



Programs Details for Admissions

Programs List

List of programs offered by for the year

Present Courses				
No.	Course	Duration	No. of Hrs/Wk	
1	Diploma in Family Medicine	2 years	1 to 2	
2	Fellowship in Family Medicine	1 year	2 to 3	
3	Fellowship in Diabetes Mellitus	1 year	2 to 3	
4	Fellowship in Primary Care Pediatrics	1 year	2 to 3	
5	Fellowship in Primary Care Cardiology	1 year	2 to 3	
6	Advanced Diploma in Hospital Management	1 year	2 to 3	
7	Certificate in Primary Care Radiology	6 months	1 to 1.5	
8	Certificate in Genetic Counselling	6 months	1 to 1.5	

Program Eligibility

- The courses are open to MBBS Doctors who are registered with the Medical Council of India (the State chapters of Medical Council of India).
- A student who has been provisionally registered with Medical Council is also eligible to enroll
 for any of the courses, subject to his/her completion of the Compulsory Rotation of Internship
 [CRI]. He/She should submit a Photostat copy of the Provisional Registration Certificate. A copy
 of the permanent certificate should be submitted as soon as the applicant gets the Permanent
 Registration Number.



Diploma in Family Medicine, Fellowship in Family Medicine

Introduction

According to American College of Family Physicians, "Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioural sciences. The scope of family medicine encompasses all ages, sexes, each organ system and every disease entity".

World Health Organization (WHO) defined Family medicine as that specialty of medicine which is concerned with providing comprehensive care to individuals and families and integrating biomedical, behavioural and social sciences. As an academic discipline, it includes comprehensive health care services, education and research.

The specialty of family medicine was created in 1969 to fulfill the generalist function in medicine, which suffered with the growth of sub specialization and fragmentation of personalised health care after World War II.

In the increasingly fragmented world of health care, Family physicians are dedicated to provide comprehensive health care for people of all ages — from newborns to seniors and treating the person as whole. Unlike other specialties that are limited to a particular organ or disease, family medicine integrates care for patients of both genders and all ages, and advocates for the patient in a complex health care system. Family medicine's cornerstone is an ongoing process of patient-physician relationship with the patient viewed in the context of the family and their social surrounding.

A family doctor is a physician who is a specialist trained to provide health care services for all individuals, regardless of age, sex or type of health problem. A family doctor provides primary and continuing care for entire families within their communities; addresses physical, psychological and social problems; and coordinates comprehensive health care services with other specialists as needed. Family doctors may also be known as family physicians or general practitioners, depending on the location of practice.

Dr Margaret Chan, Director-General of the World Health Organization has this to say about Family Medicine and Physicians: A health system, where primary care is the backbone and family doctors are the bedrock, delivers the best health outcomes, at the lowest cost, and with the greatest user satisfaction. She goes on to add: Primary care is our best hope for the future. Family doctors are our 'Rising stars for the future'.

Propelled by such emphatic endorsement of concepts of Family Medicine by the American College of Family Physicians and the World Health Organization, MediSys is launching its flagship online course, the two-year Diploma in Family Medicine.

On completion of the course, graduate doctors would become competent patient-centred clinicians - the Family Physicians, who flourish by building relationship with the patients and family, as envisioned by WHO, rather than treat them as numbers.

Objectives of the Program

- To develop knowledge needed to diagnose and manage common acute and chronic conditions across all age groups seen in outpatient family medicine settings.
- To develop Clinical and Communication Skills to take accurate histories, perform focused physical exams, develop evidence based differentials, generate cost effective management plans, and communicate those plans effectively with patients in outpatient family medicine settings.
- To develop Skills to integrate preventive care into outpatient practice
- To develop the necessary interpersonal skills required in communicating with patients from varied of backgrounds, as well as the ability to impart appropriate health education wherever necessary.

