

CHRISTIAN MEDICAL COLLEGE

VELLORE, INDIA

DEPARTMENT OF DISTANCE EDUCATION



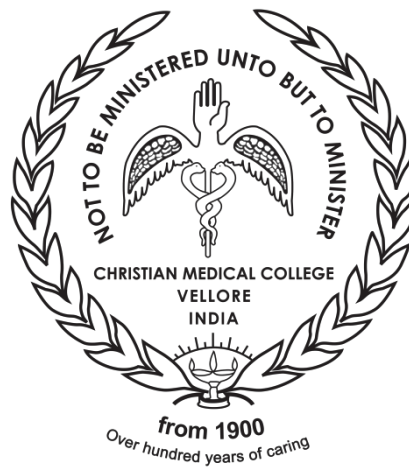
Post Graduate Diploma in Rehabilitation Medicine (PGDRM)



PROSPECTUS 2022

PROSPECTUS

2022



**Post Graduate Diploma in Rehabilitation Medicine
(PGDRM)**

**(ONE YEAR BLENDED LEARNING COURSE
for MBBS/PG Doctors)**

**ADMISSION TO THIS COURSE IS SUBJECT TO APPLICABLE
REGULATIONS BY THE CMC ADMINISTRATION**

Admission to CMC VELLORE is through the process described in the prospectus. No fee or donation or any other payments are accepted in lieu of admission, other than what has been prescribed in the prospectus.

Therefore, the General Public is cautioned not to be lured by any person/persons offering admission to any of the courses conducted by CMC. Should any prospective candidate be approached by any person/persons, this may immediately be reported to the law enforcement agencies for suitable action and also brought to the notice of the College at the following address:

Please note: We do not admit students through agents or agencies. The college will not be responsible for any dealings with such a person/persons.

**Distance Education Unit,
Christian Medical College,
Balanilayam, No. 95, Sanjeevipuram,
Bagayam, Vellore - 632 002.**

**Phone +91 - 9385285893
Email: rehabmedicine@cmcdistedu.org
Website: <http://courses.cmcdistedu.org/>**

IMPORTANT INFORMATION

The purpose of this course is to impart knowledge and provide skills up-gradation for general practitioners in rehabilitation medicine at the primary care level. This is not equivalent to any postgraduate residential courses in PMR Physical Medicine and Rehabilitation such as DPMR/MD/DNB. Currently, this course is not affiliated to any university nor recognized by the MCI/NMC

*Please note that in the coming academic year,
certain course components may be subject to change depending on the restrictions or stipulations
related to the prevailing COVID-19 pandemic situation in India.*

1. PREAMBLE

Disability is a major health burden in lower and middle-income countries. In India alone, around 26.8 million people are disabled (2.21% of the entire population of India) as per the 2011 census. This number was estimated to be around 65 million in 2018. Around 70% (18.7 million) people with disabilities are living in rural areas. (Ref: Persons with Disabilities in India-A Statistical Profile:2021). Locomotor disabilities with persons having difficulty in movement is 20.3% accounting for 1/5th of all the disabilities of India. That is among the total disability rate of 2284/100,000 population 1353/100,000 population is the locomotor disability rate in India. Locomotor disability and multiple disabilities are more in rural and remote areas than urban regions. The percentage of disabled in total population in India has also increased considerably compared to the previous decade. Only 36.3% of the disabled population is employed primarily because they were not properly rehabilitated and motivated. According to a study, persons with disabilities are more likely to be victims of violence or rape, less likely to obtain access to healthcare facilities, social justice, legal protection, and preventive care. After cost, the lack of services in the local area is the second most frequent reason for people with disabilities not using health facilities.

In order to target the poor people with disabilities in remote and rural areas, it is quite crucial to train various levels of health care providers in rehabilitation care. This will further enable creating and strengthening the mini rehab setups. Practicing general physicians with an MBBS degree are primarily to be upgraded in rehabilitation skills so that scientific, evidence-based medicine can be appropriately administered to this section of vulnerable people.

This one-year program uses principles and best practices of the field of distance education thereby making learning both stimulating and interesting. The course provides a mix of interactive online self-learning modules, discussion forums, face-to-face online teaching and learning sessions, onsite skill training, field visits, one-on-one mentoring sessions, and project work. The course focuses on upskilling in rehabilitation skills at a primary care level with a strong emphasis on ethics, values, social responsibility, and teamwork. All this enables the learner at the periphery to recognize the patients with disabilities early and provide care for them, as much as possible, at the grass-root level.

