central	3
69	Dr. B R Ambedkar Institute of Nursing	Bengaluru	Karnataka	16	South	37
70	St. Luke's College of Nursing	Visakhapatnam	Andhra Pradesh	1	South	38
71	Father Muller College of Nursing	Mangaluru	Karnataka	17	South	39
72	St. Joseph's College of Nursing, Hoshangabad	Narmadapuram	Madhya Pradesh	3	Central	4
73	Kasturba Nursing College, Sevagram	Wardha	Maharashtra	11	West	12
74	Mother Teresa College of Nursing, Aurangabad	Aurangabad	Maharashtra	12	West	13
75	Apollo College of Nursing, Hyderabad	Hyderabad	Telangana	3	South	40
76	Faculty of Nursing, SGT University	Gurugram	Haryana	3	North	13
77	St. George College of Management, Science & Nursing	Bengaluru	Karnataka	18	South	41

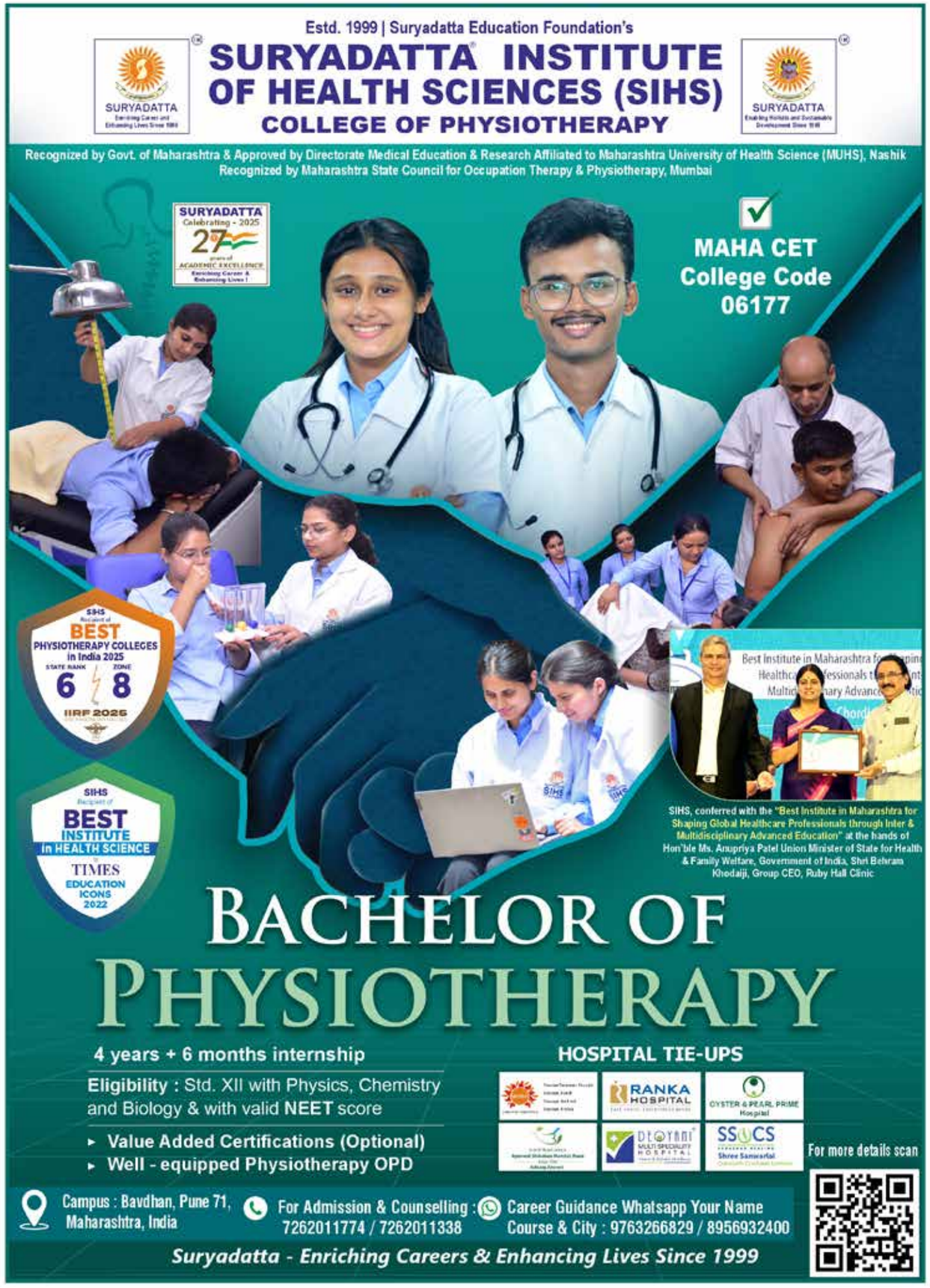
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ALL INDIA RANK* (Based on Survey, Perception & Secondary Research)	NURSING COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
78	Holy Spirit Institute of Nursing Education	Mumbai	Maharashtra	13	West	14
79	Sikkim Manipal College of Nursing (SMCON)	Gangtok	Sikkim	1	North-East	3
80	Medwin College of Nursing	Hyderabad	Telangana	4	South	42
81	Holy Cross School of Nursing	Kamagere	Karnataka	19	South	43
82	Heartland College of Nursing	Bengaluru	Karnataka	20	South	44
83	Florence College of Nursing	Ranchi	Jharkhand	2	East	6
84	Dr. B. R. Ambedkar College of Nursing	Gandhinagar	Gujarat	2	West	15
85	College of Nursing, Hindu Rao Hospital	Delhi	Delhi	4	North	14
86	R V College of Nursing	Bengaluru	Karnataka	21	South	45
87	Vinayaka Mission s College of Nursing	Puducherry	Tamil Nadu	14	South	46
88	Malla Reddy College of Nursing A constituent Unit of Malla Reddy Vishwavidyapeeth	Hyderabad	Telangana	5	South	47
89	Dr. Vithalrao Vikhe Patil Foundation's College of Nursing	Ahilyanagar	Maharashtra	14	West	16
90	Kerala University of Health Sciences Little Flower College of Nursing, Manvila, Trivandrum	Trivandrum	Kerala	4	South	48
91	NIMS College of Nursing , Neyyattinkara, Trivantirutvi	Trivandrum	Kerala	5	South	49
92	Smt Sunanda Pravin Gambhirchand Institute of Nursing and Para-medical Sciences	Mumbai	Maharashtra	15	West	17
93	Al Shifa College of Nursing	Perinthalmanna	Kerala	6	South	50
94	Berhampur University & Odisha University of Health Science (OUHS), College of Nursing, Berhampur	Berhampur	Odisha	4	East	7
95	Aarihant Institute of Nursing, Swarrnim Startup & Innovation University	Gandhinagar	Gujarat	3	West	18
96	Red Crescent College of Nursing	Kozhikode	Kerala	7	South	51
97	Mahatma Gandhi College of Nursing	Junagadh	Gujarat	4	West	19
98	Mayo College of Nursing	Bhopal	Madhya Pradesh	4	Central	5
99	Dr. J.P. Sharma Memorial School & College of Nursing	Yamuna Nagar	Haryana	4	North	15
100	RIMS College of Nursing	Raipur	Chattisgarh	2	Central	6

