ReSarAs — Connect findings. Keep the sources in view. (Web & Android Platform)

30-Day Medical College & MEU Supervised Pilot Proposal & Governance MoU

Prepared For: The Dean / Principal & MEU Coordinator | **Institution:** Government / Private Medical College & Teaching Hospital
Target Scope: Postgraduate Broad & Super-Specialty Departments (MEU) (25 Postgraduate / STS Studies) | **Date:** 2026-11-27

1. Executive Purpose & Statutory Alignment

Medical postgraduate residents (MD/MS/DNB/DM/MCh) and MBBS ICMR-STS scholars routinely lose 4 to 8 weeks formatting synopses, cleaning hospital spreadsheets, outsourcing SPSS tables to unregulated grey-market thesis agencies (costing INR 25,000 to INR 60,000 per resident with severe patient UHID privacy exposure), and fixing university binding/DrillBit errors. ReSarAs replaces external outsourcing with an in-house, clinician-governed research studio aligned with NMC PGMER-2023, NBEMS, ICMR Ethical Guidelines (2017/2023), DPDP Act 2023, and UGC-2018 (<=10% core similarity).

2. ReSarAs Architecture & Privacy Guarantee

Governance Pillar	Institutional Guarantee for IEC, Faculty Guides & University Examiners
Zero-PII Local De-Identification	Direct identifiers (Name, UHID, Aadhaar, Phone, MLC/FIR) are stripped in-browser before admission. Ze
Deterministic 99% Biostatistics	Exact Python/SciPy calculation: Shapiro-Wilk, Welch/MWU, Chi-Square/Fisher, Logistic aOR, ROC Youd
Traceable Evidence & PRISMA-2020	Federated 8-Registry 300M+ Global & India Scholarly Graph (Crossref, OpenAlex, PubMed, Europe PM
Numeric-Locked Prose & /verify Seal	Numeric-locked prose refinement, UGC-2018 7-word DrillBit shingle pre-scan, and public zero-login /veri

3. Explicit AI vs. Clinician Accountability Boundary

Handled Deterministically by ReSarAs: De-identified CSV/XLSX pre-flight, exact hypothesis tests & 300-DPI plots, identifier-verified bibliographic formatting, 32mm-38mm university margins, and 20 viva practice flashcards.
Retained Strictly by Resident, Guide & IEC: Bedside clinical measurement, patient consent, primary endpoint selection, blinded PRISMA conflict tie-breaking, IEC clearance, and final dissertation sign-off.

4. Transparent Rupee Price Cap & Institutional Value Comparison

Deployment Pathway	Fee Structure (Excl. 18% GST)	Per-Study Effective Cost	Included Deliverables
30-Day Supervised Campus Pilot	INR 0 (Up to 10 Synopses/Audits)	INR 0 Pilot Evaluation	Protocol-to-Thesis Pre-Flight, Masterchart PII Audit
MEU Departmental Cohort Pack	INR 35,000 / Batch (25 Studies)	INR 1,400 / Dissertation	Full 7-Chapter Thesis, Biostats, PRISMA, Viva, R/S
Individual Resident Self-Serve Cap	Hard-Capped at INR 4,999 Max	INR 1,999 Stage-1 + INR 3,000	100% Stage-1 Protocol fee credited toward Final Th
Grey-Market Thesis Agencies (Avoid)	INR 25,000 - INR 60,000 / Thesis	20x Higher + Privacy Risk	Unverified citations, WhatsApp UHID leaks, zero viv

5. 30-Day Pilot Evaluation Gate (Proceed / Revise / Reconsider)

At Day 30, the Medical Education Unit (MEU) reviews four objective metrics inside the live ReSarAs MEU Dashboard:

1. **Turnaround Compression:** Synopsis-to-biostatistics draft turnaround reduced from 3-4 weeks to < 30 minutes.
2. **DPDP Zero-PII Compliance:** 100% of admitted mastercharts pass automated PII screening with zero leaks.
3. **Criteria & Margin Fidelity:** >= 85% of cohort studies achieve 12/12 statutory university & EQUATOR criteria.
4. **Faculty Guide Satisfaction:** Zero-login Guide Review links reduce formatting back-and-forth cycles by >= 50%.

Decision Rule: Convert to the INR 35,000 Departmental Pack only if the MEU scorecard achieves **PROCEED**.

6. Institutional Pilot Authorization (Non-Binding 30-Day Evaluation)

For Medical College / MEU:	For ReSarAs Clinical Academic Systems:
_____ Dean / Principal / HOD / MEU Chair Institution Seal & Date	_____ Dr. Konda Kalyan Kumar (MBBS, MD) Founder & Lead Clinical Architect