2. ELIGIBILITY CRITERIA

This course is open to both Indian citizens and foreign nationals

1. All candidates must possess a valid MBBS degree certificate or equivalent. (Provisional MBBS certificates shall not be considered/accepted). Candidates possessing higher degrees, diplomas, or fellowships can also apply.
2. Indian candidates residing and working in India must possess a valid MCI/ NMC/ State Medical Council registration.
3. International candidates/Non-Resident Indians (NRI) should be registered with appropriate accrediting bodies in their country of practice/study.
4. All candidates must bring along a non-MBBS graduate in any field who has an interest in medical/rehabilitation work. Any graduate degree holder is eligible (but must possess a valid degree certificate and should be comfortable in written and spoken English).
5. The MBBS doctor is the primary applicant for this course but must apply for this course as a team along with a non-MBBS graduate (who will be referred to as “Rehabilitation Assistant” henceforth). Neither the MBBS doctor nor the non-MBBS graduate can apply independently for this course.
6. In case the MBBS Doctor or the accompanying non-MBBS graduate had previously enrolled for any of the other CMC courses run by the Department of Distance Education, it is mandatory that the candidate must have fulfilled all requirements and graduated from the previously enrolled course before applying for PGDRM. A candidate cannot be enrolled simultaneously in more than one course run by the Department of Distance Education, CMC Vellore.

Applicants, please note that the above criteria are mandatory for admission to the course.

3. MAXIMUM INTAKE OF STUDENTS ANNUALLY

No. of seats: 30 pairs (MBBS graduate or equivalent along with Rehabilitation Assistant).

4. COURSE DURATION: ONE YEAR

This is a one-year blended learning distance education course involving both self-paced self-learning as well as periodic face-to-face sessions.

5. COURSE OBJECTIVES

Knowledge and skills to be acquired by the student on completion of the course

A. **Doctor**

- a. *To be able to do a comprehensive assessment of a person with a disability.*
- b. *To be able to do a thorough examination, especially neurological and musculoskeletal on the patient with a disability.*
- c. *To be able to recognize and address the common problems Persons With Disability (PWD) face.*
- d. *To be able to do minor procedures in the ward and in the outpatient setup.*
- e. *To be able to prescribe drugs rationally and give a comprehensive care plan to the PWD and their relatives.*
- f. *To be able to plan a rehabilitation program for the patient.*
- g. *To be able to plan out preventive strategies for problems faced by PWD in the community along with a rehabilitation assistant (RA).*

B. **Rehabilitation assistant (RA)**

- a. *To be able to do a therapy assessment on the patient and list out medical, cognitive, psychological, social, and financial problems.*
- b. *To assess and administer the physio, occupational, speech, and swallowing therapy under supervision.*
- c. *To be able to recognize and address the common emergencies among PWD.*
- d. *To be able to plan a rehabilitation program for the patient along with the doctor and the rest of the medical team.*
- e. *To be able to plan out preventive strategies for problems faced by the PWD in the community along with the doctor and other team members.*

C. **Establishment of a primary care rehabilitation team**

One of the core objectives of this course is to bring rehabilitation care to remote places. It is for this reason that every doctor has been asked to enroll along with another graduate. To achieve the goal of creating rehabilitation teams, the course has been specifically designed to foster team building. Course materials have been appropriately designed to meet the learning needs of both the doctors and the rehabilitation assistants.

Non-pharmacological strategies, which are time-consuming, are very important in the management of various problems of patients with disabilities. Many of these can be effectively administered by appropriately trained non-doctor graduates as well. Therefore, an integrated management plan that involves a doctor and a rehabilitation assistant will greatly benefit patients in low-resource settings where specialist care is scarce or unavailable.

6. SELECTION PROCESS

- Up to 40% of the seats in the course will be reserved for women
- Up to 50% of the seats will be reserved for sponsored candidates

(See Annexure-I)

Weightage in selection will be given to those

- In practice for over 3 years
- In Christian Mission Hospitals, Government service, teaching institutions, and those working in areas of need **(See Annexure-II)**
- Who are working in rural and remote areas
- Who are currently working/associated with organizations providing care for people with disabilities
- With a passion for setting up rehabilitation services in their work areas
- Persons with disabilities (substantiated by a disability certificate by the Government)

*Candidates from Mission hospitals and Areas of need must furnish a letter from the head of the Hospital/Institution as per the format given in **Annexure-III**.*

There is no Entrance Test. The selection process is based on the above guidelines.

