

ఎస్.టి.ఆర్. ఆరోగ్య విజ్ఞాన విశ్వవిద్యాలయం

విజయవాడ-520 008

ఆంధ్రప్రదేశ్



N.T.R. University of Health Sciences

VIJAYAWADA-520 008, A.P. INDIA.

Phone : 2451206, 2451207, 2451008, 2451809, 2450605

Fax : 2450483

Grams : HEALTH UNIVERSITY

From: THE REGISTRAR

FORM 3

No.1625/A2/2002

University of : NTR UNIVERSITY OF HEALTH SCIENCES

Place : Vijayawada

Dated : 25.6.2004

CONSENT OF AFFILIATION

On the basis of the report of the Local committee, the University of NTR University of Health sciences, Vijayawada has agreed, in principle to affiliate the proposed Medical college as per Essentiality certificate issued by Govt. of Andhra Pradesh to be established at Amalapuram, East Godavari(Dist.), Andhra Pradesh by M/s.Mother Therissa Educational Society, Amalapuram, East Godavari(Dist.) for grant of permission by the Government of India, Ministry of Health & Family Welfare dept., NewDelhi under section10(A) of the Indian Medical Council Act,1956(102of 1956).

REGISTRAR

CA-170

NTR UNIVERSITY OF HEALTH SCIENCES :A.P.: VIJAYAWADA

No.1625/A2/2002

dt. 25.6.2004

To  
The SECRETARY & CORRESPONDENT,  
M/s.MOTHER Theressa Education Society,  
Near Red Bridge,  
Chaitanya Nagar, Amalapuram,  
East Godavari(Dst) .

Sir,

Sub:NTR UHS:Acad.- Issue of extention period to Consent  
letter for affiliation - Reg.

- Ref: 1)Your letter No.Nil, dt.4.5.2004 & 3.6.04.  
2)Essentiality certificate issued by Govt.of A:P  
Certificate No.18722/E1/2002-1,dt.27.8.2002 of the  
Principal Secretary to Govt., H.M & F.W.  
Department, A.P.  
3)Lr.no.1625/A2/02,dt 28.8.2002 with consent of  
affiliation in M.C.I proforma by the  
Registrar,NTR U.H.S, Vijayawada.  
4)Note orders of the Registrar, NTR U.H.S, Vja, dt.  
25.6.2004

\*\*\*

As per essentiality certificate issued by the Government  
of Andhra pradesh vide letter no 18722/E1/2002-1,dt  
27.8.2002, as per your letters in the reference 1st cited, the  
letter of Consent of affiliation by NTR U.H.S is herewith  
enclosed in the format prescribed by M.C.I.,New Delhi  
(Establishment of Medical college regulations,1999) with an  
intake of 150 seats to your proposed Medical college at  
Amalapuram , East Godavari (Dt.), Andhra Pradesh by revalidating  
and giving extention of time further period of 2 years.

It is informed that the other terms and conditions  
mentioned in the reference 3rd cited are same.

This letter of consent will be valid for a period of  
2 years from its date of issue.

Yours faithfully,

REGISTRAR

Copy to the Princioal secretary to Govt.,H.M & F.W Dept,A.P

Copy to P.S to V / P.A to Registrar.