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

F. No. SU/2022/1018   Dated: 14.05.2022

MEMORANDUM

SUBJECT : TO START A VALUE-ADDED CERTIFICATE COURSE IN "PSYCHIATRIC EMERGENCIES" IN THE DEPARTMENT OF PSYCHIATRY, SANTOSH MEDICAL COLLEGE & HOSPITAL, GHAZIABAD, DELHI NCR

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With reference to his letter dated 13.05.2022 on the subject cited above, Dr. Brijesh Saran, Assistant Professor, Department of Psychiatry is informed that the proposal for starting a Value-Added Certificate Course on **"Psychiatric Emergencies"** has been considered and granted permission to start the above certificate course on the following terms and conditions:-

1. Name of the Course
      "Psychiatric Emergencies"

2. Duration of the Course
      1 Month- 16 Hours (4 consecutive Saturdays, 21st, 28th May, 4th & 11th June 2022 from 1:00 PM to 5:00 PM)

3. Eligibility Criteria
      MBBS final year

4. Course Fee:
      Rs.500 per student

5. Venue:
      Room No.- 213, 2nd Floor, Santosh Medical College & Hospital, Gzb.

6. Course Director:

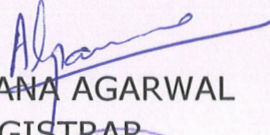   Dr. Brijesh Saran, Assistant Professor, Department of Psychiatry

7. Course Methodology:

   PPT presentation & Role Play

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 Psychiatry
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.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
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17.		
18.		
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21.		
22.		
23.		
24.		
25.		

Forwarding Authority (Course Director / HOD)