Note: The final selection of all qualified candidates is at the discretion of the Selection Committee. Any attempt by the candidate or their relatives to influence the admission process can lead to disqualification of the candidate.

7. COURSE COMPONENTS

- Self-paced self-learning interactive online modules
- Cohort Module Review Session (CMRS) - Interactive online face-to-face teaching session after each module
- Online discussion forums
- Online assignments after each module
- Two 'Contact Programs' - periods of intensive interactive online face-to-face teaching and learning sessions using flipped classroom methodology
- Onsite Skills Training Program (OSTP) and field visit
- Project Work
- One-on-one online mentoring sessions with the teaching team for each student team (doctor and rehabilitation assistant pair)

7.1 Self-paced self-learning components

The content of the course is designed in the form of interactive online self-learning modules. These are released to facilitate self-paced learning at periodic intervals of approximately 3 to 4 weeks (except during the contact program periods). There will be MCQ format assignments released after each module to test learning. Discussion forums are available to further clarify concepts and interact with other learners and the teaching team.

Self-learning modules will cover the following:

- Introduction to Rehabilitation Care and the Principles of Rehabilitation
- Spinal cord injury Rehabilitation
- Brain Injury Rehabilitation
- Stroke Rehabilitation
- Cerebral palsy and Other Neurodevelopmental Disabilities
- Appliances in Low resource settings
 - ◆ Amputation and Prostheses
 - Upper limb Prostheses
 - Lower limb Prostheses
 - ◆ Orthotics
 - Upper limb Orthoses
 - Lower limb Orthoses
 - Ambulation appliances
 - Diabetic orthotics
- Therapy in Rehabilitation Medicine
 - ◆ Basic Physiotherapy in Rehabilitation
 - Strengthening exercises
 - Stretching exercises
 - Endurance exercises
 - Coordination exercises
 - ◆ Basic Occupational therapy in Rehabilitation
 - Hand functions
 - Hand splints
 - Major environmental barriers and accessibility strategies
- Swallowing and speech and therapy in Rehabilitation Medicine
 - ◆ Swallowing disorders
 - ◆ Speech, language, and communication dysfunctions
- Community-Based Rehabilitation

7.2 Face-to-face online interactive sessions

These are of 3 types - a session after each module, a one-on-one mentoring session with the teaching team, and the two contact programs. Each is described below.

Cohort Module Review Session (CMRS)

At the end of each online module, there will be an interactive online face-to-face session called Cohort Module Review Session (CMRS) to consolidate the learnings from that module and apply concepts using patient discussions. These sessions will be half-day sessions (a session of 3 hours after each module, excluding the contact program periods).

One-on-one online mentoring session with teaching team

Student teams will have the opportunity to interact with the teaching team on a one-on-one basis. This will take place after the first contact program. Teams will be able to choose one date from available slots as per convenience. This session will provide opportunities to practice skills, get feedback from the teaching team on course performance, and guidance regarding project work and future plans (one session of 1.5 hours for each team).

Online Contact Programs

There will be 2 contact programs. These are periods of intensive interactive **online** face-to-face teaching and learning sessions using flipped classroom methodology. Each contact program consists of 8 half-day teaching sessions spread over 4 weeks (3.5 hours X 8 = 28 hours).

The first contact program will take place after the completion of the first three online modules. The second contact program will happen towards the end of the course. A wide range of teaching methods are employed by the teaching team such as demonstrations, interactive discussions, drama, role-plays, debates, quizzes, and team-based learning strategies. The students will also have opportunities to interact with faculty and alumni of the course, who will share their experiences in rehabilitation work in their various contexts.

Note: 100% attendance by both team members in the contact programs is mandatory for course completion.

- In order to be eligible to attend Contact Program 1, both team members must successfully complete all the online assignments till module 3.
- In order to be eligible to attend Contact Program 2, both team members must successfully complete all the online assignments of the remaining modules as well as the project.
- Contact programs must be attended sequentially in order (i.e. contact program 2 can only be attended after attending contact program 1)

7.3. Onsite Skills Training Program (OSTP) and field visit

This is an opportunity for the teams to visit and observe rehabilitation work in primary care settings. Learners will receive hands-on training in various skills of rehabilitative care with a special emphasis on contextualization to low resource settings. Travel, food, and accommodation expenses must be borne by the candidates themselves. These will also be subject to the Covid-19 restrictions as they may apply. This will be for a period of 3-5 days.

