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भारतीय आयुर्विज्ञान परिषद्  
"MEDICAL COUNCIL OF INDIA"

No. MCI-259(22)/2012-Med/ 103 319

Dated: 11/09/13

The Dean/Principal,  
Mamata Medical College & Hospital,  
D.No.4-2-510(Old 4-2-161),  
Rotary Nagar, Khammam - 507002,  
Andhra Pradesh, India  
Email: - infomamata@yahoo.co.in,

**Sub: Permission for Starting of M.Ch.(Urology) course at Mamata Medical College & Hospital, Khammam under Dr. NTR University of Health Sciences, Vijayawada 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 14th July 2013 and your compliance conveyed vide letter dated 15th July 2013 for Starting of M.Ch.(Urology) course with an 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 The conditions attached in Conditional LOP dated 14th July 2013 are withdrawn in view of the compliance received.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. P. Prasannaraj]  
Additional Secretary

C.C. to:

1. The Special Chief Secretary, Health, Medical & Family Welfare Deptt., Govt. of A.P., H Block, A.P. Secretariat, Hyderabad-500022, A.P..
2. The Registrar, Dr. NTR University of Health Sciences, Vijayawada - 520008 (A.P.)
3. Director Medical Education, Sultan Bazar, Koti, Hyderabad-500195, Andhra Pradesh.
4. The Secretary to the Govt. of India, Ministry of Health & F.W., Nirman Bhawan, New Delhi.



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भारतीय आयुर्विज्ञान परिषद्  
"MEDICAL COUNCIL OF INDIA"

No. MCI-259(22)/2012-Med/ 103248

Dated: 11/09/2013

✓ The Dean/Principal,  
Mamata Medical College & Hospital,  
D.No.4-2-510(Old 4-2-161),  
Rotary Nagar, Khammam - 507002,  
Andhra Pradesh, India  
✓ Email: - infomamata@yahoo.co.in,

Sub: Permission for Increase of seats in M.Ch.(Neuro-Surgery) course at Mamata Medical College & Hospital, Khammam under Dr. NTR University of Health Sciences, Vijayawada 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 14th July 2013 and your compliance conveyed vide letter dated 15th July 2013 for Increase of seats in M.Ch.(Neuro-Surgery) course from 01(One) to 02(Two) seats 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 14th July 2013 are withdrawn in view of the compliance received.

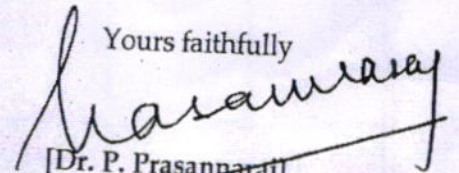
This permission for Increase of seats in the above course and admission of students will be for such time the first batch of students admitted against the above course appears for the final examination in the subject. The college authorities may take up the matter for recognition of the qualification 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. P. Prasanna]  
Additional Secretary

C.C. to:

1. The Special Chief Secretary, Health, Medical & Family Welfare Deptt., Govt. of A.P., H Block, A.P. Secretariat, Hyderabad-500022, A.P..
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3. Director Medical Education, Sultan Bazar, Koti, Hyderabad-500195, Andhra Pradesh.
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