



# SANTOSH

Deemed to be University  
(Established u/s 3 of the UGC Act, 1956)

F. No. SU/2022/1686

Dated: 01.08.2022

## MEMORANDUM

**SUBJECT : TO CONDUCT A VALUE-ADDED CERTIFICATE COURSE ON "ORTHOPAEDIC BRACES (ORTHOTICS) USES AND APPLICATION TECHNIQUE" IN THE DEPARTMENT OF ORTHOPAEDICS, SANTOSH MEDICAL COLLEGE & HOSPITAL, GHAZIABAD, DELHI NCR.**

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With reference to his letter dated 29.07.2022 on the subject cited above, **Dr. Anil Kumar Jain**, Professor and HOD of Orthopaedics is informed that the proposal to conduct a Value-Added Certificate Course on "**ORTHOPAEDIC BRACES (ORTHOTICS) USES AND APPLICATION TECHNIQUE**" has been considered and granted permission to start the above certificate course on the following terms and conditions:-

**1. Name of the Course:**

**"ORTHOPAEDIC BRACES (ORTHOTICS) USES AND APPLICATION TECHNIQUE"**

**2. Duration of the Course:**

1 Month- 16 Hours (4 Saturday from 1:00 PM to 5:00 PM)

**3. Eligibility Criteria:**

Students pursuing MBBS, BDS & PG Degrees

**4. No. of Students:**

8 Students per Batch

**5. Course Fee:**

Nil

*Alpa*

## 6. Course Director:

Dr. Gaurav Prakash, Asst. Professor of Orthopaedics

## 7. Course Methodology:

PPT/ Group Discussion/ Hands on Training.

The above is circulated to all teaching staff and concerned students of Santosh Medical College & Hospital for their information and necessary action.

The Course Director is informed that the students will be required to submit their **APPLICATION** in the Prescribed Format [Annexure -1] for participating in the Value Added/Fellowship Programme.

The Course Director is further informed that he/she will be required to submit the details of **Course Completion Intimation and request for Certificates** in the Prescribed Format [Annexure -2] to the Registrar for further necessary action.

  
DR. ALPANA AGRAWAL  
REGISTRAR

Encl: Annexure-1 & 2 as above

Distribution: As above

Copy to:

1. The Secretariat
2. The Chancellor
3. The Vice Chancellor
4. Dean, Santosh Medical College & Hospital
5. Dean Academics
6. Medical Superintendent, Santosh Hospital
7. HOD of the **Department of Orthopaedics**
8. Director IQAC
9. Dean Research
10. Finance Department
11. Guard File





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Annexure -1

Application for Admission to Value Added Courses / Fellowship Courses

Month : \_\_\_\_\_ Year : \_\_\_\_\_

1.	Programme (Tick the relevant)	Value Added	/	Fellowship
2.	Name of the Programme			
3.	Name of the student (In Block Letters)			
4.	Name of the Institution Working / Studying			
5.	Address of the Institution Working / Studying			
6.	Designation / Year of Study			
7.	Course Studying in the University			
8.	Department (if any)			
9.	Academic Qualifications	Degree	Month & Year of Completion	
		UG .....		
		PG .....		
		Ph.D.		
	Any others			
10.	Residential Address			
11.	Mobile Nos.			
12.	Official E-mail ID			
13.	Personal E-mail ID			
14.	Date of Birth			
15.	Aadhar Number			
16.	Course Fee			
17.	Amount paid towards Course Fee			
18.	Amount of Fee Concession obtained			
19.	Date of payment of fee			
20.	Mode of payment	Cash	Cheque / DD	Online

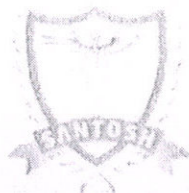
Date : \_\_\_\_\_  
Station : \_\_\_\_\_

Signature

Signature of Course Director

Forwarding Authority (HOD)

Registrar



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To  
The Registrar  
Santosh Deemed to be University  
Ghaziabad, NCR Delhi

Date: \_\_\_\_\_

### Course Completion intimation and request for Certificates

I, \_\_\_\_\_ <Name>, \_\_\_\_\_ <Designation>, the Course Director of the \_\_\_\_\_ <Value Added Course / Fellowship Programme> entitled \_\_\_\_\_, certify that the following candidates have successfully completed the said course conducted from \_\_\_\_\_ to \_\_\_\_\_ and that they may be issued the respective Certificates accordingly.

S. No.	Name of the Student	Completed / Not Completed
1.		
2.		
3.		
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25.		

Forwarding Authority (Course Director / HOD)