Phoné : 25367030, 25367033, 25367035, 25367036

: 25367030, 25367033, 25367035, 25367036 Telegrams: : MEDCONCIND, New Delhi

तार

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: 0091-11-25367024 : pg@mciindia.org; mci@bol.net.in

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

भारतीय आयुर्विज्ञान परिषद "MEDICAL COUNCIL OF INDIA"

No. MCI-46(22)/2012-Med./

The Dean/Principal,

N. K. P. Salve Institute of Medical Sciences,

Digdoh Hills, Hingana Road,

Nagpur - 440019

Email: - nkpsims1@rediffmail.com,

NKP Salve Inst. of M. Sciences Copy Received

Inward No. 4114 Date 8 49 113 ....

Despatcher Sign.

Permission for starting of M.Ch.(Plastic Surgery) course at N. K. P. Salve Institute of Medical Sciences, Nagpur under Maharashtra University of Health Sciences, Nashik 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 15/07/2013 and your compliance conveyed vide letter dated 17/07/2013 for starting of M.Ch.(Plastic Surgery) course with annual intake of 01(One) student per year 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 The conditions attached in Conditional LOP dated 15/07/2013 are withdrawn in view of the compliance received. The said permission is subject to outcome of pending vigilance enquiry.

This permission for starting of 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 witndraw/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

Additional Secretary

C.C. to:

1. The Secretary (Health), Medical Education Drugs, Mantralaya, Mumbai-400032 (Maharashtra).

2. The Registrar, Maharashtra University of Health Sciences, Mhasrul, Vani Road, Nashik-422004.

3. The Director of Medical Education & Research, St. George Hospital Compound, Dental College Building, 4th floor, Mumbai-400001.

4. The Secretary to the Govt. of India, Ministry of Health & F.W., Nirman Bhawan, New Delhi.