| Name of College | American Int. Inst. of Med. Sc., Udaipur |
|------------------------------|--|
| Address of College | Near Transport Nagar, Airport Road, Bedwas, Udaipur-313001 |
| Website of College | https://aiimsudr.ac.in/ |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|-----------------|
| Name of Principal | Dr. Vinay Joshi |
| Phone No. (Office) | 0294-3536024 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|----------------------------|
| Name of Nodal Officer | Nitin Jain |
| Designation | Group Manager IT & Systems |
| Phone No. (Office) | 0294-3536000 |
| Mobile No. | 9351368537, 9351368532 |
| Email ID | nitin.dac@gmail.com |

| Bank Details | | |
|--|--|--|
| Account Name | American International Institute of Medical Sciences | |
| Account Type | Current | |
| Bank | Yes Bank | |
| Account No. | 004984000001244 | |
| IFSC | YESB0000049 | |
| Branch Name | Udaipur | |
| Branch City | Udaipur | |
| In case of Cheque/DD, Drawn in Favour of | American International Institute of Medical Sciences | |
| Payable at | Udaipur | |

| Recognition | | | |
|---------------------------|----------------------------------|------------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Permitted | RENEWAL/UGMEB/2023-24/085/020554 | 04/06/2024 | |

| Name of College | Ananta Institute of Med. Sc., Rajsamand |
|------------------------------|---|
| Address of College | NH 8 VILLAGE KALIWAS,TEHSIL NATHDWARA ,RAJSAMAND,RAJASTHAN-313202 |
| Website of College | www.anantamedicity.com |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---|--------------|
| Name of Principal DR. SANDHYA PRANJAL MANJREKAR | |
| Phone No. (Office) | 02953-288000 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|-------------------------|
| Name of Nodal Officer | DR. NITIN SHARMA |
| Designation | REGISTRAR |
| Phone No. (Office) | 02953-288000 |
| Mobile No. | 7073459051, 7073459052 |
| Email ID | info@anantamedicity.com |

| Bank Details | |
|--|--|
| Account Name | ANANTA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE |
| Account Type | Saving |
| Bank | STATE BANK OF INDIA |
| Account No. | 61313352308 |
| IFSC | SBIN0031209 |
| Branch Name | CHETAK CIRCLE, UDAIPUR (RAJASTHAN) |
| Branch City | UDAIPUR (RAJASTHAN) |
| In case of Cheque/DD, Drawn in Favour of | ANANTA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE |
| Payable at | UDAIPUR (RAJASTHAN) |

| Recognition | | | |
|---------------------------|-------------------------------|------------|----------------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Recognized | U-12021/5/2023/UGMEB | 07.06.2023 | FOR FIVE YEARS |

| Name of College | Geetanjali Medical College & Hospital, Udaipur |
|------------------------------|---|
| Address of College | NH 8, Near Eklingpura Chouraha, Manwakhera, Udaipur |
| Website of College | https://www.geetanjaliuniversity.com |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|-------------------------------------|----------------|
| Name of Principal Dr. Sangita Gupta | |
| Phone No. (Office) | 0294-2500000-6 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|--------------------------------------|
| Name of Nodal Officer | Deepesh Mehata |
| Designation | Coordinator |
| Phone No. (Office) | 0294-2500000-6 |
| Mobile No. | 9773356118, 9773356118 |
| Email ID | counselling@geetanjaliuniversity.com |

| Bank Details | |
|--|---|
| Account Name | GEETANJALI MEDICAL COLLEGE AND HOSPITAL |
| Account Type | Current |
| Bank | HDFC |
| Account No. | 99921223344550 |
| IFSC | HDFC0000119 |
| Branch Name | CHETAK CIRCLE |
| Branch City | UDAIPUR |
| In case of Cheque/DD, Drawn in Favour of | GEETANJALI MEDICAL COLLEGE AND HOSPITAL |
| Payable at | UDAIPUR |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |

| Name of College | GMC, Barmer |
|------------------------------|---|
| Address of College | Government Medical College, Barmer, National Highway No. 68, Jaisalmer Road, Jalipa, Barmer, Pin- 344001 |
| Website of College | http://www.education.rajasthan.gov.in/mcbarmer |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|-------------------|
| Name of Principal | DR. H. K. PUROHIT |
| Phone No. (Office) | 02982-227850 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|----------------------------|
| Name of Nodal Officer | Dr. Deepak Tanwar |
| Designation | MOIC Academic Section |
| Phone No. (Office) | 8619781200 |
| Mobile No. | 8619781200 |
| Email ID | drdeepaktanwar89@gmail.com |

| Bank Details | | |
|--|---|--|
| Account Name | PRINCIPAL AND CONTROLLER MEDICAL COLLEGE BARMER | |
| Account Type | Saving | |
| Bank | BANK OF MAHARASHTRA | |
| Account No. | 60442509824 | |
| IFSC | MAHB0001904 | |
| Branch Name | BARMER | |
| Branch City | BARMER | |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL AND CONTROLLER MEDICAL COLLEGE BARMER | |
| Payable at | BARMER | |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |

| Name of College | GMC, Bharatpur |
|------------------------------|--|
| Address of College | SJP MEDICAL COLLEGE Rampura, NH-21,Sever Road,Bharatpur |
| Website of College | https://medicaleducation.rajasthan.gov.in/mcbharatpur/#/home |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|------------|
| Name of Principal | TARUN LALL |
| Phone No. (Office) | 05644-2236 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|-----------------------------|
| Name of Nodal Officer | RAMKUMAR SINGHAL |
| Designation | PROFESSOR ANATOMY |
| Phone No. (Office) | 05644-2236 |
| Mobile No. | 9408271046 |
| Email ID | drramkumarsinghal@gmail.com |

| Bank Details | |
|--|--|
| Account Name | PRINCIPAL, SHREE JAGANNATH PAHADIYA MEDICAL COLLEGE BHARATPU |
| Account Type | Saving |
| Bank | BANK OF MAHARASHTRA |
| Account No. | 60442587189 |
| IFSC | MAHB0002156 |
| Branch Name | CIRCULAR ROAD , KUMHER GATE |
| Branch City | Bharatpur |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL, SHREE JAGANNATH PAHADIYA MEDICAL COLLEGE BHARATPU |
| Payable at | BHARATPUR |

| Recognition | | | |
|---------------|-------------------------------|------|---------|
| Status of NMC | NMC/GOI permission letter no. | Date | Remarks |
| recognition | | | |

| Name of College | GMC, Bhilwara |
|------------------------------|--|
| Address of College | SINDARI KE BALAJI ROAD SANGANER BHILWARA-311001 |
| Website of College | www.medicaleducation.rajasthan.gov.in/mcbhilwara |
| Hostel facility for students | YES |

| Contact Information (Principal) | | |
|--|-------------|--|
| Name of Principal Dr. VARSHA ASHOK KUMAR SINGH | | |
| Phone No. (Office) | 01482258002 | |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|--------------------|--|
| Name of Nodal Officer | DR.VIPUL CHOUDHARY | |
| Designation | Professor | |
| Phone No. (Office) | 01482258016 | |
| Mobile No. | 9460185959 | |
| Email ID | xsvipul@gmail.com | |

| Bank Details | |
|--|---|
| Account Name | RAJMATA VIJAYARAJE SCINDIA MEDICAL COLLEGE BHILWARA |
| Account Type | Saving |
| Bank | BANK OF MAHARASHTRA |
| Account No. | 60442581494 |
| IFSC | MAHB0001346 |
| Branch Name | RAJASTHAN BHILWARA 1346 |
| Branch City | BHILWARA |
| In case of Cheque/DD, Drawn in Favour of | |
| Payable at | |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |

| Name of College | GMC, Churu |
|------------------------------|--|
| Address of College | civil line, sekhawat colony churu |
| Website of College | https://medicaleducation.rajasthan.gov.in/mcchuru/ |
| Hostel facility for students | YES |

| Contact Information (Principal) | | |
|---------------------------------------|-------------|--|
| Name of Principal Dr. Gajendra Saxena | | |
| Phone No. (Office) | 01562251888 | |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|-------------------------|--|
| Name of Nodal Officer | Dr. Kuldeep Bijaraniya | |
| Designation | Assistant Professor | |
| Phone No. (Office) | 01562251888 | |
| Mobile No. | 7300146789 | |
| Email ID | drkuldeep5789@gmail.com | |

| Bank Details | |
|--|--|
| Account Name | Pandit deendayal upadhayay medical college,churu |
| Account Type | Saving |
| Bank | bank of maharashtra |
| Account No. | 60442508402 |
| IFSC | MAHB0001438 |
| Branch Name | ЛНИЛНИИ |
| Branch City | ЛНИЛНИИ |
| In case of Cheque/DD, Drawn in Favour of | Pandit deendayal upadhayay medical college,churu |
| Payable at | JAIPUR |

| Recognition | | | |
|---------------------------|-------------------------------|----------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Permitted | renewal/UGMEB/2023-24/276 | 07-07-24 | |

| Name of College | GMC, Dungarpur |
|------------------------------|--|
| | Government Medical College & Associated Hospital, Vill. Thana, Dist. Dungarpur, Pin Code-314804 Rajasthan |
| Website of College | https://medicaleducation.rajasthan.gov.in/mcdungarpur/#/home/dptHome |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|------------------------|
| Name of Principal | Dr. S. Balamuruganvelu |
| Phone No. (Office) | 02964294198 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|---------------------------------------|
| Name of Nodal Officer | Dr. Karunakar Kota |
| Designation | Assistant Professor |
| Phone No. (Office) | 02964294198 |
| Mobile No. | 9772363799, 9461720741 |
| Email ID | principal.mc.dungrpr@rajasthan.gov.in |

| Bank Details | | |
|--|---|--|
| Account Name | PRINCIPAL AND CONTROLLER MEDICAL COLLEGE DUNGARPUR | |
| Account Type | Saving | |
| Bank | Bank of Maharashtra | |
| Account No. | 60442642948 | |
| IFSC | MAHB0002440 | |
| Branch Name | Dungarpur | |
| Branch City | Dungarpur | |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL AND CONTROLLER GOVERNMENT MEDICAL COLLEGE DUNGARPUF | |
| Payable at | Dungarpur | |

| Recognition | | | |
|---------------|-------------------------------|------|---------|
| Status of NMC | NMC/GOI permission letter no. | Date | Remarks |
| recognition | | | |

| Name of College | GMC, Kota |
|------------------------------|--|
| Address of College | Rangbari Road kota rajasthan |
| Website of College | https://medicaleducation.rajasthan.gov.in/mckota/#/home/ |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|--------------------|
| Name of Principal | Dr Sangeeta Saxena |
| Phone No. (Office) | 07442470674 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|----------------------------|
| Name of Nodal Officer | Dr Kalpana Makhija |
| Designation | Professor dept of Anatomy |
| Phone No. (Office) | 07442470674 |
| Mobile No. | 9414941481 |
| Email ID | kalpanamakhija22@gmail.com |

| Bank Details | | |
|--|--------------------------------|--|
| Account Name | PRINCIPAL MEDICAL COLLEGE KOTA | |
| Account Type | Saving | |
| Bank | HDFC BANK | |
| Account No. | 50100695153652 | |
| IFSC | HDFC0006744 | |
| Branch Name | shrinathpuram | |
| Branch City | kota | |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL MEDICAL COLLEGE KOTA | |
| Payable at | kota | |

| Recognition | | | |
|---------------------------|--|------------|--|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Recognized | MCI-37(1)(Recg-24)(UG)2016-Med./100802 | 07-04-2017 | Recognitiono of 100 to 150 MBBS seats |
| Permitted | Renewal/UGMEB/2023-24/193 | 10-05-2024 | 150 to 250 MBBS seats permiteed |

| Name of College | GMC, Pali |
|------------------------------|--|
| AOO 655 O CO 606 | Government Medical College pali,NH-62 ,NEAR RAMASIYA VILLAGE SUMERPUR ROAD PALI |
| Website of College | https://medicaleducation.rajasthan.gov.in/MCpali |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|------------------------|
| Name of Principal | Dr Dilip Singh Chouhan |
| Phone No. (Office) | 9001991078 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|-----------------------|
| Name of Nodal Officer | Dr Anoop Singh Gurjar |
| Designation | Professor and Head |
| Phone No. (Office) | 9929094165 |
| Mobile No. | 9929094165 |
| Email ID | anoopgurjar@gmail.com |

