Avaira/Phone: 25367033, 25367035, 25367036

ई-मेल/E-mail: mci@bol.net.in

वेबसाईट/Website: www.mciindia.org



पॉकेट - 14, सेक्टर - 8,

द्वारका फेस-1, नई दिल्ली-110077

Pocket- 14, Sector- 8, Dwarka,

Phase-1, New Delhi-110077

भारतीय आयुर्विज्ञान परिषद् के अधिक्रमण में शासी बोर्ड BOARD OF GOVERNORS IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA

MCI No. 34(41))/2018/Med./-Assessment Cell/ 523/4

Date: 13/10/18

To

The Dean/Principal/Director All the Govt. Medical Colleges.

Subject: - Updating the Assessor Data Bank.

Sir/Madam,

Greetings from Board of Governors.

As you are aware that Medical Council of India carries out the Assessment of various Medical Colleges from time to time as a statutory requirement to maintain the standard of Medical Education for which Computerized Data Bank of Assessors is maintained in the Council. It comprises of Professors, Additional Professors, Associate Professors having 6 years experience as Associate Professor from different departments (Clinical, Pre-clinical and Para-clinical) from Govt. Medical Colleges. Some of the Assessors, who are currently in the data bank have superannuated, transferred or resigned from Government services and their contact number has changed.

Therefore, it is requested to send the names of those Professors, Additional Professors, and Associate Professors having 6 years experience as Associate Professor, who are willing to undertake the Assessment so as to enable the Council to update the Assessor Data Bank.

You are requested to accord high priority to this matter and expedite the necessary

action.

Yours sincerely,

(Prof. Sanjay Shrivastava) -Secretary General

दूरभाष/Phone: 25367033, 25367035, 25367036

ई-मेल/E-mail: mci@bol.net.in फैक्स/Fax : 0091-11-25367024

वेबसाईट/Website: www.mciindia.org



Pocket- 14, Sector- 8, Dwarka, Phase-1, New Delhi-110077 द्वारका फेस-1, नई दिल्ली-110077 पॉकेट - 14, सेक्टर - 8,

भारतीय आयुर्विज्ञान परिषद् के अधिक्रमण में शासी बोर्ड IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA **BOARD OF GOVERNORS**

NAME OF COLLEGE

Address for correspondence Email id:

Ph. Nos.

Fax Nos. Mob. No. of the Dean

Name of professors recommended/willing to go for assessment of Medical Colleges.

	Name of prote SI. Name No.
	Name of professors recommend between the professors recommend between the professors recommend between the professors recommend with ation with pear of the professors recommend by the professor recommend by t
	Department
passing	Qualific ation with year of
	Date of retirement
	Date of Appointment as Professor
	Years of Experience as Professor
	Mob. No/Contact No.
	Email ID
	Number of assessments done till date > 10 5 to 10 < 5 None

Date: