

# SANTOSH

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

F. No. SU/2022/1513

Dated: 09.07.2022

**MEMORANDUM**

**SUBJECT : TO CONDUCT A VALUE-ADDED CERTIFICATE COURSE ON "GOOD PRESCRIPTION WRITING FOR INDIAN MEDICAL GRADUATES" IN THE DEPARTMENT OF PHARMACOLOGY, SANTOSH MEDICAL COLLEGE & HOSPITAL, GHAZIABAD, DELHI NCR**

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With reference to her letter dated 08.07.2022 on the subject cited above, Dr. Shaktibala Dutta, Professor and HOD of Pharmacology is informed that the proposal to conduct a Value-Added Certificate Course on "Good Prescription Writing For Indian Medical Graduates" has been considered and granted permission to conduct the above Certificate Course, on the following usual terms and conditions:-

**1. Name of the Course**

**"GOOD PRESCRIPTION WRITING FOR INDIAN MEDICAL GRADUATES"**

**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

**3. No. of Students**

25 Students per Batch

**4. Course Fee:**

Rs. 200/- per student

*Alpanshu*

**5. Course Director:**

Dr. Shaktibala Dutta

**6. Periodicity:**

Twice in a year

**7. Course Methodology:**

Lecture / Demonstration / PowerPoint Presentations.

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

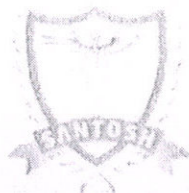
Date : \_\_\_\_\_  
Station : \_\_\_\_\_

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.		
4.		
5.		
6.		
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24.		
25.		

Forwarding Authority (Course Director / HOD)