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ALL INDIA RANK* (Based on Survey, Perception & Secondary Research)	PHARMACY COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
1	National Institute of Pharmaceutical Education and Research (NIPER), Hyderabad	Hyderabad	Telangana	1	South	1
2	National Institute of Pharmaceutical Education and Research (NIPER), Mohali	Mohali	Punjab	1	North	1
3	National Institute of Pharmaceutical Education and Research (NIPER), Ahmedabad	Gandhinagar	Gujarat	1	West	1
4	National Institute of Pharmaceutical Education and Research (NIPER), Kolkata	Kolkata	West Bengal	1	East	1
5	Institute of Chemical Technology (ICT)	Mumbai	Maharashtra	1	West	2
6	Delhi Pharmaceutical Sciences & Research University (DPSRU)	New Delhi	Delhi	1	North	2
7	National Institute of Pharmaceutical Education and Research (NIPER), Raebareli	Lucknow	Uttar Pradesh	1	North	3
8	National Institute of Pharmaceutical Education and Research (NIPER), Guwahati	Guwahati	Assam	1	North-East	1
9	SDPGIPS College of Pharmacy, Pandit Bhagwat Dayal Sharma University of Health Sciences	Rohtak	Haryana	1	North	4
10	Panjab University	Chandigarh	Chandigarh	1	North	5
11	Central University of Punjab	Bathinda	Punjab	2	North	6
12	Jadavpur University	Kolkata	West Bengal	2	East	2
13	Central University of Rajasthan	Kishangarh	Rajasthan	1	North	7
14	Punjabi University	Patiala	Punjab	3	North	8
15	Goa College of Pharmacy	Panaji	Goa	1	West	3
16	National Institute of Pharmaceutical Education and Research (NIPER), Hajipur	Hajipur	Bihar	1	East	3
17	Guru Jambheshwar University of Science & Technology	Hisar	Haryana	2	North	9
18	The Maharaja Sayajirao University of Baroda	Vadodara	Gujarat	2	West	4
19	Guru Ghasidas Vishwavidyalaya	Bilaspur	Chhattisgarh	1	Central	1
20	Gujarat Technological University	Ahmedabad	Gujarat	3	West	5
21	Babasaheb Bhimrao Ambedkar University	Lucknow	Uttar Pradesh	2	North	10
22	College of Pharmacy, Madras Medical College	Chennai	Tamil Nadu	1	South	2
23	A.U. College of Pharmaceutical Sciences, Andhra University	Visakhapatnam	Andhra Pradesh	1	South	3
24	Rashtrasant Tukadoji Maharaj Nagpur University	Nagpur	Maharashtra	2	West	6
25	Maharshi Dayanand University	Rohtak	Haryana	3	North	11
26	Sri Padmavathi Mahila Visvavidyalayam	Tirupati	Andhra Pradesh	2	South	4
27	Department of Pharmaceutical Sciences, Acharya Nagarjuna University (ANU)	Guntur	Andhra Pradesh	3	South	5
28	Annamalai University	Annamalai Nagar	Tamil Nadu	2	South	6
29	Bundelkhand University	Jhansi	Uttar Pradesh	3	North	12
30	Kumaun University	Nainital	Uttarakhand	1	North	13

