



**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 - 411018**

Contact No. 020-27805900 /100

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

**ADVERTISEMENT**

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

**Short Term Training Courses**

Sr. No	Course	Dept.	Duration	Eligibility	Intake	Fees
1	<a href="#">STTP in Advanced Micromanipulation</a>	IVF & Endoscopy Center	03 Days – 06 Hrs. per day	DGO/MD/MS/DNB OBG, Anatomy, Pathology, Microbiology	2	50,000/- +18% GST
2	<a href="#">STTP in Basic Andrology</a>	IVF & Endoscopy Center	2 Days – 16 Hrs.	Bachelor of Life Science	2	30,000/- + 18% GST
3	<a href="#">STTP in Advance Andrology</a>	IVF & Endoscopy Center	03 Days – 06 Hrs. per day	MD/MS/DPP/DNB- OBG, Anatomy, Pathology, Practicing Andrologist	2	30,000/- + 18% GST
4	<a href="#">STTP in Embryo Biopsy</a>	IVF & Endoscopy Center	03 Days – 06 Hrs. per day	Practicing Embryologist with minimum TWO years of experience of ICSI from ICMR accredited IVF Center.	2	95,000/- + 18% GST
5	<a href="#">STTP in Vitrification</a>	IVF & Endoscopy Center	03 Days – 06 Hrs. per day	MSc Clinical Embryology/ MSc Life Sciences with Fellowship in Clinical Embryology	2	50,000/- + 18% GST

**Admission:  
Procedure**

- a) Last date of submission application is 25<sup>th</sup> September 2021 without late fee & with late fee of Rs.1000/- up to 30<sup>th</sup> September 2021.
- b) Selection shall be done on inter-se merit.
- c) Commencement of Course 1<sup>st</sup> October 2021.

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 Fellowship course in: - \_\_\_\_\_**

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

Attach Photo

**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 DGO/MS/MD/DNB/Dip./ any Post Graduation:-** \_\_\_\_\_ (Attach degree/ passing certificate)

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

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

- **MD/ DNB/Dip** (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**

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