

**MAHARSHI DAYANAND SARASWATI UNIVERSITY, AJMER**



**पाठ्यक्रम**  
**SYLLABUS**

**SCHEME OF EXAMINATION AND COURSES OF STUDY**

**FACULTY OF SCIENCE**

**Advance Post P.G. Diploma in  
Food & Health Security Examination  
(w.e.f. 2015-16)**

**महर्षि दयानन्द सरस्वती विश्वविद्यालय, अजमेर**

**NOTICE**

1. Change in Statutes/Ordinances/Rules/Regulations/ Syllabus and Books may, from time to time, be made by amendment or remaking, and a candidate shall, except in so far as the University determines otherwise comply with any change that applies to years he has not completed at the time of change. **The decision taken by the Academic Council shall be final.**

**सूचना**

1. समय-समय पर संशोधन या पुनः निर्माण कर परिनियमों /अध्यादेशों / नियमों / विनियमों / पाठ्यक्रमों व पुस्तकों में परिवर्तन किया जा सकता है, तथा किसी भी परिवर्तन को छात्र को मानना होगा बशर्ते कि विश्वविद्यालय ने अन्यथा प्रकार से उनको छूट न दी हो और छात्र ने उस परिवर्तन के पूर्व वर्ष पाठ्यक्रम को पूरा न किया हो। विद्या परिषद द्वारा लिये गये निर्णय अन्तिम होंगे।

**POST PG DIPLOMA IN FOOD AND HEALTH SECURITY****Eligibility**

The candidates for admission to the Post PG Diploma in Food and Health Security programme should have secured 50% marks in postgraduate degree (Masters level) in any subject.

**RESERVATION**

Reservation of Seats/Relaxation of marks for SC, ST, OBC, Physically Handicapped, displaced Kashmiri Candidates and University, Employee, employee's spouse/son or daughter.

A) 49 percent of the total number of seats in each course in the Faculties of social Science, Science, Commerce (including Certificate/Diploma course, if any, in all these Faculties) will be reserved in each department for natural born sons/daughters of parents belonging to Scheduled Castes (16 percent), Scheduled Tribes (12) and other Backward Classes (21 percent) excluding those who fall within category of creamy layer

B) Three percent of the total number of seats in each course in the faculties specified in (a) above will be reserved in each department for Physically Handicapped candidates (enclose certificate as per note ii) and one percent for displaced Kashmiri candidates in all the categories.

C) Super numeral seats in each course run by the university teaching departments shall be reserved for the University Employees (teacher, officer and non teaching staff), employee's spouse/son or daughter. The additional seats for University, employee, employee's spouse/son or daughter will be in addition to the total number of seats allotted in that particular course. The admission under this reserved category will be made on the basis of combined merit of applications under this category. One additional seat will be reserved for the University wards having 20 seats per course. In case of 40 seats, 2 seats will be reserved for the University employees/wards. This reservation would also be applicable for admission to those courses where university entrance examination is conducted. However, the reservation would not be applicable for admission to those courses where state level entrance test examination is conducted. Preference will be given to non-income tax payers.

D) All Scheduled Caste, Scheduled Tribes, OBC, PH and displaced Kashmiri candidates who have passed the qualifying examination for admission to a University, to M.A./M.Sc./M.Com./Diploma/Certificate course may be arranged in the order of merit among themselves.

E) Special relaxation for wards of Kashmiri migrants as per the MHRD Secondary and higher Education department of GOI letter no. F 10-1/2006(U) dated 8/3/2006.