List of Skills

Skills for the doctors:

1. History taking, musculoskeletal, neurological examination
2. Assessment and management of spasticity, pressure injuries, neurogenic bladder, and bowel
3. Prevention of complications – pressure injuries, contractures, neurogenic bladder, and bowel complications
4. Nonsurgical management of pressure injuries
5. Home visits and Long term follow-up strategies
6. Making Rehabilitation problem list and making a management plan
7. 3 stage assessment approach in rehabilitation care
8. Ethics in Rehabilitation care
9. Psychological aspects of disability (Caring for the carer/ Discussion of the implications of severe disabilities, etc)
10. Diagnosing the neurological level of spinal cord injury
11. Consultation skills- Child with cerebral palsy
12. Consultation skills- Patients with Stroke
13. Consultation skills- Patients with Amputation
14. Consultation skills- Patients with Disorders of Consciousness (Vegetative state, MCS, and EMCS)
15. Consultation skills- Common neurologic conditions
16. Consultation skills- Common chronic musculoskeletal conditions
17. Patient education/group counseling skills
18. Teamwork in rehabilitation - especially in a community context

Skills for rehabilitation assistants:

1. Assessing the needs of the people with common disabilities (PWD), their families, and working at the community level under supervision.
2. Nurturing the team spirit while working with other professionals
3. Implementing the generic practical applications in rehabilitative care
4. Communication skills
5. Vocational counseling and training for PWD; Safe sports and recreational aspects of people with disability
6. Community-Based Rehabilitation(CBR): Rehabilitative home visit, liaising with the CBR team; Early identification of disability conditions that needs further referral to a nearby rehab center
7. Educating and counseling the persons with disability on relevant legislation and PWD Act
8. The following skills under supervision

a. Physiotherapy

- i. Stretching exercises for all the limb and trunk muscles with all the needed precautions.
- ii. Progressive strengthening exercises/ assisted AROM exercises with all the needed precautions.
- iii. Helping in mobility training of various neurological and musculoskeletal conditions.
- iv. Pulmonary rehabilitation: Breathing exercises, manual (assisted cough), and postural drainage with needed precautions
- v. Promoting non-harming physiotherapy
- vi. Educating the caretakers on the basic principles of physiotherapy to ease the transfer of physio care to home.

b. Occupational Therapy

- i. *Hand functions:*
 - Assessment and training in hand functions for various disabilities related to neuro and muscular disorders with all the needed precautions.
- ii. *Activities of Daily living:*
 - Assessment of ADL participation and training as per the felt needs of the patient and the family with all needed precautions.
- iii. *Wheelchair skills:*
 - Training basic and advanced wheelchair skills to the patient
- iv. *Transfers:*
 - Various methods of transfers for enhancing the mobility of the person with a disability with all needed precautions.
- v. *Cognitive assessments:*
 - Using various scales and tools and training accordingly as per the instructions.
- vi. Assessments of architectural barriers for accessibility
- vii. Educating the caretakers on the basic principles of physiotherapy to ease the transfer of physio care to home.

c. Swallowing, Speech and Language Therapy

- i. Basic assessment of swallowing functions and safe progressive implementation of compensatory strategies, rehabilitation approaches, and maneuvers as per the instructions.
- ii. Speech and language assessment and respective orofacial exercises and compensatory techniques.

d. Prosthetic and Orthotic services

- i. Helping the patients with maintenance and adjustments of orthotic and prosthetic devices
- ii. Assisting in taking measurements for common orthoses and walking aids eg. ankle-foot orthosis(AFO), knee ankle foot orthosis (KAFO), elbow crutches, walker, etc.
- iii. Assisting in taking measurements for wheelchair and basic maintenance and making CMC wheelchair cushions.

8.ASSESSMENTS

The assessments are both formative and summative. These assessments are essential for course completion. Both doctor and rehabilitation assistant would be required to complete these assessments.

8.1. Formative Assessments:

1. **Assignments:** Every online module will be followed by assignments consisting of MCQ format online quizzes. These assignments are to be submitted periodically prior to the due dates.
2. **Team dynamics and participation** - Each team will be assessed based on their active participation in various course components including discussion forum, face-to-face online teaching sessions, onsite skills training program and field visit, one-on-one mentoring sessions, practice sessions, and contact programs.
3. **Review Tests** during the Contact Programs.

8.2. Summative Assessments:

1. **Project work:** The team of the doctor and rehabilitation assistant is required to complete a project together in order to be eligible to graduate. The project work is designed to help the student team to apply their learning to real-world practical contexts with which they will have to work together.
2. **Final summative assessment:** This includes both a theoretical and a practical component and will be conducted at the end of the course period. Both components will be conducted online.