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ALL INDIA RANK* (Based on Survey/ Perception & Secondary Research)	PHARMACY COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
1	Jamia Hamdard	New Delhi	Delhi	1	North	1
2	Birla Institute of Technology & Science (BITS Pilani)	Pilani	Rajasthan	1	North	2
3	Manipal College of Pharmaceutical Sciences	Manipal	Karnataka	1	South	1
4	JSS College of Pharmacy, Ooty	Udhagamandalam	Tamil Nadu	1	South	2
5	SRM Institute of Science & Technology	Chennai	Tamil Nadu	2	South	3
6	Sri Ramachandra Faculty of Pharmacy, Sri Ramachandra Institute of Higher Education and Research	Chennai	Tamil Nadu	3	South	4
7	Dr. D. Y. Patil Dnyan Prasad University's School of Pharmacy and Research (formerly Dr. D. Y. Patil Institute of Pharmaceutical Sciences and Research)	Pune	Maharashtra	1	West	1
8	SVKM's Narsee Monjee Institute of Management Studies	Mumbai	Maharashtra	2	West	2
9	School of Pharmacy, Amrita Vishwa Vidyapeetham	Kochi	Kerala	1	South	5
10	Poona College of Pharmacy (Bharati Vidyapeeth)	Pune	Maharashtra	3	West	3
11	JSS College of Pharmacy, Mysuru	Mysuru	Karnataka	2	South	6
12	School of Pharmacy, D Y Patil Deemed to be University	Navi Mumbai	Maharashtra	4	West	4
13	Birla Institute of Technology (BIT Mesra)	Ranchi	Jharkhand	1	East	1
14	Banasthali Vidyapith	Banasthali	Rajasthan	2	North	3
15	Chitkara College of Pharmacy	Patiala	Punjab	1	North	4
16	Bombay College of Pharmacy	Mumbai	Maharashtra	5	West	5
17	Nirma University	Ahmedabad	Gujarat	1	West	6
18	Sam Higginbottom Institute of Agriculture, Technology and Sciences	Prayagraj	Uttar Pradesh	1	North	5
19	Lovely Professional University (LPU)	Phagwara	Punjab	2	North	6
20	SVKM's Dr. Bhanuben Nanavati College of Pharmacy	Mumbai	Maharashtra	6	West	7
21	Shoolini University	Solan	Himachal Pradesh	1	North	7
22	School of Health & Medical Sciences, Adamas University	Kolkata	West Bengal	1	East	2
23	Amity University, Noida	Noida	Uttar Pradesh	2	North	8

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ALL INDIA RANK* (Based on Survey/ Perception & Secondary Research)	PHARMACY COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
24	IFTM University	Moradabad	Uttar Pradesh	3	North	9
25	KIET Group of Pharmacy	Ghaziabad	Uttar Pradesh	4	North	10
26	Bharati Vidyapeeth's College of Pharmacy	Navi Mumbai	Maharashtra	7	West	8
27	HIMT College of Pharmacy	Greater Noida	Uttar Pradesh	5	North	11
28	Department of Pharmacy, Janardan Rai Nagar Rajasthan Vidyapeeth	Udaipur	Rajasthan	3	North	12
29	Chandigarh College of Pharmacy	Landran	Punjab	3	North	13
30	Sharda University	Greater Noida	Uttar Pradesh	6	North	14
31	Dayananda Sagar University School of Pharmaceutical Sciences	Bengaluru	Karnataka	3	South	7
32	LNCT University, School of Pharmacy	Bhopal	Madhya Pradesh	1	Central	1
33	Teerthanker Mahaveer College of Pharmacy, TMU-Moradabad	Moradabad	Uttar Pradesh	7	North	15
34	PSG College of Pharmacy	Coimbatore	Tamil Nadu	4	South	8
35	Integral Institute of Medical Sciences & Research	Lucknow	Uttar Pradesh	8	North	16
36	KLE College of Pharmacy, Belagavi	Belgaum	Karnataka	4	South	9
37	Ramaiah University of Applied Sciences	Bengaluru	Karnataka	5	South	10
38	Vinayaka Mission's College of Pharmacy, VMRF (DU), Salem	Salem	Tamil Nadu	5	South	11
39	Parul University	Vadodara	Gujarat	2	West	9
40	NSHM Institute of Health Sciences, NSHM Knowledge Campus	Kolkata	West Bengal	2	East	3
41	Sri Venkateswara College of Pharmacy (Autonomous)	Chittoor	Andhra Pradesh	1	South	12
42	Suryadatta College of Pharmacy, Healthcare and Research	Pune	Maharashtra	8	West	10
43	Vishnu Institute of Pharmaceutical Education & Research (VIPER), Narsapur	Medak	Telangana	1	South	13
44	Suresh Gyan Vihar University	Jaipur	Rajasthan	4	North	17
45	Dr. D. Y. Patil College of Pharmacy, Akurdi	Pune	Maharashtra	9	West	11
46	R. C. Patel Institute of Pharmaceutical Education & Research	Shirpur	Maharashtra	10	West	12
47	Sri Adichunchanagiri College of Pharmacy	B G Nagara	Karnataka	6	South	14
48	Y. B. Chavan College of Pharmacy	Aurangabad	Maharashtra	11	West	13