1. Extension in the date of admission by about 30 days
2. Relaxation in cutoff percentage up to 10% subject to minimum eligibility requirement.
3. Increase in intake capacity up to 5% course wise

4. Reservation of at least 1 seat in merit quota in technical/professional institutions.

5. Waiving of domicile requirement.

6. Felicitation of migration in second and subsequent years.

F) For SC/ST/OBC candidates:-

i. Those who have secured marks above the level up to which general category students are admitted, should not be counted towards reserved quota at all and should be included in the general merit list of admissions, ii. Excluding those admitted on merit along with general Candidates as at (i) above, other Scheduled Caste and Scheduled Tribe and OBC candidates should be admitted in the order of merit going down the inter-se-merit list up to the point necessary to secure adequate number of candidates of scheduled Castes as well as Scheduled Tribes to fulfill the reservation percentage completely.

iii. It is clarified that in order to fill the reservation quota, there should be no hesitation to go down, if necessary, to the pass percentage of the qualifying examination (i.e. B.A./B.Sc./B.Com. pass course as well as Honors degree for admission to a post-Graduation.

iv. In case of non-availability of SC candidate(s) the reserve seat(s) for SC shall be filled in by ST candidates, if available. Similarly, in case of nonavailability of ST Candidate(s), the reserve seat(s) of ST shall be filled in by SC candidates, if available, left over SC/ST/OBC reserved seats could be filled in by general category of the candidates by concerned head of Department in case of non-availability of SC/ST/OBC candidates after taking permission from Hon'ble Vice-chancellor

**PROGRAMME OF STUDY:-** The post PG Diploma program will be of one year duration with exams conducted annually.

#### SCHEME

The scheme of examination with nomenclature of papers (Theory and Practical) with marks and hours of instruction, are clearly mentioned in the syllabus. The minimum pass marks in individual papers for any semester will be 40% and the aggregate pass marks for will be 50%.

#### INTERNAL ASSESSMENT

For every theory and practical paper 20% of the maximum marks will be awarded on the basis of internal assessment. Internal assessment will be based on:

- Written tests(minimum two)-10%
- Assignments/class presentations/group discussions/regularity in the class room-10%

#### EXAMINATION

- Result:- The minimum pass marks in individual papers will be 40% and the aggregate pass marks will be 50%.
- Division:-First division is awarded to candidates securing 60% marks in the aggregate or above, Second division is awarded to candidates securing 48% to 59.9% marks. Candidates securing less than 48% marks will be awarded Third

Division and below 36% marks in the aggregate will be declared as failed.

C) Due Paper:- Candidates securing less than 40% marks in two papers can reappear in that paper when the next exam is held.

## POST PG DIPLOMA IN FOOD AND HEALTH SECURITY

### Programme of Study and Examination Scheme

Paper No.	Nomenclature	Max. Marks	Main Exam	Hours of Instruction
I	Nutrition and Health epidemiology	50	40	2
II	Environment and Health Security	50	40	2
III	Sustainable Food Security	75	60	3
IV	Community Health Management	75	60	3
V	Improving Health and Nutrition: IEC Approaches	75	60	3
VI	Health related Programmes, Policies and Organizations	75	60	3
VII	Nutrition and Health in Emergencies and Disasters	50	40	2
	Combined Practical	200		8
	Seminar on: 'Current Trends and Issues in Food and Health Security'	50		2
	Project	100		8
	<b>Total</b>	<b>800</b>		<b>36</b>

#### Note:

- 20% marks will be awarded to the candidate on the basis of continuous evaluation and assessment during the course of study.
- The candidate will be required to secure 50% marks in aggregate and 40% marks in individual papers.

#### Paper-I

#### NUTRITIONAL AND HEALTH EPIDEMIOLOGY

Hours of Instruction/week- 2

Max. Marks 50

Duration of Exam - 3 hrs.

Main Exam - 40, Continuous Assessment-10

- Introduction to epidemiology and branches of epidemiology Types of epidemiology
- Epidemiological information: collecting epidemiological data, secondary routine data.
- Aims of Epidemiology.
- Epidemiological Methods: Observational studies - Descriptive and

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- analytical studies Experimental – randomized field trials and community trials. Risk factors, risks and odds. Relative and attributable risk.
5. Principles of nutritional epidemiology.
  6. Measurement issues, measurement of disease, occurrence and measures of association, exposure and outcome.
  7. Assessment of food consumption, intake and validation of assessment.
  8. Biochemical markers of nutrient intake and nutritional status.
  9. Socio demographic and psychosocial variable.
  10. Anthropometric measurements.
  11. Design and planning of nutritional epidemiological studies.
  12. Assessing, applying and evaluating epidemiological studies.
- Discussion of selected case studies.  
Uses of Epidemiology.

