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

F.No.SU/2022/1478   Dated: 07.07.2022

MEMORANDUM

SUBJECT : TO CONDUCT A VALUE-ADDED CERTIFICATE COURSE ON "MEDICO LEGAL ASPECT IN OPHTHALMOLOGY" IN THE DEPARTMENT OF OPHTHALMOLOGY, SANTOSH MEDICAL COLLEGE & HOSPITAL, GHAZIABAD, DELHI NCR

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With reference to her letter dated 05.07.2022 on the subject cited above, Dr. Sarita Aggarwal, Professor and HOD of Ophthalmology is informed that the proposal to conduct a Value-Added Certificate Course on **"Medico Legal Aspect in Ophthalmology"** has been considered and granted permission to conduct the above Certificate Course, on the following usual terms and conditions:-

1. Name of the Course
   "MEDICO LEGAL ASPECT IN OPHTHALMOLOGY"

2. Duration of the Course
   2 Month - 16 Hours (Every Saturday 1:00 PM to 3:00 PM on consecutive 8 Saturdays)

3. Eligibility Criteria
   Post Graduate students of the Department of Ophthalmology

4. Course Fee:
   Nil

5. Course Director:
   Dr. Sarita Aggarwal, Professor and HOD of Ophthalmology

6. Trainers:
   Dr. Shikha Pawaiya & Dr. Somesh Ranjan.

7. Course Methodology:

PowerPoint Presentations / Lectures / Medico Legal Case Discussion pertaining to Ophthalmology

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 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 Ophthalmology
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)	

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   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.		
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25.		

Forwarding Authority (Course Director / HOD)