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ALL INDIA RANK* (Based on Survey/ Perception & Secondary Research)	PHARMACY COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
49	Arulmigu Kalasalingam College of Pharmacy	Virudhunagar	Tamil Nadu	6	South	15
50	Dr. B. C. Roy College of Pharmacy and Allied Health Sciences	Durgapur	West Bengal	3	East	4
51	I.S.F College of Pharmacy	Moga	Punjab	4	North	19
52	Maharishi Markandeshwar University	Ambala	Haryana	1	North	20
53	Vels Institute of Science, Technology & Advanced Studies (VISTAS)	Chennai	Tamil Nadu	7	South	16
54	Arihant School of Pharmacy and Bio Research Institute	Gandhinagar	Gujarat	3	West	14
55	Guru Nanak Institute of Pharmaceutical Science & Technology	Kolkata	West Bengal	4	East	5
56	L. M. College of Pharmacy	Ahmedabad	Gujarat	4	West	15
57	NGSM Institute of Pharmaceutical Sciences	Mangaluru	Karnataka	7	South	17
58	Acharya & BM Reddy College of Pharmacy	Bengaluru	Karnataka	8	South	18
59	Chalapathi Institute of Pharmaceutical Sciences	Guntur	Andhra Pradesh	2	South	19
60	Raghavendra Institute of Pharmaceutical Education and Research (RIPER)	Anantapur	Andhra Pradesh	3	South	20
61	Lloyd School of Pharmacy, Lloyd Institute of Management and Technology	Greater Noida	Uttar Pradesh	9	North	21
62	Ramanbhai Patel College of Pharmacy	Anand	Gujarat	5	West	16
63	Al-Ameen College of Pharmacy	Bangalore	Karnataka	9	South	21
64	Progressive Education Societyâ s Modern College Of Pharmacy, Nigdi	Pune	Maharashtra	12	West	17
65	Yavatmal Zilla Vikas Samiti's Pataldhamal Wadhwani College of Pharmacy, Yavatmal	Yavatmal	Maharashtra	13	West	18
66	Smt. Kishoritai Bhoyar College of Pharmacy, Kamptee	Nagpur	Maharashtra	14	West	19
67	Nandha College of Pharmacy	Erode	Tamil Nadu	8	South	22
68	Shri Vishnu College of Pharmacy	Bhimavaram	Andhra Pradesh	4	South	23
69	College of Pharmacy, Sri Ramakrishna Institute of Paramedical Sciences	Coimbatore	Tamil Nadu	9	South	24
70	Malla Reddy Institute of Pharmaceutical Sciences	Secunderabad	Telangana	2	South	25
71	Kalol Institute of Pharmacy	Kalol	Gujarat	6	West	20
72	Nirmala College of Pharmacy	Guntur	Andhra Pradesh	5	South	26
73	Sri Vijay Vidyalaya College of Pharmacy	Dharmapuri	Tamil Nadu	10	South	27