**Paper-II**

**ENVIRONMENT AND HEALTH SECURITY**

Hours of Instruction/week- 2

Max. Marks 50

Duration of Exam - 3 hrs.

Main Exam - 40, Continuous Assessment-10

1. **Fundamentals of Environment**
  - Environment definition. Scope of environment studies.
  - Life and the environment. Physio-chemical factors in the environment, changes in the environment-anthropogenic and non-anthropogenic.
  - Environmental hazards and risks.
  - Natural resource – conservation and sustainable development.
2. **Eco-system – Earth, Man and Environment**
  - Ecosystems of the world.
  - Forest ecology.
  - Pathways in ecosystem.
  - Environment implications of energy use.
  - Problems of sustainability of ecosystems.
3. **Population and Environment.**
  - Carrying capacity: limits to population growth.
  - Population growth and natural resources.
  - Impact of population growth on economic development and environment.
4. **Land and water resources of the earth.**
  - Land resources of the earth.
  - Land use.
  - Water resource of the earth.
5. **Factors affecting changes in ecosystem and environment (socio, economic, cultural and geographic)**
6. **Pollution and environment with reference to Air, Water, Soil, Noise**
  - Sources of pollution.
  - Effects of pollution.

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Remedies to control pollution.

**Environment and Public Health**

Environmental pollution and community health.

Water borne disease.

Air borne diseases.

Chemical insecticides and its impact on health.

Toxic actions of metals and biological substances.

**8. Waste Management**

Types of wastes

Methods of waste management.

Water pollution and treatment of wastes.

Solid wastes management.

Air pollution control technology.

**9. Environmental Control Management**

Environmental legislation.

Environmental policies.

Human rights issues relating to environment.

Environment movements.

Environmental ethics

Women and environment.

10. **Role of local municipal authority, government and non-governmental agencies in promoting better health environment.**

**Paper-III**

**SUSTAINABLE FOOD SECURITY**

Hours of Instruction/week- 3

Max. Marks 75

Duration of Exam - 3 hrs.

Main Exam - 60, Continuous Assessment-15

1. **Concept of sustainable development**
  - Sustainability – meaning, concept. Sustainable development – concept, goals and challenges.
  - Dimensions of sustainable development: social, spiritual, economic, educational security.
2. **Management of community resources and sustainability**
  - Factors affecting sustainability of community resource management
  - Program sustainability, financial sustainability.
3. **Food security and nutrition**
  - Definition and measurement
  - Dimension of the nutrition problem now, and in the future, who are the food insecure and malnourished, Gender issues in attaining food and nutrition security.
4. **Food security and world hunger**
  - Introduction, forms of food insecurity and hunger, poverty and chronic hunger, life cycle hunger, seasonal hunger, acute hunger, geography of hunger.



5. Sustainable food security at country and state level
  - Conceptual framework of food security – availability of food, accessibility of food, consumption and utilization of food.
  - Food security policy and status of macro food security in India.
  - Socioeconomic characteristics leading to vulnerability to food insecurity
  - Development initiative imparting food security.
  - Nature and status of food insecurity at household level.
6. Food assistance and nutrition improvement Programmes
  - Current levels of food security and the role of food assistance
  - Food assistance to sustain and enhance lives
  - Basis for food assistance
  - Food assistance for human development
  - Food assistance for increasing agricultural production and generating income
  - Food assistance and women: enhancing household food security
  - Food assistance to save lives
  - Financing food assistance
7. Food for consumers
  - Marketing, processing and distribution
  - Meeting consumer demand
  - On – farm operations, storage in the marketing system
  - Improving marketing services to farmers
  - The role of government supplying the cities
  - Food processing
8. Trade, sustainability and food security
  - Trade and food security
  - Trade and food availability
  - Trade and food supply instability.
  - Trade and income growth.
9. Food technology and toxicology
  - Factors affecting nutritive value in processed foods
  - Nutrification of foods
  - Food additives, contaminants and natural toxins

**Paper – IV**

**COMMUNITY HEALTH MANAGEMENT**

Hours of Instruction/week- 3

Max. Marks 75

Duration of Exam - 3 hrs.

