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

F. No. SU/2022/731(4)   Dated: 08.04.2022

<u>**MEMORANDUM**</u>

SUBJECT : TO START A VALUE-ADDED CERTIFICATE COURSE IN "CERTIFICATE PROGRAM FOR MOLECULAR DIAGNOSIS OF COVID 19" IN THE DEPARTMENT OF MICROBIOLOGY, SANTOSH MEDICAL COLLEGE & HOSPITAL, GHAZIABAD, DELHI NCR

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With reference to his letter on the subject cited above, Dr. Ashutosh Rawat, Prof & HOD of Microbiology is informed that the changes for starting a Value-Added Certificate Course on **"Certificate Program for Molecular Diagnosis of Covid 19"** has been considered and **approved** by the Board of Studies, Academic Council and the Board of the Management in their meetings held on 23.03.2022, 24.03.2022 and 30.03.2022 respectively and granted permission to start the above certificate course on the following terms and conditions:-

1. Name of the Course
   "CERTIFICATE PROGRAM FOR MOLECULAR DIAGNOSIS OF COVID 19"

2. Duration of the Course
   1 Month- 16 Hours (Every Saturday 1:00 PM to 5:00 PM)

3. Eligibility Criteria
   MBBS AND BDS Students and Post Graduates

4. Course Fee:
   Rs.500 per student

5. Course Director:
   Dr. Ashutosh Rawat, Professor & HOD of Microbiology

6. Course Methodology

The learning and teaching methodologies applied in this program are preparatory content, lecture, discussions & demonstrations.
The students will be provided with contents during the program. Preparatory content includes, • Text of the subject content • Case studies, live examples

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 AGARWAL
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 Microbiology
7. Director IQAC
8. Dean Research
9. Finance Department
10. Guard File

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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 Woking / Studying		
5.	Address of the Institution Working / Studying		
6.	Designation / Year of Study		
7.	Course Studying in the University		
8.	Department (if any)		

		Degree	Month & Year of Completion
9.	Academic Qualifications	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

Date: _____

Santosh Deemed to be University

Ghaziabad, NCR Delhi

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.		
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16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

Forwarding Authority (Course Director / HOD)