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ALL INDIA RANK* (Based on Survey/ Perception & Secondary Research)	NAME OF THE COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
1	Pandit Deendayal Upadhyaya National Institute for Persons with Physical Disabilities	New Delhi	Delhi	1	North	1
2	Postgraduate Institute of Medical Education and Research (PGIMER)	Chandigarh	Chandigarh	1	North	2
3	National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan)	Chennai	Tamil Nadu	1	South	1
4	Institute of Medical Sciences, Banaras Hindu University	Varanasi	Uttar Pradesh	1	North	3
5	Pt. B.D.Sharma Post Graduate Institute of Medical Sciences	Rohtak	Haryana	1	North	4
6	Sanjay Gandhi Institute of Trauma & Orthopaedics	Bengaluru	Karnataka	1	South	2
7	Madras Medical College	Chennai	Tamil Nadu	2	South	3
8	Pt. Deendayal Upadhyay Memorial Health Sciences and Ayush University of Chhattisgarh	Naya Raipur	Chhattisgarh	1	Central	1
9	Goa Medical College & Hospital	Bambolim	Goa	1	West	1
10	Tilak Maharashtra Vidyapeeth- Lokmanya Medical College of Physiotherapy	Navi Mumbai	Maharashtra	1	West	2
11	Dr. N.T.R University of Health Sciences	Vijayawada	Andhra Pradesh	1	South	4
12	Lokmanya Tilak Municipal General Hospital and Lokmanya Tilak Municipal Medical College, Sion Mumbai	Mumbai	Maharashtra	2	West	3
13	Madhya Pradesh Medical Science University	Jabalpur	Madhya Pradesh	1	Central	2
14	Guru Gobind Singh Indraprastha University	New Delhi	Delhi	2	North	5
15	Jamia Millia Islamia	New Delhi	Delhi	3	North	6
16	Swami Vivekanand National Institute of Rehabilitation Training and Research (SVNIRTAR)	Cuttack	Odisha	1	East	1
17	Hemwati Nandan Bahuguna Uttarakhand Medical Education University	Dehradun	Uttarakhand	1	North	7
18	National Institute of Health Education & Research (NIHER)	Patna	Bihar	1	East	2
19	Maharaja Agrasen Medical College, Agroha	Hisar	Haryana	2	North	8
20	Institute of Post Graduate Medical Education and Research (IPGME&R) - SSKM Hospital	Kolkata	West Bengal	1	East	3
21	Punjabi University	Patiala	Punjab	1	North	9
22	Government Medical College & Hospital	Nagpur	Maharashtra	3	West	4
23	Nizam's Institute of Medical Sciences	Hyderabad	Telangana	1	South	5
24	Mother Teresa Saket College of Physiotherapy	Panchkula	Haryana	3	North	10
25	Netaji Subhash Chandra Bose Medical College	Jabalpur	Madhya Pradesh	2	Central	3
26	Rajasthan University of Health Sciences	Jaipur	Rajasthan	1	North	11
27	Regional College of Paramedical Health Sciences	Guwahati	Assam	1	North-East	1
28	Annamalai University, Annamalai Nagar	Annamalai Nagar	Tamil Nadu	3	South	6
29	Guru Nanak Dev University	Amritsar	Punjab	2	North	12
30	Haldia Institute of Health Sciences	Haldia	West Bengal	2	East	4
31	Baba Farid University of Health Sciences	Faridkot	Punjab	3	North	13
32	Chhatrapati Shahu ji Maharaj University	Kanpur	Uttar Pradesh	2	North	14

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1	SDM College of Physiotherapy	Dharwad	Karnataka	1	South	1
2	Sri Ramachandra Institute of Higher Education and Research	Chennai	Tamil Nadu	1	South	2
3	BITS Institute of Physiotherapy	Vadodara	Gujarat	1	West	1
4	Manipal Academy of Higher Education (MAHE)	Manipal	Karnataka	2	South	3
5	Ramaiah College of Physiotherapy	Bengaluru	Karnataka	3	South	4
6	St. John's National Academy of Health Sciences	Bengaluru	Karnataka	4	South	5
7	SRM Institute of Science & Technology	Chennai	Tamil Nadu	2	South	6
8	Jamia Hamdard	New Delhi	Delhi	1	North	1
9	JSS College of Physiotherapy	Mysuru	Karnataka	5	South	7
10	D Y Patil University, Navi Mumbai	Navi Mumbai	Maharashtra	1	West	2
11	College of Physiotherapy, Dayananda Sagar University	Bengaluru	Karnataka	6	South	8
12	Datta Meghe Institute of Higher Education & Research	Wardha	Maharashtra	2	West	3
13	Sri Guru Ram Das University of Health Sciences, Sri Amritsar	Amritsar	Punjab	1	North	2
14	Father Muller College of Physiotherapy	Mangaluru	Karnataka	7	South	9
15	College of Physiotherapy and Medical Sciences, PEWS	Guwahati	Assam	1	North-East	1
16	Meenakshi College of Physiotherapy (MAHER)	Chennai	Tamil Nadu	3	South	10
17	Dr. D. Y. Patil College of Physiotherapy, Pimpri	Pune	Maharashtra	3	West	4
18	KLE Academy of Higher Education and Research Institute of Physiotherapy	Belgaum	Karnataka	8	South	11
19	Topiwala National Medical College And Bai Yamunabai Laxman Nair Charitable Hospital	Mumbai	Maharashtra	4	West	5
20	Dr. APJ Abdul Kalam College of Physiotherapy (PIMS), Loni	Ahmednagar	Maharashtra	5	West	6
21	Sapthagiri Institute of Medical Sciences & Research Center	Bengaluru	Karnataka	9	South	12
22	Ahmedabad Institute of Medical Sciences (AIMS)	Ahmedabad	Gujarat	2	West	7
23	Janardan Rai Nagar Rajasthan Vidyapeeth	Udaipur	Rajasthan	1	North	3

