

BY SPEED/REGISTERED POST

No. U. 12012/112/2014-ME(P-II)
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare

Nirman Bhawan, New Delhi
Dated the 19th June 2014

To

The Principal/Dean,
PES Institute of Medical Sciences & Research
Kuppam-517 425
Andhra Pradesh

Sub: **Increase of seats** in Postgraduate Degree course at PES Institute of Medical Sciences & Research, Kuppam - Permission of Central Govt - Regarding

Sir,

In continuation to this office's Conditional LoP issued to you on 15/04/2014 and your compliance conveyed vide letter dated 14/04/2014 for increase of seats in PG course with specified annual intake of student(s) per year with prospective effect i.e. **from academic year 2014-15** at your institution/college u/s 10 (A) of IMC Act, 1956 (as amended from time to time), I am directed to inform that the compliance has been taken on record and the conditions attached in conditional LoP dated 15/04/2014 are hereby withdrawn in view of the compliance received. Accordingly you are hereby allowed to start PG courses in following disciplines (with the number of seats indicated against each of them):

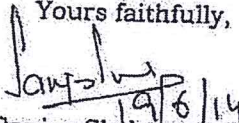
Increasing:

- | | | |
|----------------------|---|--------------------|
| 1. MS (OBG) | : | 3(Three) to 6(Six) |
| 2. MS (Orthopaedics) | : | 2(Two) to 4(Four) |

This permission for increase of seats in the course and admission of students will be for such time the first batch of students admitted against the above course appears for the final examination in the subject. The college authorities may take up the matter for recognition of the qualifications under Section 11(2) of IMC Act at the time of first batch admitted against the course appears for final year examinations. The Government of India reserves the right to withdraw/cancel/revoke the Letter of Permission if it comes to the notice that the permission has been obtained by misinterpretation of facts or fraud. The college authorities are bound to intimate, if any, material change in the facts based on which the permission was sought/occur.

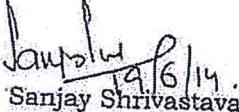
Please acknowledge receipt of this letter.

Yours faithfully,


(Dr. Sanjay Shrivastava)
ADG(ME)
Ph.23062642

Copy to:

1. The Secretary, Health, Medical & Family Welfare Deptt., Govt. of Andhra Pradesh, A. P. Secretariat, Hyderabad-500 022
2. The Secretary, Medical Council of India, Pocket-14, Sector-8, Dwarka, New Delhi - 75 with 2(Two) Original Bank Guarantee for Rs.10 lakhs & Rs. 15 lakhs for starting/increase of seats in the above postgraduate courses with the request to verify the authenticity of the Bank Guarantees.
3. The Registrar, NTR University of Health Sciences, Vijayawada-520 008, Andhra Pradesh.
4. ADG(ME), Dte.GHS, Nirman Bhavan, New Delhi.


(Dr. Sanjay Shrivastava)
ADG(ME)