

Government Medical College, Srinagar

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URGENT

C I R C U L A R

In view of the notice issued by the NMC vide Ref. No. U-14021/01/2024-UGMEB(e-8264469), dated: 05-11-2024, regarding the submission of Annual Declaration on NMC's Annual Declaration Portal for Annual Renewal of permission of UG-MBBS Seats, all the HOD's GMC Srinagar, are requested to submit the soft copies of declaration forms of all the faculty members & Residents, Videography of the examination conducted, Form-C, along with the relevant information (as per the enclosed annexures) by or before **11-11-2024**, to the office of Registrar (Academics) GMC Srinagar, for uploading the same on the portal of NMC, New Delhi, well within the stipulated time.

Moreover, all Medical Superintendents, associated Hospitals of GMC Srinagar, are also directed to submit the relevant information as per the attached annexure(s) by or before **11-11-2024**, positively.

Prof. (Dr) Iffat Hassan Shah
Principal/Dean

Govt. Medical College, Srinagar

Note: All the required information must be submitted to the office of Registrar (Academics) GMC Srinagar, in a pendrive, for easy access and time saving.

No. GMC/Acad/6166-90/MC Dated: 07-11-24

Copy to the, for information and necessary action:

1. All HOD's, Govt. Medical College, Srinagar
2. All Medical Superintendents, associated Hospitals, Govt. Medical College, Srinagar
3. In-Charge IT Section, GMC Srinagar with the direction to upload the same on the official website of GMC Srinagar and forward the same to the concerned Heads, through their respective email addresses.
4. Office Record File

Operation Theater Details (Wherever not applicable, please put a zero value)

Select Year *

2024

Select Department *

Select Department

Month	Total Major Case *	Total Minor Case *	Total Emergency Case *
January	Total Major Case	Total Minor Case	Total Emergency Case
February	Total Major Case	Total Minor Case	Total Emergency Case
March	Total Major Case	Total Minor Case	Total Emergency Case
April	Total Major Case	Total Minor Case	Total Emergency Case
May	Total Major Case	Total Minor Case	Total Emergency Case
June	Total Major Case	Total Minor Case	Total Emergency Case
July	Total Major Case	Total Minor Case	Total Emergency Case
August	Total Major Case	Total Minor Case	Total Emergency Case
September	Total Major Case	Total Minor Case	Total Emergency Case
October	Total Major Case	Total Minor Case	Total Emergency Case
November	Total Major Case	Total Minor Case	Total Emergency Case
December	Total Major Case	Total Minor Case	Total Emergency Case

Add Death & Birth Report Details

Address and pin code of the Corporation/ Village where the birth records are reported *

Enter Address and pin code of the Corporation/ Village where the Death records are reported

Address and pin code of the Corporation/ Village where the Death records are reported *

Enter Address and pin code of the Corporation/ Village where the Death records are reported

Select Year *

Select Year

2024

Website link/ email ID/ hyperlink of the corporation where birth Records are reported *

Enter Website link/ email ID/ hyperlink of the corporation in case Death Records are reported

Website link/ email ID/ hyperlink of the corporation where Death Records are reported *

Enter Website link/ email ID/ hyperlink of the corporation in case Death Records are reported

Total Death Jan *	Total Death Feb *	Total Death Mar *	Total Death Apr *	Total Death May *	Total Death Jun *	Total Death Jul *	Total Death Aug *	Total Death Sep *	Total Death Oct *	Total Death Nov *	Total Death Dec *
Total Birth Jan *	Total Birth Feb *	Total Birth Mar *	Total Birth Apr *	Total Birth May *	Total Birth Jun *	Total Birth Jul *	Total Birth Aug *	Total Birth Sep *	Total Birth Oct *	Total Birth Nov *	Total Birth Dec *

Save

Hospital Details

HFID ABDM

Enter HFID

Hospital Name *

Enter Hospital Name

Hospital Reg. Date *

dd-mm-yyyy



Total Beds *

Enter number of beds

Total Emergency Beds *

Enter number of beds for emergency

Whether using HMIS * Yes No

Whether OPD/IPD registration is generated with Abha ID * Yes No

May	Total OPD Patient*	Total IPD Patient*	Total beds *	Total occupied beds *	Histopathology *	Cytopathology *	Hematology *		
	Clinical Pathology *	Bio-Chemistry *	Culture Sensitivity samples *	Serology *	X-rays *	Ultra-Sound *	CT-scan *	MRI *	
June	Total OPD Patient*	Total IPD Patient*	Total beds *	Total occupied beds *	Histopathology *	Cytopathology *	Hematology *		
	Clinical Pathology *	Bio-Chemistry *	Culture Sensitivity samples *	Serology *	X-rays *	Ultra-Sound *	CT-scan *	MRI *	
July	Total OPD Patient*	Total IPD Patient*	Total beds *	Total occupied beds *	Histopathology *	Cytopathology *	Hematology *		
	Clinical Pathology *	Bio-Chemistry *	Culture Sensitivity samples *	Serology *	X-rays *	Ultra-Sound *	CT-scan *	MRI *	
August	Total OPD Patient*	Total IPD Patient*	Total beds*	Total occupied beds*	Histopathology *	Cytopathology *	Hematology *		
	Clinical Pathology *	Bio-Chemistry *	Culture Sensitivity samples *	Serology *	X-rays *	Ultra-Sound *	CT-scan *	MRI *	
September	Total OPD Patient*	Total IPD Patient*	Total beds *	Total occupied beds *	Histopathology *	Cytopathology *	Hematology *		
	Clinical Pathology *	Bio-Chemistry *	Culture Sensitivity samples *	Serology *	X-rays *	Ultra-Sound *	CT-scan *	MRI *	

October	Total OPD Patient*	Total IPD Patient*	Total beds *	Total occupied beds *	Histopathology *	Cytopathology *	Hematology *		
	Clinical Pathology *	Bio-Chemistry *	Culture Sensitivity samples *	Serology *	X-rays *	Ultra-Sound *	CT-scan *	MRI *	

November	Total OPD Patient*	Total IPD Patient*	Total beds *	Total occupied beds *	Histopathology *	Cytopathology *	Hematology *		
	Clinical Pathology *	Bio-Chemistry *	Culture Sensitivity samples *	Serology *	X-rays *	Ultra-Sound *	CT-scan *	MRI *	

December	Total OPD Patient*	Total IPD Patient*	Total beds *	Total occupied beds *	Histopathology *	Cytopathology *	Hematology *		
	Clinical Pathology *	Bio-Chemistry *	Culture Sensitivity samples *	Serology *	X-rays *	Ultra-Sound *	CT-scan *	MRI *	

Faculty Details

Select Department *

Select Department Name *

Designation *

Select Designation Name

Nature of Employment *

Select Employment nature *

AEBAS Atte. ID *

IMR Number *

Faculty Name *

Total Teaching Exp. (in years) *

Upload Faculty Declaration Form*

Choose File No file chosen

Submit