Program Curriculum

Semester 1	Semester 2	Semester 3	Semester 4
Family Practice - Family practice management - Medical record keeping - Patient education and counseling - Environmental and Occupational health - Ethics and Medico legal issues - Pediatrics - Care of new born - Growth and development - Adoption	Pediatrics - Failure to thrive - PEM - Mental retardation and Speech disorders	Pediatrics - Acute Diarrhoea - Child with abdominal pain - Hepatomegaly - Child with a Heart murmur	Pediatrics - Anemia in child - UTI in children - Child with wheeze
Obstetrics and Gynecology - Pelvic Pain - Adnexal mass - PID	Obstetrics and Gynecology - Amenorrhea and Menorrhagia - Menopause and HRT - Normal Labour - Abnormal Labour	Obstetrics and Gynecology - Overview of Vaginitis - Screening for Malignancy in Female - Disorders of Micturition in Female - Cervical Cancer	Obstetrics and Gynecology - Infertility and management - Contraception - MTP
Medicine and Allied Subjects - Cardiology - Endocrinology	Medicine and Allied Subjects - Gastrointestinal System - Genitourinary System - Hematology - Joints/immune System	Medicine and Allied Subjects - Infections & Infestations - Medical emergencies - Neurology	Medicine and Allied Subjects - Respiratory system - Psychiatry - Radiology - Dermatology
Surgery and Allied Subjects - General Surgery	Surgery and Allied Subjects - General surgery - Oto-rhino- laryngology	Surgery and Allied Subjects - General surgery - Ophthalmology	Surgery and Allied Subjects - General Surgery - Orthopedics



Fellowship in Diabetes Mellitus

Introduction

India leads the world with largest number of diabetic subjects earning the dubious distinction of being termed the "Diabetes capital of the world". The latest global figures on diabetes released by the International Diabetes Federation (IDF) has raised a serious alarm for India by saying that nearly 52% of Indians aren't aware that they are suffering from high blood sugar. India is presently home to 65 million diabetics, second only to China which is home to 98.4 million diabetics. By 2030, India's diabetes numbers are expected to cross the 100 million mark.

Due to these sheer numbers, the economic burden of diabetes in India is amongst the highest in the world. The real burden of the disease is however due to its associated complications which leads to increased morbidity and mortality. WHO estimates that mortality from diabetes, heart disease and stroke costs about \$210 billion every year in India and is expected to increase to \$335 billion in the next ten years.

MediSys has launched the Fellowship program in Diabetes Mellitus to equip the doctors with the latest, clinically relevant information in the field and it will give them a detailed insight into the disease, its complications and its management.

Objectives of the Program

The One year Fellowship in Diabetes Mellitus aims at preparing you as a generalist doctor with comprehensive up-to-date knowledge in the management of Diabetes that allows you to confidently deal with routine problems of Diabetes in your clinical practice. During the course the candidates will be trained in different aspects of the inpatient and outpatient care for diabetes. They will also be exposed to the management of various diabetes complications; through postings in the diabetic, eye, heart, foot clinics and intensive care. At the end of the Course the candidate will be fully competent to deal with any type of diabetes patient as well as with diabetes complications of any degree of severity.

After completion of the Program the student will be able to do

- Screening and diagnosis of diabetes.
- Treatment of diabetes: Oral Hypoglycemic Agents and Insulin with latest developments.
- Complications of diabetes and its management