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ALL INDIA RANK* (Based on Survey/ Perception & Secondary Research)	NAME OF THE COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
24	Vinayaka Mission's College of Physiotherapy	Salem	Tamil Nadu	4	South	13
25	Acharya Institute of Health Sciences	Bengaluru	Karnataka	10	South	14
26	Shree Guru Gobind Singh Tricentenary University (SGT University)	Gurugram	Haryana	1	North	4
27	Suryadatta Institute of Health Science (SIHS) College of Physiotherapy	Pune	Maharashtra	6	West	8
28	Sharda University	Greater Noida	Uttar Pradesh	1	North	5
29	Maharishi Markandeshwar University, Kumarhatti - Solan	Solan	Himachal Pradesh	1	North	6
30	Lovely Professional University (LPU)	Phagwara	Punjab	2	North	7
31	K J Somaiya College of Physiotherapy	Mumbai	Maharashtra	7	West	9
32	Dr. M.G.R Educational and Research Institute	Chennai	Tamil Nadu	5	South	15
33	Integral University	Lucknow	Uttar Pradesh	2	North	8
34	Banarsidas Chandiwala Institute of Physiotherapy	New Delhi	Delhi	2	North	9
35	MGM Institute of Physiotherapy	Aurangabad	Maharashtra	8	West	10
36	Jayoti Vidyapeeth Women's University	Jaipur	Rajasthan	2	North	10
37	JDT Islam College of Physiotherapy	Calicut	Kerala	1	South	16
38	Parul University	Vadodara	Gujarat	3	West	11
39	Maharashtra Institute of Physiotherapy	Latur	Maharashtra	9	West	12
40	Medical Trust Institute of Medical Sciences (MTIMS)	Ernakulam	Kerala	2	South	17
41	PES Institute of Medical Sciences & Research	Kuppam	Andhra Pradesh	1	South	18
42	Indian Spinal Injuries Centre (ISIC) Institute of Rehabilitation Sciences	New Delhi	Delhi	3	North	11
43	BLDE (Deemed to be University)	Vijayapura	Karnataka	11	South	19
44	L N Paramedical College, LNCT University	Bhopal	Madhya Pradesh	1	Central	1
45	Bengal Institute of Pharmaceutical Sciences	Nadia	West Bengal	1	East	1
46	Teerthanker Mahaveer University	Moradabad	Uttar Pradesh	3	North	12
47	Galgotias University	Greater Noida	Uttar Pradesh	4	North	13
48	NIMS College of Physiotherapy & Occupational Therapy	Jaipur	Rajasthan	3	North	14

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ALL INDIA RANK* (Based on Survey/ Perception & Secondary Research)	NAME OF THE COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
49	School of Physiotherapy, AVMC Campus	Puducherry	Puducherry	1	South	20
50	College of Physiotherapy of Peerless Hospital and B. K Roy Research Centre	Kolkata	West Bengal	2	East	2
51	MAEERs Physiotherapy College, Talegaon Dabhade	Pune	Maharashtra	10	West	13
52	School of Physiotherapy, Puducherry	Puducherry	Puducherry	2	South	21
53	Apollo College of Physiotherapy	Durg	Chhattisgarh	1	Central	2
54	Chaitanya Medical Foundation's College of Physiotherapy, Chinchwad	Pune	Maharashtra	11	West	14
55	Adesh University	Bathinda	Punjab	3	North	15
56	KMCT College of Allied Health Sciences	Kozhikode	Kerala	3	South	22
57	Swami Rama Himalayan University	Dehradun	Uttarakhand	1	North	16
58	Mahatma Gandhi Physiotherapy College	Jaipur	Rajasthan	4	North	17
59	Abhilashi University	Mandi	Himachal Pradesh	2	North	18
60	Hi-Tech College of Physiotherapy	Bhubaneswar	Odisha	1	East	3
61	KG College of Physiotherapy	Coimbatore	Tamil Nadu	6	South	23
62	V.S.P.M.'s College of Physiotherapy	Nagpur	Maharashtra	12	West	15
63	Garden City University	Bengaluru	Karnataka	12	South	24
64	Little Flower Institute of Medical Science & Research (LIMSAR)	Ernakulam	Kerala	4	South	25
65	M.V.P's College of Physiotherapy	Nashik	Maharashtra	13	West	16
66	Shree Swaminarayan Physiotherapy College, Kadodara	Surat	Gujarat	4	West	17
67	Krishna Vishwa Vidyapeeth	Karad	Maharashtra	14	West	18
68	IIMT University	Meerut	Uttar Pradesh	5	North	19
69	Shanmuga College of Physiotherapy	Karaikal	Puducherry	3	South	26
70	Ramakrishna Mission Seva Pratishthan	Kolkata	West Bengal	3	East	4
71	Jaipur National University	Jaipur	Rajasthan	5	North	20
72	Bareilly International University	Bareilly	Uttar Pradesh	6	North	21
73	Venus Institute of Physiotherapy, Swarrnim Startup & Innovation University	Gandhinagar	Gujarat	5	West	19
74	Shri Guru Ram Rai University	Dehradun	Uttarakhand	2	North	22
75	The SIA College of Health Sciences, College of Physiotherapy	Thane	Maharashtra	15	West	20