| Bank Details | | |
|--|--|--|
| Account Name | PRINCIPAL AND CONTROLLER MEDICAL COLLEGE | |
| Account Type | Saving | |
| Bank | SBI | |
| Account No. | 36943296272 | |
| IFSC | SBIN0031589 | |
| Branch Name | COLLECTRATE BRANCH | |
| Branch City | PALI | |
| In case of Cheque/DD, Drawn in Favour of | RINCIPAL AND CONTROLLER MEDICAL COLLEGE | |
| Payable at | PALI | |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |

| Name of College | S.K. GMC, Sikar |
|------------------------------|--|
| Address of College | Bajaj Gram Sanwali , Sikar-332021 Rajasthan |
| Website of College | https://medicaleducation.rajasthan.gov.in/mcsikar/ |
| Hostel facility for students | YES |

| Contact Information (Principal) | | | |
|---|--|--|--|
| Name of Principal Dr Shiv Rattan Kochar | | | |
| Phone No. (Office) 01572-238201 | | | |

| Contact Information (Nodal Officer Representing Principal) | | | |
|--|---------------------|--|--|
| Name of Nodal Officer Dr. Neha Verma | | | |
| Designation | Assistant Professor | | |
| Phone No. (Office) | 01572-238201 | | |
| Mobile No. | 9694249190 | | |
| Email ID nehasoni9190@gmail.com | | | |

| Bank Details | |
|--|---|
| Account Name | SHRI KALYAN GOVERNMENT MEDICAL COLLEGE A ND HOSPITAL SIKAR |
| Account Type | Saving |
| Bank | Bank of Maharashtra |
| Account No. | 60442756513 |
| IFSC | MAHB0001479 |
| Branch Name | Opposite Collector office, court road, sikar , rajasthan (1479) |
| Branch City | Sikar |
| In case of Cheque/DD, Drawn in Favour of | SHRI KALYAN GOVERNMENT MEDICAL COLLEGE AND HOSPITAL SIKAR |
| Payable at | sikar |

| Recognition | | | |
|---------------|-------------------------------|------|---------|
| Status of NMC | NMC/GOI permission letter no. | Date | Remarks |
| recognition | | | |

| Name of College | JNU Institute for Medical Sciences and Research Centre, Jaipur |
|------------------------------|--|
| Address of College | JNU MAIN CAMPUS, NEAR NEW RTO OFFICE , JAGATPURA JAIPUR-302017 |
| Website of College | www.jnujaipur.ac.in |
| Hostel facility for students | YES |

| Contact Information (Principal) | | | |
|--|--|--|--|
| Name of Principal Maj.Gen (Dr.) Manvir Singh Tevatia | | | |
| Phone No. (Office) 0141-3119000 | | | |

| Contact Information (Nodal Officer Representing Principal) | | | |
|--|---|--|--|
| Name of Nodal Officer | me of Nodal Officer Dr. Divya Shrivastava | | |
| Designation | Director | | |
| Phone No. (Office) | No. (Office) 0141-3119000 | | |
| Mobile No. | 9351288092 | | |
| Email ID dr.divyashrivastava@jnujaipur.ac.in | | | |

| Bank Details | | |
|--|----------------------------|--|
| Account Name | JAIPUR NATIONAL UNIVERSITY | |
| Account Type | Current | |
| Bank | UNION BANK OF INDIA | |
| Account No. | 772201110000001 | |
| IFSC | UBIN0577227 | |
| Branch Name | JAIPUR NATIONAL UNIVERSITY | |
| Branch City | JAIPUR | |
| In case of Cheque/DD, Drawn in Favour of | Jaipur National University | |
| Payable at | Jaipur | |

| Recognition | | | |
|---------------------------|-------------------------------|------------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Recognized | NMC/UGI/2024-25/000047 | 27-06-2024 | |

| Name of College | JLN MC, Ajmer |
|------------------------------|---|
| Address of College | NEAR PATEL STADIUM AJMER |
| Website of College | https://medicaleducation.rajasthan.gov.in/jlnajmer/ |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|-----------------|
| Name of Principal | DR ANIL SAMARIA |
| Phone No. (Office) | 0145-2431842 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|--------------------------------|
| Name of Nodal Officer | DR POONAM GOGANIA |
| Designation | ASSOCIATE PROFESSOR PHYSIOLOGY |
| Phone No. (Office) | 0145-2431842 |
| Mobile No. | 9950132379 |
| Email ID | drpoonamharshwardhan@gmail.com |

| Bank Details | |
|--|--|
| Account Name | PRINCIPAL & CONTROLLER JLN MEDICLA COLLEGE AJMER |
| Account Type | Current |
| Bank | ICICI BANK |
| Account No. | 680601701361 |
| IFSC | ICIC0007684 |
| Branch Name | ADA CAMPUS |
| Branch City | AJMER |
| In case of Cheque/DD, Drawn in Favour of | |
| Payable at | |

| Recognition | | | |
|---------------------------|------------------------------------|------------|--|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Recognized | U.12012/269/2019-ME.I(FTS.8009667) | 13-06-2019 | 150 SEATS ARE RECOGNISED, 04 SEAT ARE RESSERVED FOR |
| Permitted | 438 | 05-07-2024 | 100 SEATS ARE PERMITTED |

| Name of College | JMC, Jhalawar |
|------------------------------|--|
| Address of College | NH-52,KOTA ROAD,JHALAWAR |
| Website of College | http://www.education.rajasthan.gov.in/mcjhalawar |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|-----------------------|
| Name of Principal | DR.SUBHASH CHAND JAIN |
| Phone No. (Office) | 07432-233388 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|-------------------------------|
| Name of Nodal Officer | DR. TARUN VIJAYWARGIA |
| Designation | SR.PROFESSOR&ACADEMICINCHARGE |
| Phone No. (Office) | 07432-233388 |
| Mobile No. | 9660419006 |
| Email ID | tarunvijaywargi76@yahoo.com |

| Bank Details | | |
|--|------------------------------------|--|
| Account Name | PRINCIPAL MEDICAL COLLEGE JHALAWAR | |
| Account Type | Saving | |
| Bank | HDFC BANK | |
| Account No. | 50100501604570 | |
| IFSC | HDFC0002001 | |
| Branch Name | JHALAWAR | |
| Branch City | JHALAWAR | |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL MEDICAL COLLEGE JHALAWAR | |
| Payable at | JHALAWAR | |

