**THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES**

DD–36, Salt Lake, Sector–1, Kolkata, W.B, PIN – 700 064

***Website****:* [*http://www.wbuhs.ac.in*](http://www.wbuhs.ac.in)*;* ***EPBX****: (033) 2321 – 3461, (033) 2334 – 6602;*

***Fax:*** *(033)**2358 - 0100*

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| **Procedure** to apply for: -   1. **Recognition of PG / PD qualifications** *[Appendix-A]* 2. **Recognition against increase of seats** *[Appendix-B]* 3. **Renewal of recognition** *[Appendix-C]* regulated by ‘Medical Council of India’, New Delhi.   The institution is directed to apply / request the affiliating University in the prescribed appendices at least 3 months in advance. |

*For last date of submission to the Ministry of Health & F.W, GoI - pl. click the link below:*

### [Hon’ble Supreme Court Order – WP (Civil) No. 76 of 2015](http://www.mcc.nic.in/MCCRes/Show-Pdf?Type=E0184ADEDF913B076626646D3F52C3B49C39AD6D&ID=1D513C0BCBE33B2E7440E5E14D0B22EF95C9D673)

### (press ctrl+click to follow the above link)

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**KIND ATTENTION**

As required by MCI – all Head of the Institutions shall henceforth apply to the Registrar of the affiliating University for the above mentioned purposes in the respective forms as in Appendices –A/B/C as mentioned above.

The above Appendices are available in the MCI website [<http://www.mciindia.org>] as follows: -

* *Go to* 🡺 *‘Information Desk’*
* *‘Download Application Forms’*
* *‘Application for Recognition of PG Qualification’ (MCI-15)*
* *Download the form(s) and Print*

The same has to be submitted to the Registrar within the due date along with

1. A forwarding letter to the Registrar, WBUHS, Kolkata
2. A duly filled-up original copy of [appendix – A/B/C] of MCI- from 15 *[whichever applicable]*, addressed to Registrar, WBUHS.
3. A copy of LoI (Letter of intent) (if, applicable)
4. A copy of MCI letter for recognition (if, applicable)
5. A copy of LoP (Letter of permission) (if, applicable)
6. A Photocopy of Demand Draft in favour of Secretary, MCI

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After submission, the Registrar shall issue a forwarding letter addressed to the Secretary, Ministry of Health & F.W, GoI, which shall be sent to the Ministry of Health & F.W alongwith:

* Original Demand Draft
* appendix – A/B/C of MCI- form 15 (duly filled)
* other relevant documents, if required

*[N.B:- information may change time to time]*