



SANTOSH

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

F. No. SU/2022/864

Dated: 25.04.2022

MEMORANDUM

SUBJECT : TO START A VALUE-ADDED CERTIFICATE COURSE IN "READING & INTERPRETATION OF ECG IN PAEDIATRIC PATIENTS" IN THE DEPARTMENT OF PAEDIATRICS, SANTOSH MEDICAL COLLEGE & HOSPITAL, GHAZIABAD, DELHI NCR

With reference to his letter on the subject cited above, Dr. K C Aggarwal, Professor and HOD of Pediatrics is informed that the proposal for starting a Value-Added Certificate Course on "**Reading & Interpretation Of ECG In Pediatric Patients**" has been considered and granted permission to start the above certificate course on the following terms and conditions:-

1. Name of the Course

"READING & INTERPRETATION OF ECG IN PAEDIATRIC PATIENTS"

2. Duration of the Course

2 Months- 16 Hours (Every Saturday 1:00 PM to 3:00 PM on consecutive 8 Saturdays)

3. Eligibility Criteria

MBBS students, interns, Post Graduate students of Pediatrics and Medicine Departments

4. Course Fee:

Rs.500 per student

5. Course Director:

Dr. K C Aggarwal, Professor and HOD of Pediatrics

6. Course Methodology :

Lecture / Demonstration / Hands On Training

7. Course Objectives:

- Outline a systematic approach to interpret Pediatric ECG
- Recognize a normal Pediatric ECG at different stages in childhood & see differences at different ages
- Recognize normal pediatric ECG abnormalities

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.

Alpana 25.4.22
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 Anaesthesia
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.		
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23.		
24.		
25.		

Forwarding Authority (Course Director / HOD)