Semester 1

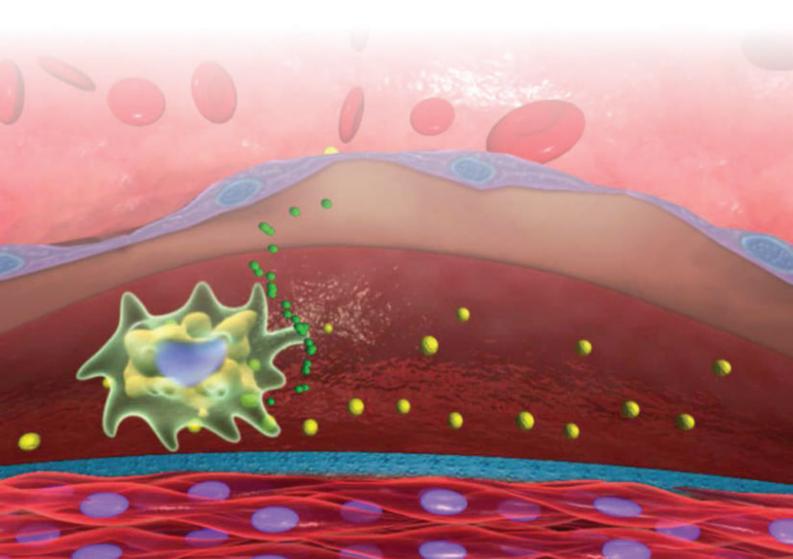
- Applied Anatomy
- Physiology and Biochemistry of Endocrine Pancreas
- Carbohydrate Metabolism
- Epidemiology of Diabetes
- Pathophysiology of Diabetes
- Classification and Types of Diabetes
- Evaluating a Diabetic Patient
- Investigations and Monitoring
- Non Pharmacological Management

Semester 2

- Pharmacological Management
- Diabetes Management in Elderly
- Diabetes Management in ICU, CCUand in Surgeries
- Diabetes in Pregnancy
- Complications of Diabetes
- Emergencies in Diabetes

Program Duration

The program duration for the Fellowship in Diabetes Mellitus is one year.





Fellowship in Primary Care Cardiology

Introduction

With the restructuring of health care in India, one of the major changes in patient care has been a shift from sub-specialty care to primary care. Despite major progress in the development of effective therapies to reduce mortality and morbidity from cardiovascular disease, it is becoming the leading cause of mortality in India, where heart ailments have replaced communicable diseases as the biggest killer. According to recent data, approximately 30 percent of the urban population and 15 percent of the population living in rural areas, suffer from high blood pressure and heart attacks. According to government data, the prevalence of heart failure in India due to coronary heart disease, hypertension, obesity, diabetes and rheumatic heart disease, ranges from 1.3 to 4.6 million, with an annual incidence of 491,600-1.8 million.

Although effective treatments exist, there is a wide therapeutic gap between guidelines and practice. Reducing this gap has the potential to save lives. General Practitioners are at the forefront of assessment, management and follow-up of patients with cardiovascular disease. Over 50 percent of the patients suffering from a heart attack die before they reach the hospital. General Practitioners can play a very important role in saving these lives.

MediSys has launched the Fellowship in Primary Care Cardiology to equip such first-consult doctors, with the latest clinically-relevant information, and to mentor them in competently handling all aspects of cardiovascular disease

Objectives of the Program

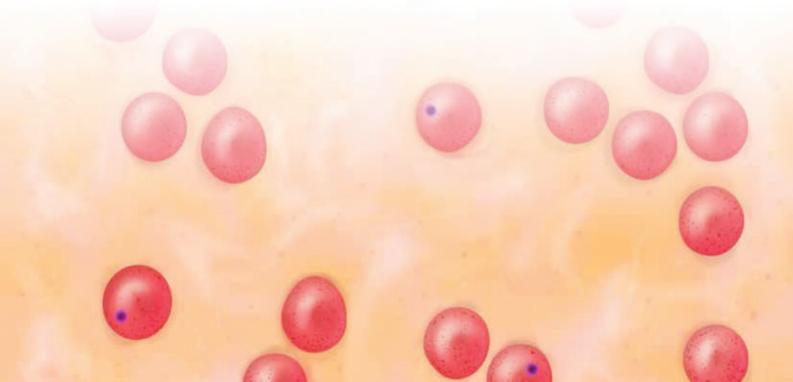
The One year Fellowship in Primary Care Cardiology aims at providing a General practitioner with comprehensive up-to-date knowledge and skills in the prevention, diagnosis and treatment of cardiovascular disease in their clinical practice.