9. CRITERIA FOR THE AWARD OF DEGREE:

A candidate should fulfill the following criteria for the successful completion of the course. Both doctor and rehabilitation assistant would have to pass in order for the pair to complete the course successfully. The criteria to pass in each component are as follows:

50% IN SUMMATIVE ASSESSMENT (excluding project)	50% IN FORMATIVE ASSESSMENT	50% IN PROJECT WORK	100% ATTENDANCE DURING CP
--	-----------------------------------	---------------------------	---------------------------------

Both doctor and non-MBBS graduates should pass in order for the degree to be awarded. The doctor will be awarded PGDRM, and the non MBBS graduate will be awarded a certificate as a Rehabilitation Assistant.

10. ALUMNI ENGAGEMENT:

Student teams who graduate will have the opportunity to become part of the PGDRM alumni community with access to the modules and various opportunities to engage with the teaching team and other alumni.

11. COURSE FEES*

Below mentioned is the total course fee (together for both doctor and rehabilitation assistant) based on the nationality & residential status of the doctor.

	Indian nationals residing & working in India	SAARC country	NRI / Foreign nationals
Application fees	INR 1,000	USD 30	USD 60
Course Fees	INR 80,000	USD 1600	USD 2600

***INR is Indian National Rupee & USD is US Dollar**

Course Fees breakup

No.	Description	Indian (INR)	SAARC (USD)	NRI / Foreign Nationals (USD)
1	Study Material Cost (online material, videos, Contact program materials)	35,000	800	1,300
2	Tuition fees	30,000	525	850
3	Administrative cost	15,000	275	450
	Total Course fees	80,000	1,600	2,600

Application and Course fee once paid will not be refunded for any reason

Note: -

- There is a single total fee (together for both doctor & rehabilitation assistant) based on the nationality & residential status of the doctor.
- Candidates applying under the Indian category shall be Indian citizens residing and working in India.
- NRI - Non-Resident Indian, Indian national working abroad (outside India)
- The currency exchange rate shall be the market rate on the date of payment

Scholarships: - Scholarships are available for Indian candidates residing in India who might need financial assistance. Further information can be obtained by sending an email to rehabmedicine@cmcdistedu.org

12. SUBMISSION OF APPLICATION

Online Application Process

Applications for the PGDRM course are available online on the admissions webpage. The application has to be submitted with a **non-refundable application fee**.

To apply, click on the link <http://courses.cmcdistedu.org> and ensure that all fields are filled completely.

The following are required to be uploaded along with the application form:

1. Soft Copy of Recent Photograph

- The photograph must be in color and plain background is recommended.
- The photograph must be taken in a white or a very light background
- Image should be in jpg, jpeg or png format with specifications - width 3.5 x 4.5 cm and less than 250 KB.

2. Soft Copy of Certificates

Scanned copies of the certificates that are to be uploaded include the following:

- For Indian Nationals & NRIs
 - (a) MBBS degree certificate
 - (b) MCI/NMC or State Medical Council Registration Certificate
 - (c) MCI/NMC Screening test certificate (if the candidate has completed MBBS abroad)
- For Foreign Nationals
 - (a) MBBS degree certificate (or equivalent degree certificate)
 - (b) Registration Certificate (with appropriate accrediting bodies in their own countries)
 - (c) Photocopy of their passport or other documentary proof of citizenship

- ***Scan the certificates using a scanner at 200 pixels per inch (dpi).***
- ***Ensure that the PDF file size is between 50 KB and 500 KB.***
- ***Only PDF files will be accepted.***

Mode of Payment

Online payment: Use a credit/debit card, net banking, or UPI

When using a credit/debit card, if the transaction is not successful, but the amount is debited from your account, please wait for two working days. The transaction is likely to be completed during this period. **If the transaction is not complete within this period, please contact us at: forms@cmcdistedu.org**

Payment mode for SAARC/NRI/Foreign nationals:

The payment can be done through the wire transfer mode. After submission of the application form, you will be redirected to the page where you can download the wire transfer documents. The currency exchange rate shall be the market rate as on the date of the payment.

FOR ANY CLARIFICATIONS, PLEASE CONTACT THE DISTANCE EDUCATION UNIT OFFICE.

