

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

DA (Student)
10/05/13

भारतीय आयुर्विज्ञान परिषद्
"MEDICAL COUNCIL OF INDIA"

No. MCI-55(22)/2012-Med./ 10985.

Dated: 30/5/13

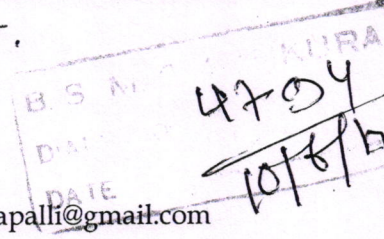
The Dean/Principal,

B.S. Medical College,

P.O. Kenduadihi,

Bankura - 722102

Email: - bsmc_xsa@yahoo.com, prof.d.sarbpalli@gmail.com



Sub: Permission for starting of MD(Radio-diagnosis) course at B.S. Medical College, Bankura under West Bengal University of Health Sciences, Kolkata 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 30/03/2013 and your compliance conveyed vide letter dated 28/03/2013 for starting of MD(Radio-diagnosis) course with annual intake of 02(two) students 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 The conditions attached in Conditional LOP dated 30/03/2013 are withdrawn in view of the compliance received.

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 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 Secretary, Health & F.W. Govt. of West Bengal, Writers' Building, Kolkata-700001.
2. The Registrar, West Bengal University of Health Sciences, Kolkata - 700091.
3. The Director of Medical Education Govt. of West Bengal Dept. of H. & F.W., Writer's Buildings, Kolkata-700001.
4. The Secretary to the Govt. of India, Ministry of Health & F.W., Nirman Bhawan, New Delhi.