**MCI-15**

**Procedure for applying for recognition of Postgraduate qualifications (MD/MS/ DM/ M.Ch./ Diploma courses) u/s 11(2) of the IMC Act, 1956 for the qualifications which are not recognized and included in the Ist schedule to the IMC Act, 1956 and also recognition against increase of seats as well as renewal of recognition.**

Kind attention of the institution is invited to the section 11(2) of the IMC Act, 1956, which reads as under:

*“2. Any university or medical Institution in India which grants a medical qualification not included in the First Schedule may apply to the Central Govt., to have such qualification recognised, and the Central Government, after consulting the Council, may, by notification in the official Gazette, amend the First Schedule so as to include such qualification therein, and any such notification may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.”*

The College/ Institution attention is further invited that the permission u/s 10A of the IMC Act, 1956 for starting/ Increase of seats in postgraduate courses so granted is till the first batch admitted appears in the final examination of the postgraduate course. The institutions are advised to apply for recognition of the qualification at the time of first available examination as per the provision of Section 11(2) of the IMC Act, 1956.

The attention of the institute is also drawn to Sections 6 (4), 6 (5) & 6 (6) of Postgraduate Medical Education Regulations, 2000 as amended by amendment notification“Postgraduate Medical Education (Amendment) Regulations, 2009 Part-II” dt. 21/07/2009 and act appropriately at appropriate time which read as under:

*6. …*

*(4) The recognition so granted to a Post Graduate Course shall be for a maximum period of 5 years, upon which it shall have to be renewed.*

*(5) The procedure for Renewal of recognition shall be same as applicable for the Award of recognition.*

*(6) Failure to seek timely renewal of recognition as required in sub-clause-4 shall invariably result in stoppage of admissions to the concerned Post Graduate course……”*

Accordingly, the Institution is directed to apply/ request the Affiliating University in the application forms prescribed as **Appendix-A, B & C**, atleast 3 months in advance.

The fee required for the said purpose is Rs. 75,000/- per course by Demand Draft in favour of the Secretary, Medical Council of India payable at Delhi alongwith the request letter of the institute.

The Affiliating University will forward the request of the Institute to the Secretary, Govt. of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi so that the Govt. of India forward the request of the University with request of the college/ Institute to Medical Council of India u/s 11(2) of the IMC Act, 1956 for onward transmission to this Council.

The exact date of practical examination of the postgraduate course(s) can be directly intimated to the Medical Council of India, well in advance atleast one month.

In case the Diploma holder has been admitted in the concerned degree course and the exemption of 1 year has been granted to the student, please intimate the same in the application with exemption letter.

Upon receipt of the request through the Central Government with complete application in all respect, the MCI will arrange the inspection for recognition of the postgraduate course(s) at the time of Practical Examination.

Incomplete applications will not be entertained.

**MCI-15**

**APPENDIX - A**

**APPLICATION FORM (on institution/ college letter head) FOR RECOGNITION OF POSTGRADUATE COURSE.**

**No. Date:**

The Registrar,

(University Name & Address)

Subject: **Recognition of Postgraduate qualification(s) u/s 11(2) of the IMC Act, 1956 at ……..(Name of the College) granted by ………… (Name of the Affiliating University) – request regarding.**

Sir/ Madam,

I would like to inform you that the following postgraduate courses were permitted by the Central Govt./ Medical Council of India u/s 10A of the IMC Act, 1956 as details mentioned against each course:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Type of course****(MD/ MS/ DM/ M.Ch./ Diploma)** | **Name of Course** | **Number of seats permitted** | **Date of LOP (Copy of LOP attached)** | **Date of Practical Examination, if fixed by University** |
|  |  |  |  |  |  |

The candidate(s) admitted for the said course(s) will be appeared in the final examination in the month of \_\_\_\_\_\_\_ and the assessor need to be appointed by the Medical Council of India at the time of practical examination as per section 11(2) of the IMC Act, 1956.

The inspection fee as prescribed by the Council, Rs. 75,000/- per course is enclosed by D.D. No…………….. dated……………. worth Rs……………… in favor of the Secretary, Medical Council of India, New Delhi payable at Delhi is enclosed.

Therefore, you are requested to forward the request of the institute to the Secretary, Govt. of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi at the earliest as per requirement.

You are also requested to fix up the exact date of practical examination of the said course(s) atleast one month in advance and intimate the same to the Institute to inform the Medical Council of India, accordingly to arrange the inspection at the time of practical examination.