| Recognition | | | |
|---------------------------|---|------------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Recognized | U-12021?51/2022-UGMEB/ 038115 (150 seats) | 21.06.2023 | |
| Permitted | 17015 (50 Seats) | 06.02.2019 | |

| Name of College | MG MC, Jaipur |
|------------------------------|---|
| Address of College | RIICO Institutional Area, Tonk Road, Sitapura, Jaipur- 302022 |
| Website of College | www.mgmch.org |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|-----------------|
| Name of Principal | Dr. N.D. Soni |
| Phone No. (Office) | 01412770300/203 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|----------------------------------|
| Name of Nodal Officer Dr. R.C. Gupta | |
| Designation | Professor (Emeritus), Physiology |
| Phone No. (Office) | 01412770300/244 |
| Mobile No. | 9414451793, 9414451793 |
| Email ID | drrcg999@gmail.com |

| Bank Details | |
|--|--|
| Account Name | Mahatma Gandhi University of Medical Sciences & Technology |
| Account Type | Current |
| Bank | Canara Bank |
| Account No. | 83003050000118 |
| IFSC | CNRB0018300 |
| Branch Name | SME Branch, MI Road, Jaipur |
| Branch City | Jaipur |
| In case of Cheque/DD, Drawn in Favour of | Mahatma Gandhi University of Medical Sciences & Technology |
| Payable at | Jaipur |

| Recognition | | | |
|---------------------------|--|------------|--|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Recognized | Govt. of India, Ministry of Health and Family Welfare letter No. U.12012/224/2015-ME (P-II) | 17.04.2015 | |
| Recognized | U-12022/143/2023/UGMEB | 12.07.2023 | Continuation of recognition MBBS 150 seats |

| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
|---------------------------|-------------------------------|------------|---|
| Permitted | Renewal/UGMEB/2023-24/401 | 09.05.2024 | Renewal of permission of 250 seats of MBBS for the year |
| Permitted | NMC/UGI/2020/000027/043994 | 06.12.2021 | letter of Permission of 250 seats |

| Name of College | NIMS, Jaipur |
|------------------------------|---|
| Address of College | Jaipur-Delhi Highway, NH-11C, Jaipur - 303121 (Rajasthan) |
| Website of College | www.nimsuniversity.org |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|-------------------|
| Name of Principal | Dr. Mukesh Tiwari |
| Phone No. (Office) | 9116010407 |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|--|--|
| Name of Nodal Officer Dr. S. C. Soni / Dr. Sunil Sharma | | |
| Designation | Pro-President | |
| Phone No. (Office) | 9982683023 | |
| Mobile No. | 7412077125, 9116010407 | |
| Email ID | registrar@nimsuniversity.org / provcnimsuniversity@gmail.com | |

| Bank Details | | |
|--|---------------------------|--|
| Account Name | NIMS UNIVERSITY RAJASTHAN | |
| Account Type | Current | |
| Bank | HDFC BANK LTD | |
| Account No. | 50200034522866 | |
| IFSC | HDFC0000054 | |
| Branch Name | 10, Ashok Marg, C- Scheme | |
| Branch City | Jaipur | |
| In case of Cheque/DD, Drawn in Favour of | NIMS UNIVERSITY RAJASTHAN | |
| Payable at | JAIPUR | |

| Recognition | | | |
|---------------------------|-------------------------------------|------------|---|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Permitted | NMC/UGRENEWAL/2022-23/000404/043259 | 28-09-2022 | Permission of Increase of seats from 150 to 250 |
| Permitted | R/UGMEB/2023-24/411/023828 | 13-06-2024 | Renewal of permission for MBBS course for 4th batch |

| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
|---------------------------|---|------------|-------------------------|
| Recognized | No. MCI-37(1)(Reg23)(UG)/2015-Med./173058 | 11-02-2019 | recognized of 150 seats |

| Name of College | Pacific Insti. of MS, Udaipur |
|------------------------------|---|
| Address of College | Ambua road, Near railway station umarda, Umarda, Udaipur, Rajasthan |
| Website of College | www.pacificmedicalsciences.ac.in |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---|-------------|
| Name of Principal Dr Suresh Chand Goyal | |
| Phone No. (Office) | 02943510000 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|----------------------------|
| Name of Nodal Officer | Pratik Agrawal |
| Designation | Admin Manager |
| Phone No. (Office) | 02943510000 |
| Mobile No. | 9587890081, 8290667754 |
| Email ID | pratikagrawal334@gmail,com |

| Bank Details | |
|--|---------------------------------------|
| Account Name | PACIFIC INSTITUTE OF MEDICAL SCIENCES |
| Account Type | Current |
| Bank | PUNJAB NATIONAL BANK |
| Account No. | 0458002100092496 |
| IFSC | PUNB0045800 |
| Branch Name | Panchsheel marg |
| Branch City | Udaipur |
| In case of Cheque/DD, Drawn in Favour of | PACIFIC INSTITUTE OF MEDICAL SCIENCES |
| Payable at | Udaipur |

| Recognition | | | |
|---------------------------|-------------------------------|------------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Recognized | U-12021/39/2023-UGMEB/039226 | 27/06/2023 | |

| Name of College | Pacific MC & Hospital, Udaipur |
|------------------------------|---|
| Address of College | BHILLO KA BEDLA, AMBERI NH76 UDAIPUR 313001 RAJASTHAN |
| Website of College | WWW.PACIFICMEDICAL.AC.IN |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|----------------|
| Name of Principal | DR. M.M MANGAL |
| Phone No. (Office) | 0294-3520000 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|------------------------------|
| Name of Nodal Officer | BHAVANA POKHARNA |
| Designation | ACADEMIC HEAD |
| Phone No. (Office) | 0294-3520000 |
| Mobile No. | 8107808732 |
| Email ID | HEADACD@PACIFICMEDICAL.AC.IN |

| Bank Details | | |
|--|---|--|
| Account Name | PACIFIC MEDICAL COLLEGE AND HOSPITAL | |
| Account Type | Current | |
| Bank | KOTAK MAHINDRA BANK | |
| Account No. | 3648970940 | |
| IFSC | KKBK0000272 | |
| Branch Name | TRIMURTI HEIGHT'S, 8-C, MADHUBAN BANK STREET. | |
| Branch City | UDAIPUR | |
| In case of Cheque/DD, Drawn in Favour of | PACIFIC MEDICAL COLLEGE AND HOSPITAL | |
| Payable at | UDAIPUR | |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |

