



# 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 10+2/GRADUATION

Sr. No	Course	Dept.	Duration	Eligibility	Intake	Fees
1	Certificate Course in EMG/NCS Technician	Neurology	6 Months	12th Science	02	15,000/-
2	Certificate Course in EEG Technician	Neurology	6 Months	12th Science	02	10,000/-
3	Certificate Course in Advance Microbiology Laboratory Techniques	Microbiology	6 Months	All B.Sc. with DMLT qualified Lab Technicians/M.Sc. (Microbiology & Biotechnology)	10	20,000/-
4	Medical Record Librarian	Community Medicine	6 Months	B.Sc.	30	30,000/-
5	Urology Technician Cum OT Assistant	Urology	6 Months	12th Science with Biology & Physics	04	20,000/-
6	Certificate Course in X-Ray Technician	Radiology	1 Year	12th Science with Physics, Chemistry & Biology	04	50,000/-

Admission Procedure : a) Last date of submitting of application is 31th December 2018.  
b) Selection shall be done on inter-se merit.

Interested candidates shall submit the scanned copies of the mark sheets, passing certificates and Photo ID Proof to above mentioned E-mail address.

**(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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**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 12th/any Graduation:- \_\_\_\_\_ (Attach degree/ passing certificate)

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