



SANTOSH

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

F. No. SU/2022/1685

Dated: 01.08.2022

MEMORANDUM

SUBJECT : TO CONDUCT A VALUE-ADDED CERTIFICATE COURSE ON "CUTANEOUS DISORDERS IN PAEDIATRIC AGE GROUP" IN THE DEPARTMENT OF DERMATOLOGY, SANTOSH MEDICAL COLLEGE & HOSPITAL, GHAZIABAD, DELHI NCR.

With reference to his letter dated 30.07.2022 on the subject cited above, **Dr. V.K. GARG**, Professor and HOD of Dermatology is informed that the proposal to conduct a Value-Added Certificate Course on "**CUTANEOUS DISORDERS IN PAEDIATRIC AGE GROUP**" IN collaboration with Paediatrics department has been considered and granted permission to start the above certificate course on the following terms and conditions:-

1. Name of the Course

"CUTANEOUS DISORDERS IN PAEDIATRIC AGE GROUP"

2. Duration of the Course

3 Months- 3 Hours per week (4 Batches will be done in an Academic Year)

3. Eligibility Criteria

PG Students of Dermatology & Paediatrics

4. Course Fee:

Nil

5. Course Director:

Dr. V. K. Garg, Professor and HOD of Dermatology

6. Course Methodology:

PPT/ Group Discussion/ Guest Lecture.

Alpo

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 Dermatology**
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

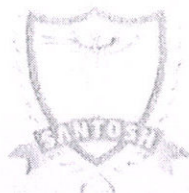
Date : _____
Station : _____

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.		
4.		
5.		
6.		
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23.		
24.		
25.		

Forwarding Authority (Course Director / HOD)