Main Exam - 60, Continuous Assessment-15

**Section A**

**Community Health**

1. Concept of Health and Health Care-
  - Concepts of health and positive health, definitions of health. Health-disease continuum, factors affecting health, health as a human right. Concept of community health and global health, health for all. Primary Health Care-

definitions, principles, components, comprehensive health care, levels of prevention, concept of reproductive health- ICPD declaration.

**2. Health and Development Indices**

- Health indices and related indices in community health, fertility indicators, vital statistics, mortality, morbidity indicator, demographic indicators- sex ratio, indicators for social and mental health, Human Development Index, Disability Adjusted Life Years(DALY). Reproductive Health Index.

**3. Community Health Needs and Problems**

- Health needs and problems related to sanitation and environment, protected water, personal hygiene and pollution control.
- Ecology and Environment, global warming- causes, effects and prevention, natural and man made disaster management.
- Health needs of special groups- women, infants, children. Health of adolescents, geriatric health needs and problems, tribal health, refugees.
- Major Health problems in India.
- Surveillance and Assessment of Health and nutritional status- Meaning, need, objectives and importance. Methods of assessment. Surveillance systems- international, national, regional and community.

**4. Health Care Services**

- Health Administrative set up, peripheral, state, national-urban, rural, inter-sectoral co-ordination in health and development.

**5. Management Information System in Health**

- Basic epidemiology, surveillance, health screening, health regulations and acts, health legislations, international health regulations.
- Census, sample registration system, national family health surveys.
- Evaluation of health services, health system research.

**6. Health needs of special groups**

- Infants, young children and adolescents.
- Women
- Elderly
- Tribal populations
- Migrant and refugee populations
- Urban and rural poor

**7. Human Development Indicators-**

- Education, health, social security
- Factors affecting Human Development Indicators(HDI)- economic dominance and caste composition
- Location of village and mobility
- Government intervention and media exposure.

**Section B**

**Public Health and Nutrition**

1. Concept of Public Nutrition- relationship between Health and Nutrition,

- role of public nutritionists in the health care delivery.
2. **Sectors and Public Policies Relevant to Nutrition**
  3. **Primary Health Care of the community**
    - National Health Care delivery system.
    - Determinants of Health Status
    - Indicators of Health
  4. **Population Dynamics**
    - Demographic transition, population structure, fertility behaviour, population policy, fertility, nutrition and quality of life inter-relationship.
  5. **Major Nutritional Problems- etiology, prevalence, clinical manifestations, preventive and therapeutic measures of:**
    - Macro and micro nutrient deficiencies
    - Other nutritional problems like lathyrism, dropsy, aflatoxicosis, alcoholism and fluorosis
    - Over weight, obesity and chronic degenerative diseases
  6. **National Food and Nutrition Policy, Plan of Action and Programmes.**
  7. **Approaches and strategies for improving nutritional status and health:** Programmatic options- their advantages and demerits. Feasibility, political support, available resources(human financial, infrastructural). Case studies of selected strategies and programmes: their rationale and context, how to select interventions from a range of possible options:
    - Health based interventions, food based interventions including fortification and genetic improvement of foods, supplementary feeding, nutrition education for behaviour change.
  8. **Policy analysis and operational research**
  9. **Programme design planning, implementation, operations monitoring, surveillance and evaluation.**
  10. **Health economics and economics of malnutrition- its impact on productivity and national development. Cost benefit, cost effectiveness and cost efficiency.**

**Paper-V**

**IMPROVING HEALTH AND NUTRITION: IEC APPROACHES**

Hours of Instruction/week-3 Max. Marks 75  
Duration of Exam - 3 hrs. Main Exam - 60, Continuous Assessment-15

