



SANTOSH

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

F. No. SU/2022/1511

Dated: 09.07.2022

MEMORANDUM

SUBJECT : TO CONDUCT A VALUE-ADDED CERTIFICATE COURSE ON "NEONATAL AND PAEDIATRIC MANAGEMENT AT GRASSROOTS LEVEL" IN THE DEPARTMENT OF COMMUNITY MEDICINE, SANTOSH MEDICAL COLLEGE & HOSPITAL, GHAZIABAD, DELHI NCR

With reference to her letter dated 08.07.2022 on the subject cited above, Dr. Deepika Agrawal, Professor and HOD of Community Medicine is informed that the proposal to conduct a Value-Added Certificate Course on "Naonatal and Paediatrics Management at Grassroots Level" has been considered and granted permission to conduct the above Certificate Course from 06.08.2022 to 24.09.2022, on the following usual terms and conditions:-

1. Name of the Course

"NEONATAL AND PAEDIATRIC MANAGEMENT AT GRASSROOTS LEVEL"

2. Duration of the Course

2 Months - 16 Hours (Every Saturday 2:00 PM to 4:00 PM on consecutive 8 Saturdays)

3. Eligibility Criteria

MBBS 3rd Year Students

4. Course Fee:

Nil

5. Course Director:

Dr. Deepika Agrawal

6. Resource Faculty:

Dr. Alka Agrawal, Dr. Deepika Agrawal, Dr. Anupama Singh & Dr. Kshitij Chaudhary.

7. Course Methodology:

Lecture / Demonstration / Focused Group Discussion.

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 Community Medicine
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.		
7.		
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21.		
22.		
23.		
24.		
25.		

Forwarding Authority (Course Director / HOD)