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1	Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER)	Puducherry	Puducherry	1	South	1
2	Jawaharlal Nehru University (JNU)	New Delhi	Delhi	1	North	1
3	Tata Institute of Social Sciences (TISS)	Mumbai	Maharashtra	1	West	1
4	All India Institute of Medical Sciences, Jodhpur	Jodhpur	Rajasthan	1	North	2
5	Rajiv Gandhi University of Health Sciences	Bengaluru	Karnataka	1	South	2
6	National Institute of Mental Health and Neuro Sciences (NIMHANS)	Bengaluru	Karnataka	2	South	3
7	National Centre for Disease Control	New Delhi	Delhi	2	North	3
8	All India Institute of Medical Sciences, Rishikesh	Rishikesh	Uttarakhand	1	North	4
9	All India Institute of Hygiene and Public Health	Kolkata	West Bengal	1	East	1
10	Indian Institute of Public Health, Gandhinagar	Gandhinagar	Gujarat	1	West	2
11	The School of Public Health & Health Sciences, Savitribai Phule Pune University	Pune	Maharashtra	2	West	3
12	Indian Institute of Public Health - Delhi (IIPH-D)	Gurugram	Haryana	1	North	5
13	ICMR - National Institute of Epidemiology	Chennai	Tamil Nadu	1	South	4
14	Manipal Academy of Higher Education (MAHE)	Manipal	Karnataka	3	South	5
15	SRM School of Public Health, SRM Institute of Science & Technology	Chengalpattu	Tamil Nadu	2	South	6
16	Sri Ramachandra Institute of Higher Education and Research	Chennai	Tamil Nadu	3	South	7
17	JSS Medical College	Mysuru	Karnataka	4	South	8
18	D Y Patil University (School of Public Health), Navi Mumbai	Navi Mumbai	Maharashtra	3	West	4
19	NSHM Institute of Health Sciences, NSHM Knowledge Campus	Kolkata	West Bengal	2	East	2
20	Symbiosis Institute of Health Sciences	Pune	Maharashtra	4	West	5
21	Dr. D. Y. Patil Medical College, Hospital & Research Centre	Pune	Maharashtra	5	West	6
22	Kerala University of Health Sciences	Thrissur	Kerala	1	South	9

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ALL INDIA RANK* (Based on Survey/ Perception & Secondary Research)	NAME OF THE COLLEGE	CITY	STATE	STATE RANK	ZONE	ZONE RANK
23	Institute of Public Health, Kalyani	Kalyani	West Bengal	3	East	3
24	Karnataka State Rural Development & Panchayat Raj University, Gadag	Gadag	Karnataka	5	South	10
25	Faculty of Life and Allied Health Sciences, Ramaiah University of Applied Sciences	Bengaluru	Karnataka	6	South	11
26	School of Health Sciences, Dayananda Sagar University	Bengaluru	Karnataka	7	South	12
27	Maulana Azad University, Jodhpur	Jodhpur	Rajasthan	2	North	6
28	Amity University, Gurugram	Gurugram	Haryana	2	North	7
29	Centre for Professional and Advanced Studies, School of Medical Education (SME)	Kottayam	Kerala	2	South	13
30	Shree Guru Gobind Singh Tricentenary University (SGT University)	Gurugram	Haryana	3	North	8
31	School of Public Health and Social Medicine (SPHSM), Pravara Institute of Medical Sciences, Loni	Ahmednagar	Maharashtra	6	West	7
32	University of Hyderabad	Hyderabad	Telangana	1	South	14
33	Krishna Vishwa Vidyapeeth	Karad	Maharashtra	7	West	8
34	Sam Higginbottom University of Agriculture, Technology and Sciences (SHUATS)	Prayagraj	Uttar Pradesh	1	North	9
35	Martin Luther Christian University	Shillong	Meghalaya	1	North-East	1
36	Yenepoya Medical College	Mangaluru	Karnataka	8	South	15
37	Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum	Thiruvananthapuram	Kerala	3	South	16
38	University of Lucknow	Lucknow	Uttar Pradesh	2	North	10
39	Amity University, Noida	Noida	Uttar Pradesh	3	North	11
40	Department of Public Health, Faculty of Medicine (Parul University)	Vadodara	Gujarat	2	West	9
41	Vinayaka Mission's Research Foundation	Salem	Tamil Nadu	4	South	17
42	Dr. Ram Manohar Lohia Avadh University	Ayodhya	Uttar Pradesh	4	North	12
43	K S Hegde Medical Academy	Mangaluru	Karnataka	9	South	18
44	Sri Devaraj Urs Medical College (Sri Devaraj Urs Academy of Higher Education and Research)	Kolar	Karnataka	10	South	19
45	Institute of Clinical Research India (ICRI), New Delhi	New Delhi	Delhi	3	North	13