| Name of College | RNT MC, Udaipur |
|------------------------------|---|
| Address of College | Court Circle, Udaipur |
| Website of College | https://department.rajasthan.gov.in/home/dpHome/2 |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|------------------|
| Name of Principal | Dr. Vipin Mathur |
| Phone No. (Office) | 0294-2418258 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|-------------------------|
| Name of Nodal Officer | Dr. Raghav Nepalia |
| Designation | Assistant Professor |
| Phone No. (Office) | 0294-2528811 |
| Mobile No. | 9468583895 |
| Email ID | raghavnepalia@gmail.com |

| Bank Details | |
|--|-------------------------------------|
| Account Name | RNT Medical College Udaipur |
| Account Type | Saving |
| Bank | HDFC |
| Account No. | 50100709728379 |
| IFSC | HDFC0008738 |
| Branch Name | Hiran Magri Sec- 14, Near CA Circle |
| Branch City | Udaipur |
| In case of Cheque/DD, Drawn in Favour of | RNT MEDICAL COLLEGE UDAIPUR |
| Payable at | Udaipur |

| Recognition | | | |
|---------------------------|-------------------------------|------------|--|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Recognized | 700 | 11/06/2024 | 150 Seats are Recognized and 100 Seats are Permitted |

| Name of College | RUHS CMS, Jaipur |
|------------------------------|---|
| Address of College | SECTOR 11, PRATAP NAGAR , SANGANER, JAIPUR-302033 |
| Website of College | www.ruhscms.org |
| Hostel facility for students | YES |

| Contact Information (Principal) | | |
|---------------------------------|-----------------|--|
| Name of Principal | Dr. Vinod Joshi | |
| Phone No. (Office) | 01412795624 | |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|------------------------|--|
| Name of Nodal Officer | Dr. Mohammad Sharique | |
| Designation | Associate Professor | |
| Phone No. (Office) | 01412795624 | |
| Mobile No. | 9251759356 | |
| Email ID | drsharique76@gmail.com | |

| Bank Details | |
|--|---|
| Account Name | PRINCIPAL, RUHS COLLEGE OF MEDICAL SCIENCES, JAIPUR |
| Account Type | Saving |
| Bank | PUNJAB NATIONAL BANK |
| Account No. | 12562261000304 |
| IFSC | PUNB0125610 |
| Branch Name | RUHS PRATAP NAGAR |
| Branch City | JAIPUR |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL, RUHS COLLEGE OF MEDICAL SCIENCES, JAIPUR |
| Payable at | JAIPUR |

| Recognition | | | |
|---------------------------|-------------------------------|------------|---|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Recognized | FTS.8011121 | 17-06-2019 | 100 MBBS seats are recognized |
| Permitted | FTS.8013875 | 21-06-2019 | 50 MBBS seats under EWS quota are permitted |

| Name of College | SMS MC, Jaipur |
|------------------------------|---|
| Address of College | JLN MARG JAIPUR |
| Website of College | MEDICALEDUCATION.RAJASTHAN.GOV.IN/SMSJAIPUR |
| Hostel facility for students | YES |

| Contact Information (Principal) | | |
|---------------------------------|-----------------------|--|
| Name of Principal | DR. DEEPAK MAHESHWARI | |
| Phone No. (Office) | 0141-2619020 | |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|-------------------------|--|
| Name of Nodal Officer | DR. NEERAJ VERMA | |
| Designation | PROFESSOR | |
| Phone No. (Office) | 0141-2518299 | |
| Mobile No. | 8952012470 | |
| Email ID | VERMANEERAJDR@YAHOO.COM | |

| Bank Details | |
|--|---|
| Account Name | PRINCIPAL SMS MEDICAL COLLEGE |
| Account Type | Saving |
| Bank | UNION BANK OF INDIA |
| Account No. | 586102010007456 |
| IFSC | UBIN0558613 |
| Branch Name | SANTOKBA DURLABHJI MEMORIAL HOSPITAL CUMPAS,BABU NAGAR JAIPUR |
| Branch City | JAIPUR |
| In case of Cheque/DD, Drawn in Favour of | |
| Payable at | |

| Recognition | | | |
|---------------|-------------------------------|------|---------|
| Status of NMC | NMC/GOI permission letter no. | Date | Remarks |
| recognition | | | |

| Name of College | SN MC, Jodhpur |
|------------------------------|--|
| Address of College | SHASTRI NAGAR JODHPUR RAJASTHAN |
| Website of College | https://medicaleducation.rajasthan.gov.in/mcjodhpur/ |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|--------------|
| Name of Principal | DR B S JODHA |
| Phone No. (Office) | 02912431987 |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|------------------------|--|
| Name of Nodal Officer | DR ARUN KUMAR | |
| Designation | ASSISTANT PROFESSOR | |
| Phone No. (Office) | 02912431987 | |
| Mobile No. | 9461264940 | |
| Email ID | drarunbarath@gmail.com | |

| Bank Details | |
|--|--|
| Account Name | DR S N MEDICAL COLLEGE JODHPUR |
| Account Type | Current |
| Bank | HDFC BANK LTD. |
| Account No. | 50100425203491 |
| IFSC | HDFC0005158 |
| Branch Name | RATANADA |
| Branch City | JODHPUR |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL & CONTROLLER, DR S N MEDICAL COLLEGE JODHPUR |
| Payable at | JODHPUR |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |

| Name of College | SP MC, Bikaner |
|------------------------------|--|
| Address of College | NAGNECHI TEMPLE ROAD, BIKANER |
| Website of College | https://medicaleducation.rajasthan.gov.in/mcbikaner/ |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|----------------|
| Name of Principal | DR GUNJAN SONI |
| Phone No. (Office) | 01512226300 |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|-----------------------------------|--|
| Name of Nodal Officer | DR VINOD KUMAR CHHIPA | |
| Designation | ASSOCIATE PROFESSOR | |
| Phone No. (Office) | 01512226300 | |
| Mobile No. | 9460530739 | |
| Email ID | ACADEMICSPMC.BKN@RAJASTHAN.GOV.IN | |

