

पत्रांक:- २०१/२१

प्रेषक:-

प्राचार्य,
श्री कृष्ण चिकित्सा महाविद्यालय,
मुजफ्फरपुर ।

सेवा में,

सभी विभागाध्यक्ष,
श्री कृष्ण चिकित्सा महाविद्यालय,
मुजफ्फरपुर ।

मुज०

दिनांक - ०५/०२/२१

विषय: NMC, New Delhi के पत्रांक - 003647 दिनांक - 02.02.2021 के
आलोक में सूचना उपलब्ध कराने के संबंध में।

महाशय,

उपरोक्त विषयक सूचित करना है कि NMC (National Medical Commission), New Delhi के पत्रांक - 003647 दिनांक - 02.02.2021 (संलग्न) के निदेशानुसार अपने - अपने विभाग में कार्यरत संबंधित चिकित्सकों/शिक्षकों की सूचना विहित प्रपत्र में Hard Copy & Soft Copy (In MS Word) दिनांक - 10.02.2021 तक अनिवार्य रूप से प्राचार्य के Email ID : principalskmcmuzaffarpur@gmail.com पर उपलब्ध कराना सुनिश्चित किया जाए, ताकि ससमय NMC, New Delhi को भेजा जा सके ।

अनु०-यथोक्त ।

बिश्वासभाजन
५/२/२१.
प्राचार्य

श्री कृष्ण चिकित्सा महाविद्यालय
मुजफ्फरपुर

दूरभाष /Phone : 25367033, 25367035, 25367036
फैक्स /Fax : 0091-11-25367024
ई-मेल /E-mail : marb@nmc.org.in

पॉकेट -14, सेक्टर-8, द्वारका, फेस-1, नई दिल्ली-77
Pocket- 14, Sector- 8, Dwarka,
Phase - 1, New Delhi-77

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
Medical Assessment & Rating Board (MARB)

By Email

No. MARB-NMC/UG/PG/SS-Assessments/Med/ 003647

Date: 02-02-2021

To,
The Dean/Principal,
All Govt. Medical Colleges

Subjects: Updating Assessor's list for Undergraduate / Postgraduate / Super Speciality Courses

Dear Sir/Madam,

Greetings from the Medical Assessment & Rating Board, NMC

Assessment of medical institutions is one of the key responsibilities of the Medical Assessment & Rating Board, NMC and for the same, we require a reliable and wide pool of assessors. We are reaching out to you for your support and participation in the process of updating the list of eligible Under Graduate (UG) / Post Graduate (PG) / Super Speciality (SS) assessors. This will help us to conduct the assessments within the stipulated timeframe.

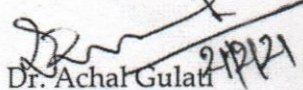
In this regard, I am requesting you to fill the annexed "Declaration Form" with details of UG / PG / SS assessors in your institute. This needs to be done before by 15th Feb, 2021 in order for NMC to have adequate time to utilize these assessors in NMC assessments. You are requested to submit details of all Associate Professors (with 6 years of teaching experience), Additional Professors & Professors (please do not include non-medical faculty) and are interested in being NMC assessors.

You are required to send the signed-scanned copy and also the ms word soft copy version (enclosed) of the file to marb@nmc.org.in before 15th Feb 2021. Please fill the ms word soft copy in a manner similar to the sample data filled in the sheet. In case of any queries please contact MARB (assessment cell) on +91-9810206745.

I request you that as an esteemed ambassador of the profession and a conscious keeper of excellence in medical education, you nominate faculty in your institution at the earliest.

Thanking you,

Yours faithfully,


Dr. Achal Gulati

President (MARB)

National Medical Commission

दूर भाष / Phone: 25367033, 25367035, 25367036
फैस / Fax: +91-11-25367024
ई-मेल / E-mail: marb@nmc.org.in
वेबसाईट / Website: www.nmc.org.in

राष्ट्रीय आयुर्विज्ञान आयोग National Medical Commission

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

Name of College			
Address for correspondence			
Email Id:			
Landline No. :	Mobile No. :		
Fax Nos.	State		
City	Pincode		

Name of Professors recommended / willing for assessment of Medical Colleges for UG / PG / SS Courses:

Name of Faculty : _____ Speciality : _____

Designation : _____ Department : _____

Mobile Number: _____ Email ID: _____

QUALIFICATION WITH YEAR OF PASSING						Date of retirement DD/MM/YY	Total Years of teaching Experience as faculty	No. of assessments done till date		
UG Qualified (MBBS)	Year	Pg Qualification (MD / MS)	Year	Super Speciality (DM / M.Ch.)	Year			UG	PG	
									Broad	Super Speciality

DETAILS OF THE TEACHING EXPERIENCE TILL DATE										
Designation	Department	Name of Institution	Type of Institution (Pvt. / Govt.)	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months				
Asst. Professor										
Asso. Professor										
Professor										

CERTIFIED TO BE CORRECTED & TRUE

Signature & Stamp of Dean/Principal/Director

Date:

Email ID:

Telephone Number:

Signature of Concerned Faculty of Institute