Email: rehabmedicine@cmcdistedu.org

OR

Phone: +91 - 9385285893

N.B.: THE INFORMATION PROVIDED ON THE APPLICATION FORM WILL BE TAKEN AS FINAL. NO CHANGES WILL BE PERMITTED.

ANNEXURE I
List of sponsoring bodies and churches of the CMC Vellore Council

1. Andhra Evangelical Lutheran Church
2. Arcot Lutheran Church
3. Assemblies of God in North India
4. Baptist Church of Mizoram
5. Chaldean Syrian Church of the East
6. Christian Assemblies in India
7. Christian Service Society of the Bengal- Orissa - Bihar Baptist Convention
8. Church of North India, Nagpur Diocese
9. Church of North India Synod - The Synodical Board of Health services
10. C.S.I. Coimbatore Diocese
11. C.S.I. Kanyakumari Diocese
12. C.S.I. Karimnagar Diocese
13. C.S.I. Karnataka Diocese Inter Diocesan Medical Board
14. C.S.I. Madras Diocese
15. C.S.I. Madhya Kerala Diocese
16. C.S.I. Madurai-Ramnad Diocese
17. C.S.I. Medak Diocese
18. C.S.I. North Kerala Diocese
19. C.S.I. Rayalaseema Diocese
20. C.S.I. South Kerala Diocese
21. C.S.I. Trichy-Tanjore Diocese
22. C.S.I. Tirunelveli Diocese
23. C.S.I. Vellore Diocese
24. Council of Baptist Churches in North East India
25. Council of Christian Hospitals
26. Eastern Regional Board of Health Services
27. Emmanuel Hospital Association
28. Evangelical Lutheran Church in Madhya Pradesh
29. Gossner Evangelical Lutheran Church
30. India Evangelical Lutheran Church
31. Inter Ashram Fellowship
32. Jeypore Evangelical Lutheran Church
33. Khasi Jaintia Presbyterian Church Synod
34. Kolhapur Church Council
35. Malankara Jacobite Syrian Orthodox Church
36. Malankara Orthodox Syrian Church Catholicate of the East
37. Marathi Mission
38. Mar Thoma Syrian Church of Malabar
39. Mennonite Medical Board of the Mennonite Church in India.
40. Methodist Church in India
41. Mizoram Presbyterian Church Synod
42. North Bank Baptist Christian Association
43. Poona Christian Medical Association
44. Salvation Army South Eastern India Territory
45. Salvation Army South Western India Territory
46. Salvation Army Western India Territory
47. Samavesam of Telugu Baptist Churches
48. Southern Asia Division of Seventh Day Adventists
49. Tamil Evangelical Lutheran Church
50. U.P. Regional Board of Health Services
51. The Leprosy Mission
52. Christoffel Blinden Mission
53. C.S.I. Jaffna Diocese
54. International Mission Board, Southern Baptist Convention
55. South East Asia Union Mission of SDA Singapore
56. United Mission to Nepal
57. Christian Medical College, Vellore
58. College of Nursing, CMC
59. Undergraduate College Sponsorship for Christians

ANNEXURE II

I Definition of Mission Hospitals:

- Hospitals under Sponsoring bodies and churches of CMC Vellore Council
- Hospitals under Christian Organizations/institutions not mentioned in Annexure I
- Hospitals under Catholic Organizations/institutions

II Definition of “Areas of need”:

Category Sub-type	Description of the area of need
1 A	Doctors presently working / have worked in these specified states: Arunachal Pradesh, Assam, Meghalaya, Manipur, Mizoram, Nagaland, Sikkim, Tripura, Odisha, Andaman & Nicobar Islands, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Jammu, & Kashmir, Ladakh, Himachal Pradesh, Rajasthan, Lakshadweep
1 B	Doctors presently working/have worked in Government /Quasi Government (including Armed Forces etc.)
1 C	Doctors presently working/have worked Registered NGO hospitals (includes NGOs working with need-based health spheres such as HIV home care,Palliative care, Geriatrics, Rehabilitative care, Mental health, etc. or involved in tribal /rural work/work in slums)

ANNEXURE - III

Letter from head of Hospital to be provided as per format given below:

Format of Certification to be filled by the Head of the Hospital / Institution for work in Mission Hospital / Areas of need (to be issued on the Hospital / Institution letterhead)

**This is to certify that _____, son/daughter of _____
has worked / is working in this hospital/institution from _____ to
_____.**

One paragraph about the hospital, its vision, mission, infrastructure and details of the type of work done by the hospital to be included.



Anything given in the Master's hand multiplies