At the end of this course, the General Practitioner will be able to provide better patient care through an increased ability to:

- Identify risk factors for development of coronary artery disease (CAD) and advise optimum primary prevention measures
- Understand various testing options and data on screening studies for CAD and how to apply this
 information to the management of patients at risk for CAD
- Evaluate patients with essential hypertension, malignant hypertension and secondary hypertension.
- Provide primary care and follow up of patients with various Cardiovascular diseases
- Identify congenital cardiac diseases in children, and initiate management strategies for such.
- Determine when to refer the patient to a Cardiologist/other specialist.

- Applied Anatomy and Physiology
- Epidemiology of CVD and Preventive Cardiology
- Electro Cardiogram
- Hypertensive Disorders
- Pulmonary Embolism
- Rhythm Disorders
- Rheumatic Heart Disease
- Valvular Heart Disease
- Coronary Artery DiseaseCongenital Heart Disease
- Pediatric Cardiology
- Pericardial Disease
- Myocardial Diseases
- Vascular Diseases
- Cardiac Failure

The program duration for the Fellowship in Primary Care Cardiology is one year.





Fellowship in Primary Care Paediatrics

Introduction

According to WHO, almost 19,000 children under five years of age are dying every day across the world. India tops the list of countries with the highest number with around 18 lakh such deaths annually. For India, despite it being one of the fastest growing economies, there has been no visible pattern between per capita income growth and the rate of reduction of child mortality rates. One-third of all malnourished children live in India. Of the 26 million children born in India every year, approximately 1.83 million children die before their fifth birthday. More than two-thirds of the infants die in the very first month of life. Ninety per cent of these deaths are due to easily preventable causes like pneumonia and diarrhea.

Every child has the right to survive. We can reduce the numbers of children dying from easily preventable causes. Most of the children who die each year could be saved by low cost, evidence-based, cost-effective primary care practices such as vaccines, antibiotics, micronutrient supplementation, insecticide-treated bed nets, improved family care and breastfeeding practices, and oral rehydration therapy. These low cost primary care interventions could reduce neonatal mortality by up to 70 per cent. General Practitioners have a very important role to play in reducing the neonatal mortality.

To address this important problem, MediSys has launched the Fellowship in Primary Care Paediatrics to equip General Practitioners with the latest clinically relevant information, and to mentor them in competently handling all aspects of paediatric disease.

Objectives of the Program

The One year Fellowship in Primary Care Paediatrics aims at providing a General practitioner with comprehensive up-to-date knowledge and skills in the prevention and diagnosis and treatment of paediatric disease in their clinical practice.

At the end of this course, the General Practitioner will be able to provide better primary paediatric care. They will acquire the following knowledge and skills:

- Ability to integrate current information on any aspect of primary care pediatrics into general practice.
- Ability to communicate effectively and empathetically with children of different ages and their families: both to get complete, accurate histories, and to explain clinical findings and treatment plans.
- Ability to perform the physical examination of children how to interpret vital signs at different ages, how the pediatric evaluation is different from the adult examination.

- Ability to chart the weight, height, head circumference & BMI; and to recognize obesity or failure to thrive.
- Capacity to advise mothers regarding Breast-feeding issues
- Educate families about prevention: including immunizations, safety, violence, sex, and substance
 use.
- Use of the immunisation chart,& to know what immunizations a child needs at a given age.
- Calculation of drug dosages for a child based on body weight and age
- Capability to recognize the critically ill child, and when to refer to a specialist.
- Ability to Diagnose, prevent and manage common pediatric conditions..

- Growth and Development and its disorders.
- Adolescence and its problems
- Fluid and Electrolyte Imbalance in Children
- Nutrition in Children
- Newborn infants
- Infections, Immunity and Immunization
- Various systemic diseases in children
- Childhood Malignancies
- Genetic Disorders
- Inborn Errors of Metabolism
- Pediatric Emergencies and Critical Care
- Pediatric Procedures
- IMNCI and Rights of Children

Program Duration

The program duration for the Fellowship in Primary Care Paediatrics is one year.



