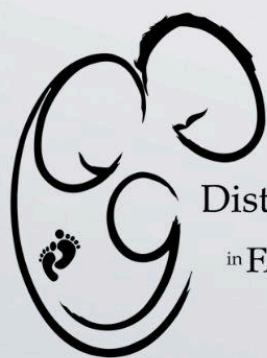
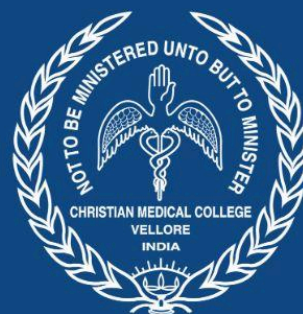


# CHRISTIAN MEDICAL COLLEGE

VELLORE, INDIA

DISTANCE EDUCATION UNIT



Distance  
learning  
in **FAMILY**  
MEDICINE

## PROSPECTUS 2026

Post Graduate Diploma in Family Medicine  
(PGDFM)

# **Post Graduate Diploma in Family Medicine (PGDFM)**

**A 2-Year Blended Learning Course for MBBS & Post-Graduate Doctors**



**ADMISSION TO THIS COURSE IS SUBJECT TO APPLICABLE REGULATIONS  
BY THE CHRISTIAN MEDICAL COLLEGE (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.

The General Public is cautioned therefore 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:

**Distance Education Unit (DEdu)**  
**Christian Medical College,**  
Balanilayam, No.95,  
Sanjeevipuram, Bagayam,  
Vellore – 632002, Tamil Nadu, India.

Phone +91 416 2285590  
E-mail: [family.medicine@cmcdistedu.org](mailto:family.medicine@cmcdistedu.org)  
Website: <http://courses.cmcdistedu.org>

**IMPORTANT INFORMATION**

The purpose of this course is to impart knowledge and provide skills upgradation for general practitioners in wholistic Family Medicine, at the primary care level.

This is NOT equivalent to any postgraduate residential courses in Family Medicine, such as DNB or MD in Family Medicine. Currently, this course is not affiliated with any university nor recognized by the MCI / NMC as a specialist course.

**The PGDFM certificate cannot be used as a post-nominal designation.**

*In the unlikely event of any change in the course structure/component, the CMC academic team shall take suitable steps which shall be appropriately and timely intimated to the students.*

**Also note:** We do NOT admit students through agents or agencies. The college will NOT be responsible for any candidates or parents dealing with such a person or persons.

## 1. PREAMBLE

**The large network of General Practitioners is the mainstay of healthcare delivery in India.** There are close to 6,00,000 General Practitioners (GPs) in India who have no access to postgraduate education. There is no nationally mandated continuing education for physicians, and most of the GPs do not have many opportunities to remain up-to-date with the many new developments in medical practice. The lack of continuous updating of knowledge and skills by the GPs has led to a situation where there are excessive referrals, because of a lack of confidence in handling patients, even with minor complications. Many patients, therefore, end up visiting multi-speciality hospitals where the healthcare costs are very high. If there are opportunities at their doorstep for the busy GPs to update themselves and to hone their skills, it would bridge these unnecessary gaps.

The **Post Graduate Diploma in Family Medicine (PGDFM)** is a **two-year Blended Learning Program** that uses adult education methods, aided by modern technology. It is delivered through problem-based self-learning modules (as printed books, if requested, as well as online, for all), face-to-face contact programs (when possible, considering any pandemic situation), video-lectures, asynchronous and synchronous online sessions, and other innovative teaching-learning methods. This course aims to equip large numbers of General Practitioners (GPs) and primary healthcare physicians so that they will become competent to **“Refer less & Resolve more,”** right where they are!

The overall aim is to encourage and equip doctors to become and **to BE True Family Physicians who practise whole-person care, whole-family care and whole-community care.** The course also has a strong component on medical ethics, values, and the social responsibility of a doctor.

