

Phone : 25367033, 25367035, 25367036  
दूरभाष क्र 25367033ए 25367035ए 25367036  
Telegrams : MEDCONCIND, New Delhi-75  
तार : मेडकोसिंड नई दिल्ली  
Fax : 0091-11-25367024  
E-mail : 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

भारतीय आयुर्विज्ञान परिषद्  
**MEDICAL COUNCIL OF INDIA**

No. MCI - 259(22)/2009/Med./

Date: \_\_\_\_\_

The Secretary,  
Govt. of India,  
Ministry of Health & Family Welfare,  
Nirman Bhavan,  
**New Delhi.**

**Kind Attn.: Sh. K.V.S. Rao, Deputy Secretary**

**Sub: Dr. NTR University of Health Sciences, Vijayawada – Approval of Kamineni Institute of Medical Sciences, Narketpally for the award of DMRD qualification**

Sir,

I am to state that the General Body of this council at its meeting held on 18.11.2009 considered the Council Inspector's report (June, 2009) on the standard of examination and other teaching facilities available at Kamineni Institute of Medical Sciences, Narketpally for purpose of approval of the college for the award of DMRD qualification granted by Dr. NTR University of Health Sciences, Vijayawada. The Council approved the following recommendations of the Postgraduate Committee:-

"The Postgraduate Committee considered the Council Inspector's report (June, 2009) and decided to recommend that Kamineni Institute of Medical Sciences, Narketpally be approved for the award of DMRD qualification granted by Dr. NTR University of Health Sciences, Vijayawada restricting the number of admissions to 2 (two) students per year.

The Council further decided that the attention of the institute be drawn to Clauses 6.4 and 6.6 of the Postgraduate Medical Education (Amendment) Regulations, 2000, Part-II, dated 21<sup>st</sup> July, 2009 and act accordingly at appropriate time, which reads as under:-

- ".....
- 6.4 The recognition so granted to a Post Graduate Course shall be for a maximum period of 5 years, upon which it shall have to be renewed.
- 6.6 Failure to seek timely renewal of recognition as required in sub-clause-4 shall invariably result in stoppage of admissions to the concerned Post Graduate Course.
- .....".

You are therefore requested to notify the above qualification at the earliest."  
Two copies of above inspection report are enclosed herewith.

Date of starting the course – 23.03.2007  
Date of examination of first batch – June, 2009

Yours faithfully,  
(Madhu Handa)  
(Asstt. Secretary)

**Encl.: As above.**

**Endst. No. MCI – 259(22)/2009-Med. 66871**

**Dated : 20/11/10**

Copy together with a copy of above inspection report is forwarded for information and necessary action to:-

1. The Principal, Kamineni Instt. of Medical Sciences, Sreepuram, Narketpally, Nalgonda Distt.-508254 A.P.
2. The Registrar, NTR University of Health Sciences, Vijayawada-520 008 Krishna District, Andhra Pradesh
3. Director Medical Education, Sultlan Bazar, Koti.Hyderabad-500195

*Handwritten signature*  
(Madhu Handa)  
(Asstt. Secretary)