

पत्रांक - 192/22

प्रेषक:-

प्राचार्य,  
श्री कृष्ण चिकित्सा महाविद्यालय,  
मुजफ्फरपुर ।

सेवा में,

सभी विभागाध्यक्ष,  
श्री कृष्ण चिकित्सा महाविद्यालय,  
मुजफ्फरपुर ।

मुज०

दिनांक:- 28/3/2022

विषय-Updating Assessor's list for Undergraduate/Postgraduate eligible teachers के संबंध में ।

महाशय,

उपरोक्त विषयक सूचित करना है कि NMC, New Delhi के पत्रांक-शून्य दिनांक - 22.03.2022 के निदेशानुसार, अपने-अपने विभाग से अहर्ता रखने वाले चिकित्सको/शिक्षकों की सूचना विहित प्रपत्र में (Individually in Prescribed Format) ससमय उपलब्ध कराने का कष्ट किया जाए, ताकि NMC, New Delhi को भेजा जा सके ।

यह आपके सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित ।

अनु०-यथोक्त ।

विश्वासभाजन

प्राचार्य

श्री कृष्ण चिकित्सा महाविद्यालय  
मुजफ्फरपुर

*Dr. Anand*  
*He-1/Member*  
*Dr. Anand*  
*Dr. Anand*

# National Medical Commission

Medical Assessment and Rating Board

Date: 22-03-2022

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

Subjects: Updating Assessor's list for Undergraduate / Postgraduate / Super Speciality Courses-eligible teachers -reg

Dear Sir/Madam,

Greetings from the Medical Assessment and Rating Board, National Medical Commission. NMC is bringing the reforms and rating the colleges. We are gathering information from different sources and verifying with our assessors' reports. We have been updating the Assessors list from the senior faculty of government medical institutions. We are writing this letter for your support and participation in updating the list of eligible Under Graduate / Post Graduate / Super Speciality assessors. They need to follow the minimum standard requirements, numbers, eligibility of teaching faculty and quality of clinical case material factorial information and making his / her own remarks on their observations. We expect them to be active in verifying the facts from the College and Hospital than simple passing the information from the Principal of the college.

You are requested to submit the details of Professors, Additional Professors and Associate professors (with 6 years of teaching experience). You are further requested to grant on duty permission / leave on their nomination to the above responsibility. The proposed individuals' should have integrity and uprightness to bring the facts to the commission. We need to identify dependable and wide pool of assessors from every subject, especially Critical Care Medicine, Emergency Medicine, Endocrinology, Nuclear Medicine, Pulmonary Medicine, Sports Medicine, Transfusion Medicine and Respiratory Medicine. No person retiring in 2022-23 and non medical faculty shall be recommended for the assessors list.

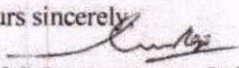
I am requesting you to fill the annexed "Declaration Form" with details of UG / PG /SS assessors from your institute. They also should be interested to accept the invitation to conduct the assessments within the stipulated timeframe. Kindly submit the required information before by 15<sup>th</sup> April 2022.

You are required to send the signed-scanned copy and also the ms word soft copy version(enclosed) of the file to [assessment.marb@nmc.org.in](mailto:assessment.marb@nmc.org.in), [marb@nmc.org.in](mailto:marb@nmc.org.in).

In case of any queries please contact MARB (assessment cell) on +91-98102 06745 and +91-98102 08745

Thanking you,

Yours sincerely,

  
Prof G Suryanarayana Raju  
Member, MARB  
National Medical Commission  
Email: [drgsnraju@rediffmail.com](mailto:drgsnraju@rediffmail.com)

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 Mobile : +91-9810208745  
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**राष्ट्रीय आयुर्वेदज्ञान आयोग**  
**National Medical Commission**  
**Medical Assessment & Rating**  
**Board (MARB)**

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 ११  
 Post-14, Sector-8, Dwarka,  
 Phase-1, New Delhi-77

Name of the College	✓	Name of the Principal/Dean Address for Correspondence	Name of Faculty : Specialty/ Department : Designation :
MCI Registration No.			
Email ID			
Landline No. and Mobile No.			
Medical Council Registration No (Of the Principal/Dean)			
City	Pin code	State	

Qualification with Year of Passing		MCI/State Medical Council Registration No.		Date of Retirement (DD/MM/YYYY)		Total years of teaching experience as faculty		No. of Assessments done till	
UC QUALIFIED (MBBS)	YEAR	PC QUALIFICATION (MD/MS)	YEAR	YEAR	YEAR	UC	PC BROAD	PC SUPER SPECIALTY	

DETAILS OF THE TEACHING EXPERIENCE TILL DATE							
Designation	Department	Name of Institution	Type of Institution (Govt.)	From (DD/MM/YYYY)	To (DD/MM/YYYY)	Total Experience in years & months	Publications
As Senior Resident							
Asst. Professor							
Asst. Professor							
Professor							

**REMARKS OF THE PRINCIPAL:-**

Signature & Stamp of Deputy/Principal/Director

Signature of Concerned Faculty of Institute