**Doctors from both private and public sectors in India, doctors who have NRI status, and doctors from SAARC countries, can apply.**

## 2. COURSE OBJECTIVES

As was stated, the overall aim of the PGDFM programme is to encourage and equip doctors to become and to be true family physicians, and thus to build the capacity of GPs and enable them to competently and comprehensively manage more patients, so that referral becomes less necessary – hence the motto:

**“Refer less, Resolve more”**

**A graduate of the course should be able to perform the following functions, with a high level of integrity, commitment, and competency:**

- Develop a strong base in the **core Family Medicine principles** - like whole-person care, patient-centeredness, focus on the family, continuity of care, comprehensive care, clinical competence, making a deeper diagnosis, etc.
- Diagnose and effectively **help persons with the common diseases** occurring in all age groups, across a wide spectrum of disciplines, including Medicine, Surgery, Paediatrics, Obstetrics and Gynecology, Orthopedics, Dermatology, ENT, Psychiatry, Urology, Emergency Medicine, and Ophthalmology.
- Promptly and competently treat **common emergencies** that present to a general outpatient set-up, and refer patients safely, after initial stabilisation.
- Detect at an early stage, **life, limb, and vision-threatening potential emergencies**, so that urgent, correct treatment and prompt, safe referral to the tertiary care hospital is made.
- Develop a broad-based **comprehensive approach to health problems** affecting all age groups.

- Discuss the relevant and **up-to-date basic science, etiopathogenesis of diseases** in the context of diseases presenting in undifferentiated forms, or in the background of chronic diseases.
- Use a **syndromic or algorithmic or integrated problem-oriented approach** to the management of health problems, without the use of sophisticated investigations.
- Incorporate the role of **cost-effective wholistic management**.
- Develop an **ethical and compassionate approach** to patients under their care.
- Practise **competent, collaborative consultation skills**, with focused patient-centred clinical history-taking and proper physical examination, in specific clinical settings.
- **Network with other specialists** such that they can continue the care of patients undergoing sophisticated tertiary-level care between appointments.
- Implement recognized protocols for **health promotion** in all age groups.
- Organise and promote **rehabilitation** for differently-abled persons.
- Participate in **community health programs**, especially those which are components of national health policies.
- Participate in **community-oriented primary care (COPC)** work.
- Be motivated to **improvise and problem-solve in resource-poor settings**.
- Generate **enthusiasm and efficiency in the health team**, so that they can provide high quality, appropriate, ethical, and comprehensive care.
- Ensure a **therapeutic environment** for patients and relatives, to enhance appropriate confidence in the health system and the health care professionals.
- Competent in **medical record-keeping and data management**.
- Develop as **teachers** who can communicate and train team members, community members, and others in the medical fraternity.

**3. NO OF SEATS: 300** (maximum).

**4. COURSE DURATION: 2 Years**

This is a 2-year blended learning course comprising both distance learning (online and offline) and onsite, face-to-face, hands-on components. The online learning components are both asynchronous and synchronous. Students have to complete it in these 2 years.

**5. ELIGIBILITY CRITERIA:**

This course is open to doctors who are **Indian citizens**, residing in India or have **NRI status**, or who are nationals from the **SAARC countries**. Furthermore:

- All candidates must possess a **valid MBBS degree certificate / or equivalent degree certificate** (provisional certificate is not satisfactory)
- All candidates must possess a **valid MCI / NMC or State Medical Council registration**.
- Candidates not residing in India, or living abroad, should be **registered with the appropriate accrediting bodies** in their respective countries.
- **There is no entrance examination for this course.**

## 6. SELECTION PROCESS

**Weightage in selection will be given to:**

1. Those doctors who have served or are serving in **“Areas of need”** (Refer Annexure I)
2. Those with work experience in rural areas for more than 10 years.
3. Women candidates (Minimum 40% of the seats in the course will be reserved for women)

Candidates will be chosen based on the above criteria, as per the discretion of the Selection Committee for this course. **The decision of the committee is final.**

**Please note:**

1. Candidates who are currently enrolled in any other DEdu courses of CMC Vellore and haven't completed all course requirements yet are not eligible to apply.
2. The selection of a candidate is at the sole discretion of the Selection Committee.
3. Any attempt by the candidate or their relatives to influence the admission process in an unlawful manner can lead to the disqualification of the candidate's application.