Yours faithfully,

**(Principal/ Dean/ Director)**

**Encls.: (i) Demand Draft of Rs…………….. dated……………..**

**(ii) Copy of LoP for each course.**

**(iii) Exemption given to Diploma Holder to appear for concerned degree course, if any.**

**MCI-15**

**APPENDIX - B**

**APPLICATION FORM (on institution/ college letter head) FOR RECOGNITION OF POSTGRADUATE COURSE AGAINST INCREASE OF SEATS.**

**No. Date:**

The Registrar,

(University Name & Address)

Subject: **Recognition of Postgraduate qualification(s) against increase of seats u/s 11(2) of the IMC Act, 1956 at ……..(Name of the College) granted by ………… (Name of the Affiliating University) – request regarding.**

Sir/ Madam,

I would like to inform you that the seats were increased in the following postgraduate courses by the Central Govt./ Medical Council of India u/s 10A of the IMC Act, 1956 as details mentioned against each course:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Type of course****(MD/ MS/ DM/ M.Ch./ Diploma)** | **Name of Course** | **Number of increased seats** **From – to** | **Date of LOP for increase of seats (Copy of LOP attached)** | **No. of seats recognized by MCI (Copy of recognition letter attached)** | **Date of Practical Examination, if fixed by University** |
|  |  |  |  |  |  |  |

The candidate(s) admitted against the increased seats for the said course(s) will be appeared in the final examination in the month of \_\_\_\_\_\_\_ and the assessor need to be appointed by the Medical Council of India at the time of practical examination as per section 11(2) of the IMC Act, 1956.

The inspection fee as prescribed by the Council, Rs. 75,000/- per course is enclosed by D.D. No…………….. dated……………. worth Rs……………… in favor of the Secretary, Medical Council of India, New Delhi payable at Delhi is enclosed.

Therefore, you are requested to forward the request of the institute to the Secretary, Govt. of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi at the earliest as per requirement.

You are also requested to fix up the exact date of practical examination of the said course(s) atleast one month in advance and intimate the same to the Institute to inform the Medical Council of India, accordingly to arrange the inspection at the time of practical examination.

Yours faithfully,

**(Principal/ Dean/ Director)**

**Encls.: (i) Demand Draft of Rs…………….. dated……………..**

**(ii) Copy of LoP for increase of seats in each course.**

**(iii) Copy of MCI letter for recognition of the concerned subject(s) and Notification issued by the Govt. of India for the same.**

**(iv) Exemption given to Diploma Holder to appear for concerned degree course, if any.**

**MCI-15**

**APPENDIX - C**

**APPLICATION FORM (on institution/ college letter head) FOR RENEWAL OF RECOGNITION OF POSTGRADUATE COURSE**

**No. Date:**

The Registrar,

(University Name & Address)

Subject: **Renewal of Recognition of Postgraduate qualification(s) at ……..(Name of the College) granted by ………… (Name of the Affiliating University) – request regarding.**

Sir/ Madam,

I would like to inform you that the following postgraduate courses are already recognized by the Central Govt./ Medical Council of India u/s 11(2) of the IMC Act, 1956 and included in the Ist Schedule to the said Act and 5 years of recognition have been completed as details mentioned against each course:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Type of course****(MD/ MS/ DM/ M.Ch./ Diploma)** | **Name of Course** | **Number of seats already recognized** | **Date of Recognition letter (Copy of letter attached)** | **Date of Notification issued by Govt. of India (Copy of Notification attached)** | **Date of Practical Examination, if fixed by University** |
|  |  |  |  |  |  |  |

The candidate(s) admitted against the already recognized seats for the said course(s) will be appeared in the final examination in the month of \_\_\_\_\_\_\_ and the assessor need to be appointed by the Medical Council of India at the time of practical examination for renewal of recognition.

The inspection fee as prescribed by the Council, Rs. 75,000/- per course is enclosed by D.D. No…………….. dated……………. worth Rs……………… in favor of the Secretary, Medical Council of India, New Delhi payable at Delhi is enclosed.

Therefore, you are requested to forward the request of the institute to the Secretary, Govt. of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi at the earliest as per requirement.

You are also requested to fix up the exact date of practical examination of the said course(s) atleast one month in advance and intimate the same to the Institute to inform the Medical Council of India, accordingly to arrange the inspection at the time of practical examination.

Yours faithfully,

**(Principal/ Dean/ Director)**

**Encls.: (i) Demand Draft of Rs…………….. dated……………..**

**(ii) Copy of MCI letter for recognition of the concerned subject(s) and Notification issued by the Govt. of India for the same.**