

Phone : 25367033, 25367035, 25367036  
दूरभाष : 25367033, 25367035, 25367036  
Telegrams : MEDCONCIND, New Delhi-75  
तार : मेडकॉंसिंड नई दिल्ली  
Fax : 0091-11-25367024  
E-mail : [mci@bol.net.in](mailto:mci@bol.net.in)  
Website : [www.mciindia.org](http://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**

**FINAL REMINDER**  
**MOST URGENT**

No. MCI-23(1)/2016-Med./ 170770

Date:16/02/2017

1. The Dean/ Principal,  
All the Government Medical Colleges (As per list enclosed)
2. The Director,  
All the Postgraduate Medical Institutes (As per list enclosed)
3. The Director Medical Education,  
All the states (As per list enclosed)

**Subject: Allocation of Post Graduate Seats as per teacher student ratio - information regarding.**

Sir,

I am to invite your kind attention to this office letter No. MCI-23(1)/2016-Med./168088-168387 dated 09/02/2017 and subsequent reminder No.MCI-23(1)/2016-Med./169407 dated 13/02/2017 and to inform you that the desired information have not been received from your side within the stipulated period i.e. on or before 15.02.2017.

Since, most of the institute(s) have not submitted the desired/required information in the **prescribed format (Microsoft Excel/Word file)** so far, I am directed to inform you that the Competent Authority has decided to give the last opportunity by extending the date for submission of the desired/required the information in the performa given below **on or before 20.02.2017:**

**Broad Specialities of M.D./ M.S. Degree (Professors/ Assoc. Professors)**

Name of the Speciality:

Existing number of seats (concerned subject-wise & Degree/ Diploma) with documentary evidence:

No. of seats as per MCI website Permitted:..... and Recognized:.....

Unit:.....

Beds:.....

S. No.	Clinical Subject	Name of Faculty/ Teacher with Date of Birth	Designation	Department	Degree with Name of Institute and University and year of passing	Degree possessed by the Faculty recognized by MCI or not	Teaching Experience Designation-wise, Date-wise and duration at each designation-wise			
							Designation	From	To	Total

Please furnish the unit-wise list of teaching faculty i.e. upto Assistant Professor of each unit so that the complement of unit can be assessed as per PG Regulation.

Contd....2

Phone : 25367033, 25367035, 25367036  
दूरभाष : 25367033, 25367035, 25367036  
Telegrams : MEDCONCIND, New Delhi-75  
तार : मेडकॉसिंड नई दिल्ली  
Fax : 0091-11-25367024  
E-mail : [mci@bol.net.in](mailto:mci@bol.net.in)  
Website : [www.mciindia.org](http://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**

-2-

You are, therefore, once again requested to furnish the above information in proforma along with the declaration form and reprint of publication **latest by 20/02/2017** preferably by E-mail at [pg.mci@nic.in](mailto:pg.mci@nic.in) as well as post to enable the Council to take further necessary action in the matter. **This is the last opportunity to furnish the information and any information received after the stipulated period, will not be entertained.**

Please furnish the information in the format contained in the MCI letter **by e-mail in the form of Microsoft Excel/Word file.** In case, if you have already sent the desired/required information in the tabulated form, please ignore.

Yours faithfully,

(Dr. Reena Nayyar)  
Secretary I/c

Phone : 25367033, 25367035, 25367036  
दूरभाष : 25367033, 25367035, 25367036  
Telegrams : MEDCONCIND, New Delhi-75  
तार : मेडकोंसिंड नई दिल्ली  
Fax : 0091-11-25367024  
E-mail : [mci@bol.net.in](mailto:mci@bol.net.in)  
Website : [www.mciindia.org](http://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-23(1)/2016-Med./169407

Date: 13/02/2017

1. The Dean/ Principal,  
All the Government Medical Colleges (As per list enclosed)
2. The Director,  
All the Postgraduate Medical Institutes (As per list enclosed)
3. The Director Medical Education,  
All the states (As per list enclosed)

**Subject: Allocation of Post Graduate Seats as per teacher student ratio - information regarding.**

Sir,

Please refer to this office letter No. MCI-23(1)/2016-Med./168088-168387 dated 09/02/2017 and amendment in clause 12(1) of the Postgraduate Medical Education Regulations, 2000 vide Notification dated 31/01/2017, on the subject noted above.

Regarding the above amendment, you were requested to send the information department-wise with regard to details of teaching faculty i.e. Professor and Assoc. Professor (please specify if Unit Head) with their designation-wise teaching experience, the number of units as well as unit-wise bed strength of only clinical degree courses, which are recognized/ permitted and is being run at your Institute with the permission of MCI/ Central Government, Ministry of Health & Family Welfare, New Delhi, as per the proforma given below latest by 15/02/2017 preferably by E-mail at [pg.mci@nic.in](mailto:pg.mci@nic.in) as well as post to enable the Council to take further necessary action in the matter.

