



SANTOSH

Deemed to be University

(Established u/s 3 of the UGC Act, 1956)

F.No.SU/2022/910

Dated: 30.04.2022

MEMORANDUM

SUBJECT : TO CONDUCT A VALUE-ADDED CERTIFICATE COURSE ON "IUCD AS A LONG ACTING CONTRACEPTIVE METHOD" IN THE DEPARTMENT OF OBSTETRICS & GYNAECOLOGY, SANTOSH MEDICAL COLLEGE & HOSPITAL, GHAZIABAD, DELHI NCR

With reference to her letter dated 20.04.2022 on the subject cited above, Dr. Neelima Agarwal, Professor and HOD of Obstetrics & Gynaecology is informed that the proposal for conduct a Value-Added Certificate Course on "IUCD As a Long Acting Contraceptive Method" has been considered and granted ex-post facto permission to conduct the above Certificate Course from 12.02.2022 to 05.03.2022, on the following usual terms and conditions:-

1. Name of the Course

"IUCD AS A LONG ACTING CONTRACEPTIVE METHOD"

2. Duration of the Course

1 Month - 16 Hours (Every Saturday 1:00 PM to 5:00 PM on consecutive 4 Saturdays)

3. Eligibility Criteria

MBBS students, interns, Post Graduate students of Obstetrics & Gynaecology Department

4. Course Fee:

Nil

5. Course Director:

Neelima Agarwal, Professor and HOD of Obstetrics & Gynaecology

6. Course Methodology:

Lecture / Demonstration / 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.

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. Medical Superintendent, Santosh Hospital
6. HOD of the Department of Anaesthesia
7. Director IQAC
8. Dean Research
9. Finance Department
10. Guard File

Alpana
30.4.2022
DR. ALPANA AGRAWAL
REGISTRAR





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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.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

Forwarding Authority (Course Director / HOD)