Dr. NTR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA-520 008

Lr.No. 895/A2/PG/16

Dt: 04-04-2016

То

The Principal,

Kamineni Academy of Medical Sciences & Research Center,

L.B Nagar,

Hyderabad - 500 068.

Sir,

Sub: - Dr. NTR UHS - Academic - Issue of consent of affiliation for starting of PG course at Kamineni Academy of Medical Sciences & Research Center, L.B.Nagar, Hyderabad - Reg.

Ref:-

- 1. Gazette Notification, dated: 30-11-2010 issued by Medical Council of India.
- 2. Lr.No.KAMSRC/HYD/2016/58, dt:08-02-2016 of the Principal, Kamineni Academy Of Medical Sciences and Research Center, L.B Nagar, Hyderabad.
- 3. Orders of the Vice-Chancellor, dt: 02-04-2016.

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As per the amended notification of the Medial Council of India vide reference 1st cited, "the permission letter regarding desirability and feasibility for opening a new or higher course in the Medical College / Institution has been obtained from the respective State Governments / Union territory administration" has been deleted.

Therefore, in view of the Gazette Notification, by MCI and with reference to the letter 2^{nd} cited, I am directed to convey that, as per the MCI regulations, the consent of affiliation is issued for the courses, subjects and number of seats as specified in detail in Form - III.

It is further informed that this consent does not confer any guarantee for granting affiliation by the university and this letter is issued only for the purpose of fulfilling the qualifying criteria of Government of India for starting of PG course.

You are informed to apply for provisional affiliation to this University in the prescribed application form as per the statutes of this University as and when the Government of India accords permission. The same will be considered after inspection by this University.

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

Yours faithfully,

REGISTRAR (FAC)

Copy to Secretary HM & FW Dept., New Delhi.

Copy to Secretary MCI., New Delhi

Copy to the Principal Secretary to Govt., HM & FW Dept. Telangana.

Copy to the Director of Medical Education, Govt. of Telangana, Koti, Hyderabad.

Copy to PS to Vice-Chancellor/PA to Registrar.

డా। ఎస్.బి.ఆర్. ఆరోగ్య విజ్ఞాన విశ్వవిద్యాలయం **မ**ဝဠည်ထိုန် ವಿಜಯವಾದ - 520 008.



Dr. N.T.R. University of Health Sciences

VIJAYAWADA-520 008, A.P. INDIA

Phone: 2451206, 2451207, 2451008, 2451809, 2451210 Fax : 2453830

website: http://ntruhs.ap.nic.in

FORM-III

No.

From: THE REGISTRAR

: 895/A2/PG/16

University of

: Dr. NTR UNIVERSITY OF HEALTH SCIENCES

Place

: Vijayawada

Dated

: 04-04-2016

CONSENT OF AFFILIATION

On the basis of the report of the local enquiry committee, the Dr.NTR University of Health Sciences, Andhra Pradesh has agreed, in principle to affiliate the proposed Post Graduate seats in the following course to be opened at L.B.Nagar, Hyderabad by Kamineni Academy of Medical Sciences & Research Center subject to grant of permission by the Government of India, Ministry of Health & Family welfare New Delhi under section 10(A) of the Indian Medical Council Act,1956 (102 of 1956) for the academic sessions 2016-2017 & 2017-2018.

SI. No	Specialities	Intake capacity recommended
1	Anatomy	04
2	Physiology	04
3	Biochemistry	04
4	Pharmacology	04
5	Microbiology	04
6	Pathology	04
7	Forensic Medicine	04
8	Community Medicine	04

This consent of affiliation would be applicable for 2 years from the date of issue.

REGISTRAR (FAC)