

Government Medical College, Srinagar.

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CIRCULAR

Subject: Inviting Applications for starting of new Post Graduate medical courses in an established medical institution and increase of seats in existing post- graduate medical courses for the academic year (AY) 2026-27: Updated Information Required thereof- Regarding

It is hereby circulated for the information and necessary action of following HOD's of GMC Srinagar that this office is in the process of compiling requisite information regarding Clinical Material available in the concerned departments for submission to the National Medical Commission (NMC).

1. Anatomy
2. Anaesthesiology
3. ENT (Otorhinolaryngology)
4. Forensic Medicine & Toxicology
5. Pharmacology
6. Orthopedics
7. Surgery
8. Pathology
9. Physiology

In this connection, all the concerned Heads of Departments (HODs) are requested to furnish the requisite information pertaining to their respective departments strictly in the prescribed format enclosed as **Annexure-A**, along with the required supporting documents, duly verified and authenticated.

The information so furnished by the departments shall be complete in all respects, duly signed by the concerned Head of Department, and submitted to the office of Dy. Registrar Academic, Government Medical College Srinagar by or before **09.03.2026**, positively, so that the same can be compiled and submitted to the National Medical Commission (NMC) within the stipulated timeframe.

Prof. (Dr.) Iffat Hassan Shah
Principal/Dean

Govt. Medical College, Srinagar

No. GMC/Acad/12890-12903/mc
Dated: 07 - 03 - 26

Copy to the:

1. Concerned HOD's of GMC Srinagar, for information and necessary action
2. In-Charge IT Section, GMC Srinagar with the direction to upload the same on the official website of GMC Srinagar

ANNEXURE – A

Format for Furnishing Hospital Information for Submission to NMC

A) Clinical Materials of the concerned Department:

- i. Name of Department _____
- ii. No. of Beds _____
- iii. No. of Units _____
- iv. Average Bed Occupancy in Percent: Daily _____ Monthly _____ Yearly _____
- v. Total No. of Inpatients: Daily _____ Monthly _____ Yearly _____
- vi. Total No. of Outpatients: Daily _____ Monthly _____ Yearly _____

Note: Attach a separate Hard Copy of Clinical Material of the concerned department, under seal & signature of respective HOD.

B) Documents required to be attached:

- i. List of Equipments, in the concerned department
- ii. Unit wise faculty position list
- iii. List of recognized PG Guides

Note: Kindly fill all details, however mention Not-Applicable (NA), if required