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Pocket- 14, Sector- 8, Dwarka,
Phase - 1, New Delhi-77

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड
Post Graduate Medical Education Board (PGMEB)

F.No.N-P011(20)/1/2023-PGMEB-NMC 009240

Date: 02-03-2023

To

1. Registrar of all Universities in India imparting medical education.
2. Dean/Principal of all the PG Medical Colleges under NMC

Subject: **Inviting application for Recognition/ Recognition against increased intake/ renewal of recognition of PG courses – 2023 – regarding**

Sir/ Madam,

As you are aware that Clause 6(2) to 6(6) of Post Graduate Medical Education Regulations – PGMER (2000) stipulates the process for recognition of Post Graduate medical qualifications. Granting of recognition to medical qualifications at post graduate level and super specialty level is the function of the Post Graduate Medical Education Board under Section 25 (1)(i) of the NMC Act, 2019.

2. Hence, all the PG Medical Colleges/ Institutions under NMC where the PG Medical Courses are due for recognition/ renewal of recognition during 2023 are requested to forward their complete application form through their affiliating University, addressed to the **Post Graduate Medical Education Board, National Medical Commission** directly on the email id pgmeb.recognition@nmc.org.in exclusively for recognition of PG medical courses.

3. The application form mentioning the exact date of practical examination for recognition of PG course as per the enclosed format along with documents as per the checklist should be forwarded to the Post Graduate Medical Education Board at least **45 days** before the commencement of examination, so that the assessors can be appointed at the time of practical examination. **Incomplete applications and applications submitted at the last moment will not be entertained.**

Yours faithfully,



Encl: As above

(Aujender Singh)
Deputy Secretary, PGMEB

**APPLICATION FORM (on Institution/ college/ University letter head) FOR
RECOGNITION OF POSTGRADUATE MEDICAL COURSE**

F.No.

Date:

The President,
Post Graduate Medical Education Board
National Medical Commission
Sector-8, Dwarka
New Delhi – 110 077

Subject: **Recognition/ Renewal of Recognition/ Recognition against increased intake of Postgraduate qualifications under Section 25(i) and 35(2) of NMC Act, 2019 at _____ (Name of the College) granted by _____ (Name of the Affiliating University) – request regarding**

Sir,

It is stated that the following postgraduate medical courses are due for recognition/ renewal of recognition/ recognition against increased intake in 2023 as per details furnished below:-

S. No	Name of the Course (MD/MS/DM/ M.Ch/Diploma)	Number of seats permitted	Number of seats already recognized	Number of seats due for recognition	Date of LoP/ LoR (copy of relevant documents to be attached)	Date of practical examination

2. The candidates admitted against the above course(s) will be appearing in the final examination in the month of _____, 2023 and the assessor need to be appointed by the National Medical Commission at the time of practical examination as per section 6(2) of the Post Graduate Medical Education Regulations, 2000.

3. The inspection fee as prescribed by the Commission, Rs. 88,500/- (including 18% GST charges) per course has been remitted by RTGS/ NEFT and the details of UTR No. is enclosed.

4. It is, therefore, requested that inspection of standard of examination and other teaching faculty may be kindly got conducted for recognition/ renewal of recognition/ recognition against increased intake of the above mentioned PG courses.

Yours faithfully,

Encl: As per checklist enclosed

(Registrar/Principal/Dean)

CHECKLIST

1. Copy of Letter of Permission (LoP) for confirmation of permitted/ number of seats of the PG Course (Mandatory even if the proposal is for renewal of recognition).
2. Copy of Letter of Recognition (LoR) in case of renewal of recognition.
3. The details of UTR Number of assessment fee of Rs. 88,500/- (including 18% GST charges) per PG Course to be submitted through RTGS/ NEFT as per details mentioned below:-

1.	NAME OF DEMANDING AUTHORITY	SECRETARY, NATIONAL MEDICAL COMMISSION
2.	ADDRESS	NATIONAL MEDICAL COMMISSION, POCKET-14, SECTOR-8 DWARKA, NEW DELHI – 110 077
3.	BANK ACCOUNT NAME	NATIONAL MEDICAL COMMISSION
4.	BANK ACCOUNT NUMBER	90682160000025
5.	BANK ACCOUNT TYPE	SAVING BANK A/C
6.	BANK NAME	CANARA BANK
7.	BRANCH ADDRESS	SECTOR-12A, DWARKA BRANCH, NEW DELHI – 110 078
8.	MICR NUMBER	11025152
9.	IFSC CODE	CNRB0019109