| Bank Details | | |
|--|---|--|
| Account Name | PRINCIPAL AND CONTROLLER, SPMC, BIKANER | |
| Account Type | Saving | |
| Bank | STATE BNAK OF INDIA | |
| Account No. | 61000993515 | |
| IFSC | SBIN0061293 | |
| Branch Name | SP MEDICAL COLLEGE CAMPUS, BIKANER | |
| Branch City | BIKANER | |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL AND CONTROLLER, SPMC, BIKANER | |
| Payable at | BIKANER | |

| Recognition | | | |
|---------------|-------------------------------|------|---------|
| Status of NMC | NMC/GOI permission letter no. | Date | Remarks |
| recognition | | | |

| Name of College | ESIC Medical College, Alwar |
|------------------------------|------------------------------|
| Address of College | MIA, DESULA ALWAR 301030 |
| Website of College | https://mcalwar.esic.gov.in/ |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|--------------|
| Name of Principal | Dr. Asim Das |
| Phone No. (Office) | 0144-2887502 |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|------------------------------|--|
| Name of Nodal Officer | Dr. Souvik Manna | |
| Designation | Assistant Professor | |
| Phone No. (Office) | NA | |
| Mobile No. | 8582835004 | |
| Email ID | dr.souvik.manna1@esic.nic.in | |

| Bank Details | |
|--|--|
| Account Name | ESIC MEIDICAL COLLEGE AND HOSPITAL ALWAR |
| Account Type | Saving |
| Bank | HDFC BANK |
| Account No. | 50100729736609 |
| IFSC | HDFC0002857 |
| Branch Name | MIA AREA, DESULA |
| Branch City | ALWAR |
| In case of Cheque/DD, Drawn in Favour of | |
| Payable at | |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Permitted | | | |

| Name of College | Dr.SS Tantia Medical College,Hospital and Research Center, Sriganganagar |
|------------------------------|--|
| Address of College | Near Riico Industrial Area, Bus Stand, Hanumangarh Road, Sri Ganganagar |
| Website of College | www.drsstantiamch.org |
| Hostel facility for students | YES |

| Contact Information (Principal) | | | |
|---------------------------------------|--------------|--|--|
| Name of Principal Dr. Sankalp Dwivedi | | | |
| Phone No. (Office) | 0154-2944131 | | |

| Contact Information (Nodal Officer Representing Principal) | | | |
|--|------------------------|--|--|
| Name of Nodal Officer | Dr. Parveen Sharma | | |
| Designation | Assistant Processor | | |
| Phone No. (Office) | (Office) 0154-2494125 | | |
| Mobile No. | 9414093091, 9414093044 | | |
| Email ID ADMISSION@TANTIAUNIVERSITY.COM | | | |

| Bank Details | |
|--|---|
| Account Name | TANTIA UNIVERISTY |
| Account Type | Current |
| Bank | HDFC BANK LTD |
| Account No. | 50200090528832 |
| IFSC | HDFC0007060 |
| Branch Name | TANTIA UNIVERSITY 13 LNP 2nd (SRI GANGA NAGAR)) |
| Branch City | SRIGANGANAGAR |
| In case of Cheque/DD, Drawn in Favour of | TANTIA UNIVERSITY |
| Payable at | SRI GANGANAGAR |

| Recognition | | | |
|---------------------------|-------------------------------|------------|------------------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Permitted | Renewal/UGMEB/2023-24/164 | 09/05/2024 | only in 1st year |

| Name of College | GMC, Chittorgarh |
|------------------------------|--|
| Address of College | Bojunda, Near by Saras Dailry Chittorgarh 312001 |
| Website of College | https://medicaleducation.rajasthan.gov.in/mcchittorgarh/ |
| Hostel facility for students | YES |

| Contact Information (Principal) | | | |
|-------------------------------------|--|--|--|
| Name of Principal Dr. Pramod Tiwari | | | |
| Phone No. (Office) 01472-299116 | | | |

| Contact Information (Nodal Officer Representing Principal) | | | |
|--|------------------------|--|--|
| Name of Nodal Officer Dr.Umang P. Salodia | | | |
| Designation | Assistant Professor | | |
| Phone No. (Office) 8447931778 | | | |
| Mobile No. | 8447931778, 8447931778 | | |
| Email ID umang.kachu@gmail.com | | | |

| Bank Details | | |
|--|--|--|
| Account Name | Government Medical College Chittorgarh | |
| Account Type | Saving | |
| Bank | HDFC Bank | |
| Account No. | 50100557413972 | |
| IFSC | HDFC0005679 | |
| Branch Name | Senthi Chittorgarh | |
| Branch City | Chittorgarh | |
| In case of Cheque/DD, Drawn in Favour of | | |
| Payable at | | |

| Recognition | | | |
|---------------------------|-------------------------------|------------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Permitted | NMC/UG2022/000160 | 18/08/2022 | |

| Name of College | GMC, Sirohi |
|------------------------------|---|
| Address of College | Village : Kolar, Tehsil : Sheoganj, Sheoganj Road Dist. : Sirohi (Rajasthan) 307001 |
| Website of College | https://education.rajasthan.gov.in/mcsirohi# |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|--|-------------|
| Name of Principal DR SHARWAN KUMAR MEENA | |
| Phone No. (Office) | 02972294303 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|---------------------------|
| Name of Nodal Officer | DR KAPIL KUMAR MEENA |
| Designation | ASSISTANT PROFESSOR |
| Phone No. (Office) | 02972294303 |
| Mobile No. | 9033862337, 9033862337 |
| Email ID | rajmedcolsirohi@gmail.com |

| Bank Details | |
|--|--|
| Account Name | PRINCIPAL AND CONTROLLER GOVERNMENT MEDICAL COLLEGE SIROHI |
| Account Type | Current |
| Bank | STATE BANK OF INDIA |
| Account No. | 41177393684 |
| IFSC | SBIN0031185 |
| Branch Name | SUBHASH PARK SIROHI |
| Branch City | SIROHI |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL AND CONTROLLER GOVERNMENT MEDICAL COLLEGE SIROHI |
| Payable at | SIROHI |

| Recognition | | | |
|---------------------------|-------------------------------|------------|--------------------------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Permitted | Renewal/UGMEB/2023-24/195 | 07-07-2024 | PERMITTED FOR AY 2024-25 |