Advanced Diploma in Hospital Management

Introduction

Among the top professions, Health Management occupies an eminent place. Increasing awareness in all traditional sectors associated with providing healthcare: government and private sector and trusts has resulted in a constant effort to improve healthcare delivery in their respective domain. More so, as healthcare management is becoming increasingly a domain of the private sector, there is a growing need for skillful doctors, nurses and para-medics and, indeed, efficient hospital managers and administrators.

The medical doctors and nurses have been known for their empathy towards hospitals but the growing emergence of healthcare as a profession has drawn even those who did not have a fascination for hospitals and healthcare activities. Hospitals and healthcare providers wholeheartedly opened their doors to non-medicos who had an eye for detail and a flair for organisation for pursuing a career in Hospital Management.

Ever increasing number of private hospitals, clinics, diagnostic centres with a no-compromise emphasis on quality of health care and patient satisfaction have led to an extra ordinary need for persons with a professional qualification in Hospital Management. Both medical and non-medical persons can opt for the course leading to Advanced Diploma in Hospital Management.

Advanced Diploma in Hospital Management [ADHM] acquaints graduate and post graduate doctors or students from other streams with some of the core areas relating to their scope of activity in healthcare: Management Process & Organisational behaviour, Marketing, Basic Accounting, Economics, Finance, IT/ HIS., Analytics, HR., Hospital Planning, Quality, OR., Epidemiology & Public Health, HOM, Laws & Ethics and Insurance.

Objectives of the Program

The one year course leading to Advanced Diploma in Hospital Management (ADHM) aims at imparting knowledge in key areas of Hospital Management. The course can be pursued by student members with graduation or post graduation degrees preferably from the sciences or engineering streams. On completion of this course, the student will be able to pursue a career in hospitals, healthcare verticals of IT companies and healthcare consultancies. They will be able to pursue further education in the field of healthcare management.

Semester 1

Cluster I

- Cluster I - Management Process & Organizational
- Behaviour - Healthcare Marketing
- Basic Accounting for Healthcare **Professionals**
- Health Economics

Cluster II

- Finance for Healthcare Professionals
- Healthcare IT
- Analytics for Healthcare Professionals [Statistics + Research Methodology + Statistical Software (Excel)]

Human Resource Management in Hospitals

Semester 2

- Essentials of Hospital Planning and Administration
- Hospital Operations Management (TQM, Six Sigma, Certifications/Accreditation)
- Operations Research for Healthcare

Cluster II

- Epidemiology & Public Health
- Quality Management in Healthcare
- Healthcare Laws
- Healthcare Insurance

Program Duration

The program duration for the Advanced Diploma in Hospital Management is one year.

Examination Pattern

The assessment for qualifying for the course leading to Advanced Diploma in Hospital Management (ADHM) shall be as per following break-up:

- Each Cluster shall be assessed for 100 marks
- Four clusters, each of 100 marks shall together be for 400 marks
- The internship and the dissertation shall be assessed for 50 marks each.



Certificate in Primary Care Radiology

Introduction

General practitioners and family physicians who are the first point of medical contact are very important for the health of a community. However commercialization, corporatization, specialist reductionist approach to health and increasing patient awareness and medico legal litigations have made general practice difficult. Investigations are increasingly being ordered in defense against law suits apart from diagnostic purposes. Radiology and imaging given its intrinsic quality of being non invasive and informative and they are one of the most prescribed investigations.

In such a scenario General Practitioners should be abreast with the relevant knowledge in Radiology. Busy practitioners find it difficult to take time away from their busy schedules for this and here is where continuous online medical education comes in handy and makes such doctors' lives easy.

Recognizing this potential, MediSys has designed the six months certificate course in Primary Care Radiology, which imparts adequate knowledge and skills for a busy practitioner.