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SHRI DHARMASTHALA MANJUNATHESHWARA UNIVERSITY

SDM UNIVERSITY

Shri Dharmasthala Manjunatheshwara University (SDM University) was established on 19th December 2018 as a State Private University at Sattur, Dharwad. SDM University was established under Shri Dharmasthala Manjunatheshwara University Act 2018 and this University has been sponsored by Shri Dharmasthala Manjunatheshwara Educational Society (SDM Educational Society), Ujire, Dakshina Kannada District, Karnataka State. SDM University sets the highest standard of teaching and learning, awakening the intelligence of the students and nurturing the creativity hidden in them by creating an environment where the ancient wisdom blends with modern science to transform them into human being to face the challenges. The University functions with the mission to ensure the journey of education is inspiring, pleasant and enjoyable to attract best of the Teachers and Students. The objective of the University is to transform the students of today to be the Leaders of tomorrow, a better human being and to produce passionate teachers.



Poojya Shri D. Veerendra Heggade
Hon'ble Chancellor

The Chancellor of SDM University is Poojya Shri Heggade who is also the President of SDM Educational Society. Poojya Shri Heggade is a multi-dimensional individual, social reformer, educationist, philosopher & philanthropist. A visionary Leader with a dream to start a Centre of Excellence in Medical Education and Healthcare for the people of North Karnataka Region at an affordable cost. By starting this Centre of Excellence, the Chancellor would like to become an effective partner in Nation building.



Dr. Niranjan Kumar
Vice Chancellor

Dr. Niranjan Kumar, an eminent Plastic & Reconstructive Surgeon by profession is leading Shri Dharmasthala Manjunatheshwara University, Dharwad as its founding Vice Chancellor. Dr. Niranjan Kumar is also the Medical Director of SDM Medical College & Hospital and Director of SDM Craniofacial Surgery & Research Centre. Under his able leadership, SDM University and its Constituent Institutions are growing at rapid pace and these Institutions are one of the top Institutions in the Country.

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For $0° < \beta < 45°$ and $n \in \mathbb{N}$, if

$$1 - \frac{1}{n} = \frac{1}{\sqrt[3]{540 + 378\sqrt{2}}} + \frac{1}{\sqrt[3]{540 - 378\sqrt{2}}}$$

$$m = \tan\alpha \sqrt[7]{\cot^2\alpha} + \cot\alpha \sqrt[7]{\tan^2\alpha}$$

$$p = \frac{\sin^7\beta + \cos^7\beta}{\sin^5\beta + \cos^5\beta}$$

$$q = \operatorname{cosec}^2\gamma + \sec^2\gamma$$

where,

$$\tan\alpha + \cot\alpha = 843$$

$$8\sin\beta + 9\cos\beta = 12$$

and,

$$2^{25}(\sin^{32}\gamma + \cos^{32}\gamma)(\sin^{22}\gamma + \cos^{22}\gamma) = (2\sin\gamma\cos\gamma)^{27}$$

then find the value of:

(i) $\dfrac{5}{mn}\{p(1+q)^2(m+n^2+49) - 10n - 40\}$

(i) $\dfrac{(m^4-n^4)(q^4+8q^2+16)}{(m^3-n^3)(q^2+4)^2} \cdot \dfrac{(q^6-64q^2)(m^2+mn+n^2)}{(q^4+8q^2)(m^2+n^2)}$

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Answers:

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Answers will be published in the next issue. You can ask any queries and send your solution to: Email: ganitmath.india@gmail.com, M: +91 8826337312.
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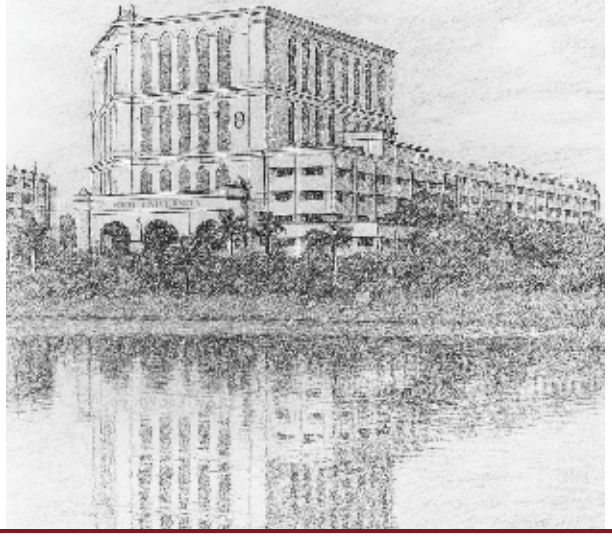
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