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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/152314

Date: 13/12/18

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,

  
13.12.18  
(Prof. Sanjay Shrivastava)  
Secretary General

**Encl.-Performa**

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**BOARD OF GOVERNORS IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA**

**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.**

| <u>Sl. No.</u> | <u>Name</u> | <u>Appointment/ Designation</u> | <u>Department</u> | <u>Qualification with year of passing</u> | <u>Date of retirement</u> | <u>Date of Appointment as Professor</u> | <u>Years of Experience as Professor</u> | <u>Mob. No./Contact No.</u> | <u>Email ID</u> | <u>Number of assessments done till date</u> |                |               |             |
|----------------|-------------|---------------------------------|-------------------|---|---------------------------|---|---|-----------------------------|-----------------|---|----------------|---------------|-------------|
|                |             |                                 |                   |   |                           |   |   |                             |                 | <u>&gt; 10</u>                              | <u>5 to 10</u> | <u>&lt; 5</u> | <u>None</u> |
|                |             |                                 |                   |   |                           |   |   |                             |                 |   |                |               |             |
|                |             |                                 |                   |   |                           |   |   |                             |                 |   |                |               |             |
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|                |             |                                 |                   |   |                           |   |   |                             |                 |   |                |               |             |

**Date:**

**Signature**