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*; ***EPBX***: *(033) 2321 – 3461, (033) 2334 - 6602*
Fax: *(033) 2358 - 0100*

[B] CONSENT OF AFFILIATION

FORM -3

Ref. No. OG/WBUHS/2018-2019/1000
University: The West Bengal University of Health Sciences, Kolkata
Place: Salt Lake, Kolkata
Dated: 23.07.2018

CONSENT OF AFFILIATION

On the basis of the report of the **'Local Inquiry Committee'**, the **'West Bengal University of Health Sciences'**, Kolkata has agreed in principle, to affiliate the proposed **Introduction** of 03 **(three)** seats of '***MD – PHARMACOLOGY***' course, to be opened at Sovapur, Bijra Road, Jemua, B – Zone, Durgapur, Pin – 713206, West Bengal by the **'IQ City Medical College'**, subject to grant of permission by the Government of India, Ministry of Health and Family Welfare, New Delhi under/section 10(A) of the Indian Medical Council Act, 1956 (102 of 1956), for the academic session **2019 – 2020**.

sd/-
Registrar
WBUHS

Ref. No.: *OG/ WBUHS /2018-2019 /1000 /1 (07)* ***Date*** : *23 / 07/2018*

Copy forwarded for information and necessary action to the: -

1. *Controller of Examinations, WBUHS, Kolkata*
2. *Principal, IQ City Medical College, Durgapur – 713206.*
3. *Dean of Faculty, Faculty of Modern Medicine, WBUHS, Kolkata*
4. *Inspector of Colleges, WBUHS, Kolkata*
5. *P.A to Vice – Chancellor, WBUHS, Kolkata*
6. *P.A to Pro Vice – Chancellor, WBUHS, Kolkata*
7. *Office copy.*

Ankanta Sinha
23/7/2018
Registrar
WBUHS