

Phone : 25367030, 25367033, 25367035, 25367036
दूरभाष : 25367030, 25367033, 25367035, 25367036
Telegrams : MEDCONCIND, New Delhi
तार : मेडकोंसिंड नई दिल्ली
Fax : 0091-11-25367024
E-mail : pg@mciindia.org; mci@bol.net.in
Website : www.mciindia.org



पॉकेट - 14, सेक्टर - 8,
द्वारका फेस- 1
नई दिल्ली-110 077
Pocket- 14, Sector- 8,
Dwarka Phase - 1
New Delhi-110077

भारतीय आयुर्विज्ञान परिषद्

"MEDICAL COUNCIL OF INDIA"

No. MCI-259(22)/2012-Med/ 9885

Dated: 28/5/13

The Dean/Principal,
Konaseema Institute of Medical Sciences,
Amalapuram, Chaitanya Health City,
Amalapuram, East Godavari District,
Andhra Pradesh - 533201
Email: - principal07_kims@yahoo.co.in,

Sub: Permission for increase of seats in MS(Orthopaedics) course at Konaseema Institute of Medical Sciences, Amalapuram, Andhra Pradesh under Dr. NTR University of Health Sciences, Vijayawada, Andhra Pradesh u/s 10A of the IMC Act, 1956 -Permission of Board of Governors- regarding.

Sir/Madam,

In continuation of this office conditional LOP issued to you on 29th March 2013 and your compliance conveyed vide letter dated 13th March 2013 against out Letter of Intent dated 11th March 2013 for increase of seats in MS(Orthopaedics) course from 02(Two) to 03(Three) seats with prospective effect i.e. from the academic year 2013-2014 at your institute u/s 10A of the IMC Act, 1956, (as amended), your letter is taken on record. The conditions attached in Conditional LOP dated 29th March 2013 are withdrawn in view of the compliance received.

This permission for increase of seats in the above course and admission of students will be for such time the first batch of students admitted against the above course appears for the final examination in the subject. The college authorities may take up the matter for recognition of the qualification under section 11(2) of the IMC Act at the time of the first batch admitted against the course appears for final year examination.

The Medical Council of India reserves the right to withdraw/cancel/revoke the Letter of Permission if it comes to the notice that the permission has been obtained from MCI by misrepresentation of fact or fraud.

The college authorities are bound to intimate to the Council, if any material change in the facts based on which this permission was sought/occur.

Please acknowledge receipt of this letter.

Yours faithfully


[Dr. R. P. Meena]
Secretary

C.C. to:

1. The Special Chief Secretary, Health, Medical & Family Welfare Deptt., Govt. of A.P., H Block, A.P. Secretariat, Hyderabad-500022, A.P..
2. The Registrar, Dr. N.T.R. University of Health Sciences, Vijayawada-520 008 Krishna District, Andhra Pradesh
3. Director Medical Education, Sulttan Bazar, Koti, Hyderabad-500195, Andhra Pradesh.
4. The Secretary to the Govt. of India, Ministry of Health & F.W., Nirman Bhawan, New Delhi.