1. **Concept of Communication-concept of communication and mass communication scope of Communication, Elements of Communication, Models of Communication, Communication process, Approaches to Communication, Determinants of Communication effectiveness, Barriers of Communication, Communication for Extension education and Social Development-Education, Health, Nutrition, Hygiene, Family Planning, Environment.**
2. **Introduction to IEC (Information, Education and Communication)**
3. **Aims and Objectives: Importance of IEC, relevance to programmes**

4. **IEC for Behavioural Changes: Behaviour and determinants of behaviour, need for IEC.**
5. **Different Media, their characteristics and use**
  - a. Audio visual aids(Graphic aids, puppets and other three dimensional aids, display boards and projected and non-projected aids)
  - b. Mass Media: The meaning of mass media, Incidental and planned effects of media, Types of mass media: print, radio/recordings, films, television/ video, advertising, journalism.
6. **Methods, Techniques and Tools.**
7. **Planning effective IEC Programmes- Broad based strategy and for specific objectives.** Identification of key messages for re-inforcement, preparation of IEC material. Refining of IEC messages. Social mobilisation, social marketing and role of community. Training to use IEC.
8. **Implementation- Use of IEC, training supportive supervision and monitoring.**
9. **IEC for different target groups: Policy makers, Managerial level and middle level officials from Government donor agencies and NGOs, Grass root functionaries Community**
10. **Impact Assessment**
11. **Case studies of various IEC programmes**
12. **Specific National Programmes and IEC- Influence at mass level.**

**Paper- VI**

**HEALTH RELATED PROGRAMMES, POLICIES AND ORGANISATIONS**

Hours of Instruction/week-3 Max. Marks 75  
Duration of Exam - 3 hrs. Main Exam - 60, Continuous Assessment-15

1. **Programme Development-**
  - Overview of programme development models.
  - Formative evaluation approach.
  - Proceed planning model.
  - Sussman's four-step model of empirical curriculum development, chain model
2. **Programme Planning-**
  - Pre-requisites for planning-short term and long term objectives.
  - Planning at various levels- Government, local health department, state, voluntary sector and community based.
  - Approaches used in planning-top-down approach, need based approach. Community participation and partnership, rights-based approach.
3. **Appraisal of existing programmes and interventions -**
  - Merits, demerits. Lacunae-gaps vis-à-vis objectives and goals.
4. **Implementation of Programmes -**
  - Developing prototypes, training and HRD aspects of the programmes.
  - Pilot and prototype studies, innovations.
5. **Scaling up of programme**
  - Centralisation and decentralisation
  - vertical and horizontal linkages
  - intersectoral linkages

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- involvement of corporate sectors
- Legal issues, Financial management, Cost benefits, Cost effectiveness and Cost efficiency.
- 6. **Concept of service organisations –**
  - Need and nature of service organisations in India
  - Philosophy and significance in a developing nation
- 7. **Management of service organisations –**
  - concept and importance, functions of management, approaches to management – planning, implementation, personal management, financial management, administration and monitoring of organisational activities – managerial skills.
- 8. **Organisational structure of human service organisations.**
- 9. **Organisations working for the services of various groups: women, children, youth, groups and groups with special needs**
  - Government and non-government working for the service of: women: like national commission for women, SEWA, mahila samakhya, central social welfare board, bhartiya gramin mahila sangh etc.
  - Children: Indian Council of Child Welfare, Integrated Child Development Services, National Institute for Public Cooperation and Child Development, Planned Parenthood federation etc.
  - Youth: Nehru Yuvak Kendra, YMCA, YWCA, YUVA etc.
  - Groups with special needs: Physically and mentally handicapped, aged, destitute, orphans street children like national association for blind, spastic society, helpage India, SOS villages, dignity foundation etc.
- 10. **Assessment of Human Services Organisations**
  - Indicators of assessment
  - Assessment of personal accountability
- 11. **Concept of Volunteerism**
  - Theories of Volunteerism
  - Profile of volunteers
  - Motivation of Volunteers
- 12. **Programmes**
  - Reproductive and child health
  - Revised National Tuberculosis control Program (RNTCP)
  - National Aids Control Program
  - National Anti-Malaria Control Program (NMCP)
  - National Surveillance Program for Communicable Diseases
  - National Program for Control and treatment of Occupational Diseases
  - Nutritional Programs
    - ICDS
    - Mid day Meal
    - Balwadi
    - SNP
  - Applied Nutrition Program
  - Wheat based supplementary Nutrition Program
  - Tamil Nadu Integrated Nutrition Program

