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भारतीय आयुर्विज्ञान परिषद्
BOARD OF GOVERNORS IN SUPER-SESSION OF
"MEDICAL COUNCIL OF INDIA"

No. MCI-68(22)/2010-Med. 491:

Dated: 01/04/11.

LETTER OF PERMISSION

The Dean/Principal,
Sree Gokulam Medical College & Research Foundation,
Krincahehi Road, Venjaramoodu P.O.,
Trivandrum - 695 607
Kerala

Sub: Starting of MD(Pathology) course at Sree Gokulam Medical College and Research Foundation, Thiruvananthapuram under Kerala University of Health & Allied Sciences, Thrissur u/s 10A of the IMC Act, 1956 -Permission of Board of Governors- regarding.

Sir,

I am directed to refer your proposal for starting of MD(Pathology) course at Sree Gokulam Medical College and Research Foundation, Thiruvananthapuram under Kerala University of Health & Allied Sciences, Thrissur u/s 10 A of the I.M.C Act. 1956.

This is to inform you that after careful consideration of the scheme and the assessor's report (February, 2011), the Board of Governors has decided to grant Letter of Permission for starting of MD(Pathology) course with annual intake of 02(Two) student(s) per year with effect, from the academic session 2011-12 at your Institute/college u/s 10A of the I.M.C. Act, 1956.

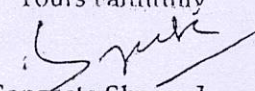
This Letter of Permission is subject to fulfillment of the following conditions:-

1. The applicant shall continue to provide all infrastructural facilities in terms of teaching and non-teaching staff, buildings, equipment and hospital facilities as per norms laid down in Regulations of Medical Council of India.
2. Deficiencies, if any, pointed out in the inspection report, shall be rectified. A copy of MCI inspection report is enclosed.
3. The applicant shall provide Bank Guarantee of required amount wherever required in favour of Secretary, Medical Council of India, New Delhi valid for three years from a nationalized/scheduled Bank as per MCI's norms against starting of above said course.

You are requested to send compliance and bank guarantee as required under the Regulations of Medical Council of India within 15(Fifteen) days of issue of this letter failing which the Letter of Permission issued for starting of above course shall stand cancelled which shall result in forfeiture of right of the college/institution to admit the students in the above course.

Kindly acknowledge receipt of this letter.

Yours Faithfully


[Dr. Sangeeta Sharma]
Secretary

CC to:

Dated : _____

1. The Secretary, Health & FW Department, Govt. of Kerala, Thiruvananthapuram (Kerala)
2. The Registrar, Kerala University of Health and Allied Sciences Medical College P.O. Thrissur-680596, Kerala
3. The Secretary to the Govt. of India, Ministry of Health & F.W., Nirman Bhawan, N.Delhi-110011.
4. PS to Chairman, Board of Governors, Medical Council of India, Sector-8, Dwarka, New Delhi.