| Name of College | GMC, Sriganganagar |
|------------------------------|--|
| Address of College | WV2G+R28, Hardeep Colony, Sri Ganganagar, Rajasthan 335001 |
| Website of College | mcsriganganagar |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|----------------------------------|-------------|
| Name of Principal Dr. P K Berwal | |
| Phone No. (Office) | 01542945509 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|-------------------------|
| Name of Nodal Officer | Dr Suresh Sharma |
| Designation | Assistant Professor |
| Phone No. (Office) | 01542945509 |
| Mobile No. | 9929683002 |
| Email ID | suresh85anita@gmail.com |

| Bank Details | | |
|--|---|--|
| Account Name | PRINCIPAL MEDICAL COLLEGE SRIGANGANAGAR | |
| Account Type | Saving | |
| Bank | HDFC | |
| Account No. | 50100720010540 | |
| IFSC | HDFC0001396 | |
| Branch Name | SUKHARIA CIRCLE,SRI GANGANAGAR | |
| Branch City | SRI GANGANAGAR | |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL MEDICAL COLLEGE SRIGANGANAGAR | |
| Payable at | | |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |

| Name of College | GMC, Dholpur |
|------------------------------|---|
| Address of College | GOVERNMENT MEDICAL COLLEGE 411, OLD BARI ROAD DHOLPUR |
| Website of College | https://medicaleducation.rajasthan.gov.in/mcdholpur |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---|--------------|
| Name of Principal Dr Deepak Kumar Dubey | |
| Phone No. (Office) | 05642-220738 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|----------------------------|
| Name of Nodal Officer | DR. SANTOSH KUMAR |
| Designation | ASSISTANT PROFESSOR |
| Phone No. (Office) | 05642-220738 |
| Mobile No. | 9461041801 |
| Email ID | drsantoshgupta22@gmail.com |

| Bank Details | |
|--|--|
| Account Name | PRINCIPAL AND CONTROLLER GOVT MED COL DH |
| Account Type | Saving |
| Bank | HDFC |
| Account No. | 50100500680839 |
| IFSC | HDFC0000989 |
| Branch Name | 6/25 GULAB BHAWAN, KAPTAN BABU KI KOTHI SETH PRATAP SINGH MARG DHOLP |
| Branch City | DHOLPUR |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL AND CONTROLLER GOVT MED COL DH |
| Payable at | DHOLPUR |

| Recognition | | | |
|---------------|-------------------------------|------|---------|
| Status of NMC | NMC/GOI permission letter no. | Date | Remarks |
| recognition | | | |

| Name of College | GMC, Bundi |
|------------------------------|--|
| Address of College | NH-52, Talab Gaon, Bundi |
| Website of College | medicaleducation.rajasthan.gov.in/mcbundi/#/home/dptHome |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|------------------|
| Name of Principal | Shyoji Ram Meena |
| Phone No. (Office) | 9829171978 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|------------------------|
| Name of Nodal Officer | Vijay Nayak |
| Designation | Professor |
| Phone No. (Office) | 9806225784 |
| Mobile No. | 9806225784, 9827723339 |
| Email ID | drvijayafmc@gmail.com |

| Bank Details | |
|--|-----------------------------|
| Account Name | Govt. Medical College Bundi |
| Account Type | Current |
| Bank | State Bank of India |
| Account No. | 00000042122272191 |
| IFSC | SBIN0031247 |
| Branch Name | Indira Market Bundi |
| Branch City | Bundi |
| In case of Cheque/DD, Drawn in Favour of | |
| Payable at | |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |

| Name of College | GMC, Dausa |
|------------------------------|--|
| Address of College | GOVT. MEDICAL COLLEGE, NEAR BHANDAREJ MOD, VILL- MITRAPURA , DAUSA.303501 |
| Website of College | https://medicaleducation.rajasthan.gov.in/mcdausa |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|------------------|
| Name of Principal | DR SUMITA A JAIN |
| Phone No. (Office) | 01427299295 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|---------------------|
| Name of Nodal Officer | DR VINITA CHOUDHARY |
| Designation | ASSOCIATE PROFESSOR |
| Phone No. (Office) | 01427299295 |
| Mobile No. | 8058321004 |
| Email ID | gmcdausa@gmail.com |

| Bank Details | | |
|--|--|--|
| Account Name | PRINCIPAL GOVERNMENT MEDICAL COLLEGE DAUSA | |
| Account Type | Saving | |
| Bank | STATE BANK OF INDIA | |
| Account No. | 00000042118936397 | |
| IFSC | SBIN0032002 | |
| Branch Name | DAUSA COLLECTRATE | |
| Branch City | DAUSA | |
| In case of Cheque/DD, Drawn in Favour of | | |
| Payable at | | |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Permitted | | | |

| Name of College | GMC, Alwar |
|------------------------------|---|
| Address of College | 3-Jail ka Chauraha, Dhobi Gatta Road, Alwar |
| Website of College | https://medicaleducation.rajasthan.gov.in/mcalwar |
| Hostel facility for students | YES |

| Contact Information (Principal) | | |
|-----------------------------------|-------------|--|
| Name of Principal Dr. Dinesh Sood | | |
| Phone No. (Office) | 01442973900 | |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|----------------------|--|
| Name of Nodal Officer | Dr. Suman Meena | |
| Designation | Assistant Professor | |
| Phone No. (Office) | 01442973900 | |
| Mobile No. | 7725933166 | |
| Email ID | sumanm2308@gmail.com | |

| Bank Details | |
|--|---|
| Account Name | PRINCIPAL GOVERNMENT MEDICAL COLLEGE, ALWAR |
| Account Type | Saving |
| Bank | State Bank of India |
| Account No. | 42117168427 |
| IFSC | SBIN0050610 |
| Branch Name | SBI, ASHOK CIRCLE ALWAR |
| Branch City | Alwar |
| In case of Cheque/DD, Drawn in Favour of | |
| Payable at | |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |

| Name of College | GMC, Karauli |
|------------------------------|--|
| Address of College | MANDRAYAL ROAD OPP. POLICE LINE, KARAULI |
| Website of College | https://medicaleducation.rajasthan.gov.in/mckarauli/#/home/dptHome |
| Hostel facility for students | YES |

| Contact Information (Principal) | | |
|---------------------------------|---------------|--|
| Name of Principal | DR. R.C MEENA | |
| Phone No. (Office) | 9414069191 | |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|-----------------------------|--|
| Name of Nodal Officer | DR. ANKUR KUMAR BICHHWALIYA | |
| Designation | ASSISTANT PROFESSOR | |
| Phone No. (Office) | 8104401929 | |
| Mobile No. | 8104401929 | |
| Email ID | bichhwalia04ankur@gmail.com | |