### **Broad Specialities of M.D./ M.S. Degree (Professors/ Assoc. Professors)**

Name of the Speciality:

Existing number of seats (concerned subject-wise & Degree/ Diploma) with documentary evidence:

No. of seats as per MCI website Permitted:..... and Recognized:.....

Unit:.....

Beds:.....

S. No.	Clinical Subject	Name of Faculty / Teacher with Date of Birth	Designation	Department	Degree Name of Institute and University and year of passing	Degree with of possess ed by the Faculty recogni zed by MCI or not	Teaching Experience Designation-wise, Date-wise and duration at each designation-wise			
							Designation	From	To	Total

Please ensure that against the very same units, teaching personnel and infrastructure, no other postgraduate courses under any other streams like National Board of Examinations, College of Physicians & Surgeons etc. are permitted.

Phone : 25367033, 25367035, 25367036  
दूरभाष : 25367033, 25367035, 25367036  
Telegrams : MEDCONCIND, New Delhi-75  
तार : मेडकॉसिंड नई दिल्ली  
Fax : 0091-11-25367024  
E-mail : [mci@bol.net.in](mailto:mci@bol.net.in)  
Website : [www.mciindia.org](http://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

The above information has not yet been received by the Council.

Further, it is also requested to submit the declaration forms (duly filled) by each Professor and Assoc. Professor giving their experience details in different ranks, their appointment/ promotion dates and print out/ reprint of Research publications to their credit in Indexed Journals during the period they were working in different ranks (only those articles in which, they were first or 2<sup>nd</sup> Author) with the above information.

You are, therefore, once again requested to send the above information as per the proforma given along with the declaration form latest by 15/02/2017 preferably by E-mail at [pg.mci@nic.in](mailto:pg.mci@nic.in) as well as post to enable the Council to take further necessary action in the matter.

Yours faithfully,

**(Dr. Reena Nayyar)**  
Secretary I/c

Phone : 25367033, 25367035, 25367036  
 njHk'k : 25367033, 25367035, 25367036  
 Telegrams : MEDCONCIND, New Delhi-75  
 rlj %eMd'il M uÅ fnYyh  
 Fax : 0091-11-25367024  
 E-mail : [mci@bol.net.in](mailto:mci@bol.net.in)  
 Website : [www.mciindia.org](http://www.mciindia.org)



i HhV & 14] I DVj & 8]  
 }ljdk Qd & 1  
 uÅ fnYyh&110 077  
 Pocket- 14, Sector- 8,  
 Dwarka Phase - 1  
 New Delhi-110077

## Hkjr; vk; pKku ifj'k~ MEDICAL COUNCIL OF INDIA

**No. MCI-23(1)/2016-Med./ 168088**

**Date: 09/02/2017**

1. The Dean/ Principal,  
All the Government Medical Colleges (As per list enclosed)
2. The Director,  
All the Postgraduate Medical Institutes (As per list enclosed)
3. The Director Medical Education,  
All the states (As per list enclosed)

**Subject: Allocation of Post Graduate Seats as per teacher student ratio – information regarding.**

Sir,

Please refer to amendment in clause 12(1) of the Postgraduate Medical Education Regulations, 2000 vide Notification dated 31/01/2017, on the subject noted above.

Regarding the above amendment, you are requested to send the information department-wise with regard to details of teaching faculty i.e. Professor and Assoc. Professor with their designation-wise teaching experience, the number of units as well as unit-wise bed strength of only clinical degree courses, which are recognized/ permitted and is being run at your Institute with the permission of MCI/ Central Government, Ministry of Health & Family Welfare, New Delhi, as per the proforma given below latest by 15/02/2016 preferably by E-mail at [pg.mci@nic.in](mailto:pg.mci@nic.in) as well as post to enable the Council to take further necessary action in the matter.

### **Broad Specialities of M.D. / M.S. Degree (Professors/ Assoc. Professors)**

Name of the Speciality:

Existing number of seats (concerned subject-wise & Degree/ Diploma) with documentary evidence:

No. of seats as per MCI website Permitted:..... and Recognized:.....

Unit:.....

Beds:.....

S. No.	Clinical Subject	Name of Faculty/ Teacher with Date of Birth	Designation	Dept.	Degree with Name of Institute and University and year of passing	Degree possessed by the Faculty recognized by MCI or not	Teaching Experience Designation-wise, Date-wise and duration at each designation-wise			
							Designation	From	To	Total

Please ensure that against the very same units, teaching personnel and infrastructure, no other postgraduate courses under any other streams like National Board of Examinations, College of Physicians & Surgeons etc. are permitted.

Yours faithfully,

**(Dr. Reena Nayyar)**  
Secretary I/c