- National Nutritional Anaemia Prophylaxis Program
- National Program for Prophylaxis against blindness in children Vitamin A deficiency
- World Food Program
- National Iodine Deficiency disorder Control Program
- National Cancer Control Program
- National Diabetes Control Program
- National Cardiovascular Disease Control Program

**13. Policies**

- National Health Policy 2002
- National Aids Prevention and Control Policy 2002
- National Policy for the Empowerment of Women 2001
- National Nutrition Policy

**14. Legislation**

- Legislations related to Health
- The prevention of food adulteration act 1954
- The environment Protection Act 1986
- The Epidemic diseases Act 1987

**Paper-VII****NUTRITION AND HEALTH IN EMERGENCIES AND DISASTER**

Hours of Instruction/week- 2

Max. Marks 50

Duration of Exam - 3 hrs.

Main Exam - 40, Continuous Assessment-10

1. **Natural/ manmade disasters resulting in emergency situations.**
  - Famine, drought, floods, earthquake, cyclone, war, civil and political emergencies.
  - Factors giving rise to emergency situation in these disasters.
  - Illustration using case studies from Indian subcontinent.
2. **Disaster Management**
  - Disaster Impact and response
  - Disaster preparedness and Policy development
  - Disaster mitigation in health sector
3. **Nutritional problems in Emergencies in vulnerable groups**
  - Causes of malnutrition in emergency situations
  - Major deficiency diseases in emergencies
  - Protein-energy malnutrition
  - Specific deficiencies
4. **Communicable diseases: Surveillance and Disease Control**
  - Control of communicable diseases in emergencies- Role of Immunization and Sanitation. Vector Control
5. **Assessment and surveillance of Nutritional status in emergency affected populations**
  - Scope of assessment of malnutrition in emergencies.
  - Indicators of malnutrition. Clinical signs for screening acute malnutrition.
  - Anthropometric assessment of nutritional status. Indicators and cut offs indicating seriously abnormal nutritional situation: weight for height based indices, MUAC, social indicators.
  - Organization of nutritional surveillance and individual screening.



6. **Rehabilitation**
  - Water Supply
  - survey of public water supply
  - ensure water quality
  - disinfecting water
  - Ensuring safe water supply
  - Basic Sanitation and personal hygiene
  - Control of vector borne diseases
  - Nutritional relief and nutritional rehabilitation
  - assessment of food needs in emergency situations
  - Food distribution strategy- identifying and reaching the vulnerable group- Targeting food aid
  - Mass and supplementary feeding
  - Therapeutic feeding
  - Special foods /rations for nutritional relief
  - Local production of special foods
  - Local foods in rehabilitation
  - Organization of mass feeding/ general food distribution
  - Feeding centers
  - Transportation and food storage,
  - Food sanitation and food safety
  - Evaluation of feeding programmes
  - Household food security and nutrition in emergencies
7. **Public nutrition approach to tackle nutritional problems in emergencies.**
8. **International agencies providing health humanitarian assistance in emergency situations.**