The course is for those who wish to develop knowledge and skills in Radiology and Imaging and for all those who wish to manage better radiology investigations in their daily practice. The course is run for six months, using a blended approach, comprising of self-paced online education, complimented by case based discussion and graded assessments.

Objectives of the Program

The aim of the program is to enhance the knowledge and practical skills of general physicians and family physicians. It prepares you as a clinician, with comprehensive and up-to-date knowledge in specific areas and allows you to confidently deal with patients.

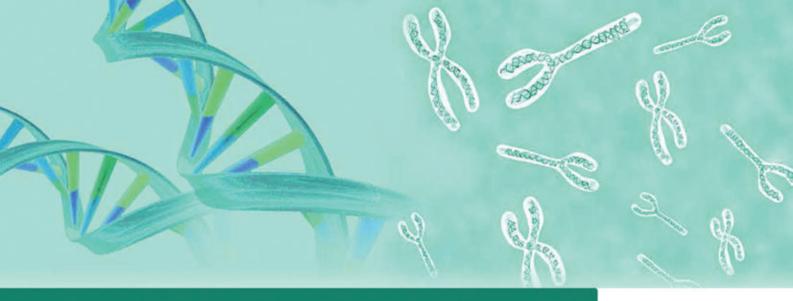
The six months Certificate in Primary Care Radiology aims at imparting basic, simple and yet up-to-date knowledge in Radiology at primary care level. The course hones the skills on when to prescribe imaging investigations, how to interpret them and when to ask for a specialist radiologist opinion.

Program Curriculum

- Introduction to Imaging Modalities
- Image Quality Control and Optimization
- Digital Imaging and Telemedicine
- Chest and Pulmonary Imaging
- Cardiac and Mediastinal Imaging
- Musculoskeletal Patterns
- Abdominal and Urogenital Imaging
- CNS and ENT Imaging

Program Duration

The program duration for the Certificate in Primary Care Radiology program is six months.



Certificate in Genetic Counselling

Introduction

The last few decades we have witnessed an exponential growth in knowledge, catapulting genetics from obscurity to a pre-eminent place in healthcare. New information about causative genes, disease diagnosis and available treatment options for several single gene and complex genetic disorders; as well as several birth defects, are now known making disease diagnosis and treatment easier. It is critical that clinicians learn about these developments and incorporate this knowledge into their practice.

Each and every patient should be able to benefit from individualized therapy based on their unique genetic makeup; however, this can become a reality only when clinicians are able to comprehend the genetics behind the diseases and syndromes. More importantly the implications of these must be explained to the patients and relatives in a professional and compassionate manner. Such education and counseling accompanying genetic testing, is provided by Genetic Counselors in all developed countries; this kind of professional training is being taught for the first time in India for clinicians.

The National Society of Genetic Counselors (NSGC) officially defines genetic counseling as the understanding and adaptation to the medical, psychological and familial implications of genetic contributions to disease. This process integrates:

- Interpretation of family and medical histories to assess the chance of disease occurrence or recurrence.
- Education about inheritance, testing, management, prevention, resources
- Counseling to promote informed choices and adaptation to the risk or condition.

The contemporary areas where genetic counseling is useful are:

- Congenital / birth defects Syndromic and non-syndromic
- Mental retardation Chromosomal and Genetic
- Male and Female Infertility, Spontaneous abortions / Bad obstetric history (BOH)
- Artificial Reproduction Techniques and Pre-implantation genetics
- Neurological disorders Seizures, Stroke and Psychiatric disorders
- Musculo-skeletal disorders especially Muscular dystrophies
- Metabolic disorder
- Any Familiar Disorder Eg Thalassemia
- Common adult disorders Diabetes, Hypertension, Asthma, Cardiovascular diseases,
- Cancer genetics
- · Personalized / Individualized medicine
- Stem cell banking and Regenerative Medicine
- Susceptibility to infectious diseases TB, HPV, HIV
- Others Deafness, Eye, Skin, Renal and Hematological disorders