| Bank Details | |
|--|--|
| Account Name | PRINCIPAL GOVT MEDICAL COLLEGE KARAULI |
| Account Type | Saving |
| Bank | ICICI |
| Account No. | 088101003078 |
| IFSC | ICIC0000881 |
| Branch Name | GULAB BAGH KARAULI |
| Branch City | KARAULI |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL GOVT MEDICAL COLLEGE KARAULI |
| Payable at | KARAULI |

| Recognition | | | |
|---------------------------|-------------------------------|------------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Recognized | NMC/UG/2023-24/000011/025749 | 10-05-2023 | NA |

| Name of College | GMC, Hanumangarh |
|------------------------------|--|
| Address of College | 2 NWN Sangaria Sri Gangangar bypass road Hanumangarh |
| Website of College | https://medicaleducation.rajasthan.gov.in/mchanumangarh/ |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|--------------------|
| Name of Principal | Dr Kirti Shekhawat |
| Phone No. (Office) | 01552294694 |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|---|--|
| Name of Nodal Officer Dr Praveen Chouhan | | |
| Designation | Assistant Professor | |
| Phone No. (Office) | 01552294694 | |
| Mobile No. | 8107477736 | |
| Email ID | medicalcollegehmh@gmail.com, pmc.hanumangarh@rajasthan.gov.in | |

| Bank Details | | |
|--|--|--|
| Account Name | Government Medical College Hanumangarh | |
| Account Type | Saving | |
| Bank | HDFC Bank | |
| Account No. | 50100718961104 | |
| IFSC | HDFC0001476 | |
| Branch Name | Nai Dhan Mandi Hanumangarh Town | |
| Branch City | Hanumangarh | |
| In case of Cheque/DD, Drawn in Favour of | Government Medical College Hanumangarh | |
| Payable at | Hanumangarh | |

| Recognition | | | |
|---------------------------|-------------------------------------|------------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Permitted | Public Notice U-15029/08/2024-UGMEB | 16.08.2024 | |

| Name of College | GMC, Jhunjhunu |
|------------------------------|--|
| Address of College | KHEMI SHAKTI ROAD, SAMASPUR, JHUNJHUNU |
| Website of College | http://department.rajasthan.gov.in/home/dptHome/1866 |
| Hostel facility for students | NO |

| Contact Information (Principal) | |
|---------------------------------|-----------------|
| Name of Principal | DR RAKESH SABOO |
| Phone No. (Office) | 01592-239999 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|----------------------------|
| Name of Nodal Officer | DR SAPNA JHANJHARIA |
| Designation | ASSISTANT PROFESSOR |
| Phone No. (Office) | 01592-239999 |
| Mobile No. | 8384982049 |
| Email ID | sapnajhanjhria44@gmail.com |

| Bank Details | | |
|--|--|--|
| Account Name | PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, JHUNJHUNU | |
| Account Type | Saving | |
| Bank | HDFC | |
| Account No. | 0000000 | |
| IFSC | HDFC | |
| Branch Name | ЛИПИТИТИТЕ | |
| Branch City | ЛИПИТИ | |
| In case of Cheque/DD, Drawn in Favour of | PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, JHUNJHUNU | |
| Payable at | JHUNJHUNU | |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |

| Name of College | Vyas Medical College & Hospital, Jodhpur |
|------------------------------|---|
| Address of College | Vyas Campus, Pali Road, Near Kudi Hod, Jhalamand, Jodhpur (Raj.)-342005 |
| Website of College | www.vyasmedicalcollege.com |
| Hostel facility for students | YES |

| Contact Information (Principal) | |
|---------------------------------|-----------------------------|
| Name of Principal | Dr. Kailash Chandra Agarwal |
| Phone No. (Office) | 0291-2959108 |

| Contact Information (Nodal Officer Representing Principal) | |
|--|-----------------------------|
| Name of Nodal Officer | Ms. Neha Arora |
| Designation | Coordinator |
| Phone No. (Office) | 0291-2959108 |
| Mobile No. | 9251641528 |
| Email ID | dean@vyasmedicalcollege.com |

| Bank Details | |
|--|-----------------------------------|
| Account Name | Vyas Medical College and Hospital |
| Account Type | Current |
| Bank | Canara Bank |
| Account No. | 3110201006176 |
| IFSC | CNRB0001088 |
| Branch Name | Jalori Gate, Jodhpur |
| Branch City | Jodhpur |
| In case of Cheque/DD, Drawn in Favour of | Vyas Medical College and Hospital |
| Payable at | Jodhpur |

| Recognition | | | |
|---------------------------|-------------------------------|------------|-----------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |
| Permitted | NMC/UG/2024-25/000091 | 04/07/2024 | 100 SEATS |

| Name of College | Sudha Medical College and Hospital, Kota |
|------------------------------|---|
| Address of College | 128, Ummedpura Via-Jagpura, NH-52, Jhalawar Road Kota |
| Website of College | www.sudhamedicalcollege.com |
| Hostel facility for students | YES |

| Contact Information (Principal) | | |
|---------------------------------|------------------------|--|
| Name of Principal | Dr. Ashok Kumar Tiwari | |
| Phone No. (Office) | 9414324567 | |

| Contact Information (Nodal Officer Representing Principal) | | |
|--|--|--|
| Name of Nodal Officer | Nodal Officer Dr. Rajendra Kumar Agarwal | |
| Designation | Director | |
| Phone No. (Office) | 9251043900 | |
| Mobile No. | 8949920801 | |
| Email ID | drrajendrakumaragarwal@gmail.com | |

| Bank Details | |
|--|----------------------------|
| Account Name | SUDHA MEDICAL COLLEGE KOTA |
| Account Type | Current |
| Bank | PUNJAB NATIONAL BANK |
| Account No. | 1524202100001358 |
| IFSC | PUNB0152420 |
| Branch Name | КОТА |
| Branch City | КОТА |
| In case of Cheque/DD, Drawn in Favour of | SUDHA MEDICAL COLLEGE KOTA |
| Payable at | КОТА |

| Recognition | | | |
|---------------------------|-------------------------------|------|---------|
| Status of NMC recognition | NMC/GOI permission letter no. | Date | Remarks |