**COMBINED PRACTICALS**

Hours of Instruction/Week: 8

Max. Marks : 200

**CONTENTS:**

1. **Use of visual media:** Development and use of charts, posters, flash cards and flip charts for health and nutrition communication.
2. **Demonstration as a technique of communication**
3. **Use of print media-**development of leaflet/booklets, newspaper/magazine articles
4. **Fields visit for exposure to AIR, Doordarshan, TV/Video studio and advertising agency dealing with health/ nutrition communication.**
5. **Visit to at least 3 programmes where nutrition and Health communication form a major part programme inputs.**  
Report to be prepared on – Implementing authority , objectives, beneficiaries/ participants, planning process used, criteria used for selection and inclusion, coverage- proportion of target population covered, interventions , mode of implementation, duration of benefits(number of days per year), role of community participation , records and monitoring systems, appraisal of intervention- positive points, gaps and lacunae, evaluation and impact data available, financial and administrative aspects

- (cost effectiveness and qualitative appraisal), suggestions for improvement. Examples of programmes that can be covered- ICDS, Vitamin A prophylaxis programme, Public Distribution System, Anemia prophylaxis programme, Nutrition and Health Education Programmes.
6. **Field work:** study of existing IEC approaches and materials in various programme at micro and macro levels- Appraisal of techniques, tools, messages, coverage and outreach, costo and impact.
  7. **Planning and implementation of a project:** Identification of a problem/area for IEC. Preparation of suitable IEC material for one-to-one, group and mass communication including implementation, monitoring and evaluation.
  8. **Planning and Implementation of one intervention in a selected group of community:** The intervention is to be implemented for four weeks followed by assessment of impact. Reporting on impact and possible improvements.
  9. **Field observation on some nutritional problems:** Case study assessing the nutritional status using anthropometry, clinical assessment, biochemical estimation and dietary survey.
  10. **Assess food security at individual, household, community, state and national level**

**SEMINAR**

(On Current Trends and issues in Food and Health Security)

Hours of Instruction /week: 2

Max. Marks: 50

**Objectives:**

1. To make-the students aware of the current issue, problems and changing concepts in the field of Food and Health Security.
2. To develop the skill to study, analyze and condense the current literature.
3. To develop the skills for evaluation of audio-visual presentation of the findings and trends of literature and empirical evidence.
4. To provide experience in group discussion in the subject.
5. To train students for public presentation of the research articles, reviews of few articles on the same topic.
6. Any topic of interest may be chosen by the teaching faculty to include current issues, pertinent problems, changing trends in the areas, and assigned to students.

**Contents:**

1. Instructions on presentations of data, presentation of the self (Professional image).
2. Attending conferences and seminars by experts.
3. The presentation would focus around following points:
  - The pros and cons of the issue/topic.
  - Research in the field (briefly) in India and Abroad.
  - Practical examples (if any).
  - Critical evaluation.
4. **Presentation and Evaluation:** Each student is required to give seminar of 40 minutes each followed by discussion. The topic of the seminar to be given by the department. It is expected that all the Postgraduate students, research scholars of the department attend these seminars. The seminar will be assessed on the basis of:
  - Selection of topic



- Content/Subject matter
- Presentation of data and subject matter
- Use of audiovisual Aids during presentation
- Presentation of the self (student) professional image
- Audience participation
- Written work (to be submitted)
- Reference used

The students will also be graded for participation as part of the audience during the seminars.

### PROJECT

Max Marks: 100

### FIELD PLACEMENT

The students will be required to undergo a field placement for a total duration of 4 weeks in their chosen Area of interest/ specialization/ optional Group that will facilitate their pursuing a professional career in the same field. This program could be taken up either as a single block or two different blocks. It is mandatory that the organization/ institute (public/private) participating in the field placement programme be of good professional standing. It could include recognized NGO Administered Public Nutrition programme. The students will be required to submit and present a report of the field placement. It is also envisaged that the participating organization/ institution will give the performance appraisal of the students work.

This programme is designed with the following objectives:

1. To enable the students to acquire an in depth understanding of the practical aspects of knowledge and skills acquired during the course work in the relevant subject/ subjects.
2. To gain hands on experience for higher proficiency in their selected area of expertise.
3. To help the students to develop and have their analytical abilities for situation analysis and to devise means and ways to improvements in the existing system.