Objectives of the Program

The six months Certificate course aims at imparting Clinicians with basic knowledge in Human Genetics, Genetic basis of disease, therapy and response. On completion of this course, a clinician will not only be able to provide individuals and their families' information about diseases or problems they harbor, but also advise them of appropriate genetic tests and their consequences. They will be able to indicate the potential of gene therapy, individualized medicine and enumerate the risks of occurrence of disease to other family members, both in present and future generations. They will understand the appropriate way to communicate and divulge genetic information using sound ethical and psychological methods.

Program Curriculum

Cluster 1

- Introduction To Human Genetics
- Genetics & Inheritance
- Understanding Genetics at a Molecular Level
- Psychology & Medical Ethics

Cluster 2

- Biochemical Basis of Genetics
- Microbiology and Genetics
- Physiology & Genetics

Cluster 3

- Understanding Applications of Genetics
- Genetics & Hematology
- Cancer Genetics

Cluster 4

- Cyto-genetic Tests
- Advanced Molecular Techniques
- Clinical Genetics

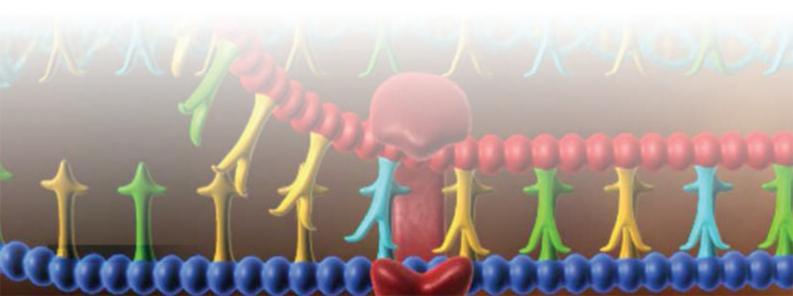
Program Duration

The duration for the Certificate in Genetic Counseling program is six months.

Examination Pattern

There will be a final MCQ exam with 50 marks

Students have to get 50% marks for successful completion of the course



Clinical Rotations

Clinical Rotations for 1 year fellowship courses are 12 days (2 days at the end of 2 months)

No clinical rotations for 6 months certificate course

Clinical Training

Clinical Rotations can done with eminent doctors and hospitals across the country, not only Government hospitals, but also corporate, private and missionary hospitals extend their unflinching support to the program delivery. Students can have the clinical training in the hospitals where they are already working. The Clinical training arranged in other hospitals may require fee to be paid to that hospital. The Certificate Course in Primary Care Radiology does not have clinical training.

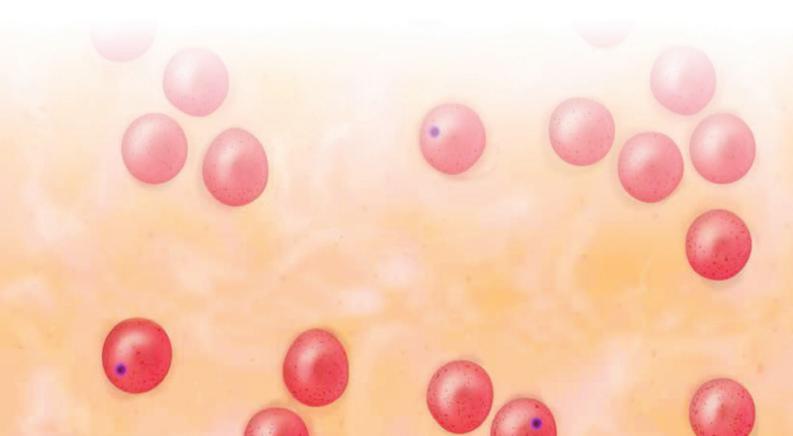
Clinical Log Book

The student has to maintain a Log book during his clinical training. Every student has to maintain a Clinical Log Book containing details of the work done by him/her during the entire period of training.

