



# Dr. D. Y. Patil Medical College, Hospital and Research Centre

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' grade)

Pimpri, Pune - 411 018

Contact No. 020-27805900 /100

Email:-pgsection.medical@dpu.edu.in

## ADVERTISEMENT

Applications are invited for Various Certificate Courses in prescribed format provided on our website.  
The details are as follows:-

### CERTIFICATE COURSES AFTER MBBS/ MD/ DNB

Sr. No	Course	Dept.	Duration	Eligibility	Intake	Fees
1	Certificate Course in Adolescent Health	Paediatrics	6 Months	Medical Graduate (MBBS) and above	20	Rs.40,000/-
2	Certificate Course in Management of High Risk Newborns	Paediatrics	1 Year	MD/DNB/DCH/ Neonatal Fellows/Masters in Paediatrics Physiotherapy/ Masters in Paediatrics Nursing	04	Rs.40,000/- Per Year
3	Certificate Course in Sports Injuries	Orthopaedics	6 Month	Medical Graduate (MBBS) from an MCI recognized Medical College/BPT	05	Rs.50,000/-
4	Clinical Echocardiography	Medicine	6 Months	MD / DNB General Medicine	05	Rs.60,000/-
5	Certificate Course in Karyotyping	Anatomy	3 Months	MBBS	10	Rs.20,000/-

<b>Sr. No</b>	<b>Course</b>	<b>Dept.</b>	<b>Duration</b>	<b>Eligibility</b>	<b>Intake</b>	<b>Fees</b>
6	Organ Transplant Coordinator	Anatomy	6 Months	MBBS, BAMS, BHMS, M.Sc.(Medical Anatomy / Physiology), PG in Medical Psychology / Sociology Nurses with B.Sc. Nursing, trained for Intensive Care	25	Rs.25,000/-

Admission Procedure : a) Last date of submission application is 25<sup>th</sup> August 2019 without late fee & with late fee of Rs.1000/- up to 30<sup>th</sup> August 2019.

b) Selection shall be done on inter-se merit.

c) Commencement of Course 01<sup>st</sup> September 2019.

Interested candidates should mail the application form along with scanned copies of their mark sheets, Passing certificate and Photo ID Proofs to the above mentioned e-mail address.

**Sd/-**  
**(Dr. J. S. Bhawalkar)**  
**D E A N**



**Dr. D. Y. Patil Medical College, Hospital and  
Research Centre, Pimpri, Pune –411018**

**Dr. D.Y. PATIL VIDYAPEETH, PUNE**

**(Deemed To Be University)**

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**Contact No. 020-27805900 / 5100**

**Email:-pgsection.medical@dpu.edu.in**

**Application for Certificate course in: - \_\_\_\_\_**

**Name:-** \_\_\_\_\_

**Date of Birth: -** \_\_\_\_\_ **Age:-** \_\_\_\_\_

**E-mail ID:-** \_\_\_\_\_

**Mobile no.:-** \_\_\_\_\_ **Residential no :-** \_\_\_\_\_

**Aadhar Card no:-** \_\_\_\_\_ (Attach Proof)

**Pan Card no: -** \_\_\_\_\_ (Attach Proof)

**Residential address:** \_\_\_\_\_  
\_\_\_\_\_

**Year of Passing MBBS/any Graduation:-** \_\_\_\_\_ (Attach degree/ passing certificate)

**Year of Passing MD/DNB/any Post Graduation:-** \_\_\_\_\_ (Attach degree/ passing certificate)

**Details of Registration with Medical Council if applicable: -**

- **MBBS** (Registration no. & Year) \_\_\_\_\_ (Attach Proof)

- **MD/ DNB**(Registration no. & Year) \_\_\_\_\_ (Attach Proof)

**Present working status: -**

\_\_\_\_\_  
\_\_\_\_\_ (Attach Proof)

Note:- Certified that the above information is correct and I am willing to work in the Department on full time basis during the period of training.

**Signature of Applicant**

(-----)

Attach  
Photo