The clinical log book will include:

- All written work such as assignments, presentations and case scenarios
- Case vignettes and learning points
- Procedures observed/ performed
- Teaching sessions attended or presented
- Personal thoughts and reflections
- Specialist interventions observed or performed

At the time of practical examination, students will be required to produce the log book. In the absence of log book, the result will not be declared. However, a certificate to this effect has to be attached along with the application form for eligibility purposes. The supervisor would also offer his remarks on the training received by the students in the clinical log book. The student's assessment during clinical rotation certified by the authorized hospital and the log book together carry weightage of 15% in the exam grades.





Pattern & General Rules of Assessments and Examinations

Diploma, Fellowship and Certificate courses have a set pattern for formative and summative assessments/ examinations. The types of evaluations that each candidate would take, include:

- Self Assessments
- Weekend Graded Assessments [WGA]
- Semester-end Graded Exams [SGA]3: first semester-end for the 1-year courses and the first, second and the third semester-ends for the 2-year courses.
- · Final End-course Graded Exams [FGA]

Self assessments: These are scheduled online at the end of every lecture and are neither timed nor graded. These assessments help the candidates to check how much they have grasped

the lecture, to know where to re-focus, study, understand and assimilate. They are strongly advised to be taken up, but are not compulsory.

Evaluation would consist of theory and practical components

Weekend assessments: Each week of the course concludes with an online weekend assessment.

Candidates will be questioned on all the topics covered in that week. There are a predetermined number of MCQs to be answered in a stipulated period of time. All the weekend assessments that precede a spell of clinical rotation [CR] have to be completed and submitted before the CR posting. These tests are graded and once submitted cannot be re-attempted for a better score. The scores will be added together towards a Theory formative assessment total.

Semester-end³ assessments: These are graded online assessments, MCQ-type tests, scheduled at the end of every semester. Candidates will be questioned on all the topics covered in that semester. There are a predetermined number of MCQs to be answered in a stipulated period of time. Once submitted, they cannot be reattempted for a better score. The score will carry weightage towards Formative assessment.

Weekend and Semester-end assessments are part of formative assessment of theory, and constitute 60% of final score of Theory.

Final End-course Graded Exams [FGA]: The final exam, which is the summative assessment that carries the balance 40% of the weightage for the theory evaluation, is also of the MCQ-type, and will be administered on-line, after completion of the Course curriculum.

Evaluation of Practicals

Formative evaluation: Students have to submit e-logs of clinical cases seen. There will be bimonthly CRs, each of which can be used to log a minimum of 2 cases on-site during the posting. From the possible 6 CRs in a year, a minimum of 10 clinical Case-Logs are submissible for the 1-year Courses, and 20 Case-logs for the 2-yr Course, for Formative evaluation of Practicals; carrying 60% weightage of the total Practical score.

Summative evaluation for Practicals, would consist of problem-based-learning (PBL) format of MCQs Exam, administered online, carrying 40% weightage of the total Practical score.

Note: CPCR course has no practical component

Results: The results will be announced online, and the student can download the results from his/her LMS account.

Re-Examination: If a candidate is assessed un-satisfactory for Certification, due to poor evaluation scores, he/she may apply for Re-examination after 2 months of the first attempt. Re-examination Fees would apply.

Criteria for Award of Diploma/Fellowship

A candidate should satisfy the following criteria for the successful completion of the course:

- Adequate and satisfactory Log-Book completion.
- 50 % marks in Total Theory evaluation.
- 50 % marks in Total Practicals evaluation.

Martin Luther Christian University will award the Diploma or Fellowship or Certificate to the student after successful completion of the Program.

Footnote:

² The examination pattern and rules of assessment may be changed by due process of the MLCU Board of Studies, which would be intimated to students well in advance of its implementation.

3 Semester=6 months of curriculum