## 7. COURSE COMPONENTS:

**The course components** consist of:

- **Self-Learning Modules (SLMs)** – for updating the knowledge, attitudes and skills base.
- **Contact Programs** (online and onsite) – for developing knowledge, attitudes and skills, especially consultation skills and the core clinical skills (during the face-to-face onsite contact programs).
- **Assignments** to be worked through and submitted as will be stipulated.
- **Project work** (as two wholistic patient write-ups) to be completed during the course.
- **Formative and Summative assessments**

### 7.1 Self-Learning Modules (SLMs)

The core knowledge component of the course is delivered in the form of **16 Books** containing **100 self-learning modules**. The modules are written in a self-learning format, making them interesting and easy to read. The study material has been designed to inculcate the practice of self-studying and the practical application of this theoretical knowledge. Numerous patient presentations based on common clinical scenarios have been designed to enable this learning.



**Table 1: List of Self-Learning Modules (SLMs)**

BOOK	MODULE	TOPIC – YEAR 1
<b>1. BASICS OF FAMILY MEDICINE</b>	1.1	Principles of family medicine
	1.2	Health promotion and disease prevention in family practice
	1.3	Communication and consultation in family medicine
	1.4	Medical documentation
	1.5	Referrals in family practice
	1.6	Family practice management
<b>2. MEDICINE - PART I NEUROLOGICAL PROBLEMS &amp; MENTAL HEALTH</b>	2.1	Headache
	2.2	Seizures
	2.3	Stroke
	2.4	Movement disorders
	2.5	Sleep disorders
	2.6	Mental health problems
	2.7	Substance abuse
<b>3. WOMEN'S HEALTH - PART I</b>	3.1	Antenatal care
	3.2	Antepartum problems
	3.3	Medical diseases in pregnancy
	3.4	Intrapartum problems & care
	3.5	Postnatal care
	3.6	Contraception
	3.7	Violence against women
<b>4. CHILD HEALTH - PART I</b>	4.1	Screening for high-risk neonates
	4.2	Neonatal Resuscitation
	4.3	Normal newborn
	4.4	Common neonatal problems
	4.5	Breastfeeding and weaning
	4.6	Immunisation
	4.7	Developmental Delay
<b>5. SURGICAL TOPICS FOR A FAMILY PHYSICIAN - PART I</b>	5.1	Neck swellings
	5.2	Leg ulcers
	5.3	Acute abdomen
	5.4	Gastrointestinal bleeding
	5.5	Common ENT Problems
	5.6	BLS, ACLS, shifting of a critically ill patient
	5.7	Orthopaedic problems - Part 1
<b>6. MEDICINE – PART II CARDIOVASCULAR PROBLEMS &amp; INFECTIOUS DISEASES</b>	6.1	Chest pain
	6.2	Dyspnoea - Part 1
	6.3	Palpitations
	6.4	Syncope
	6.5	Oedema - Part 1
	6.6	Hypertension

	6.7	Shock
<b>7. MEDICINE – PART III RESPIRATORY &amp; GASTROINTESTINAL PROBLEMS</b>	7.1	Dyspnoea - Part 2
	7.2	Approach to cough
	7.3	Nausea and vomiting
	7.4	Dyspepsia
	7.5	Loose stools
	7.6	Constipation
	7.7	Approach to Jaundice
<b>BOOK</b>	<b>MODULE</b>	<b>TOPIC – YEAR 2</b>
<b>8. BECOMING A FAMILY PHYSICIAN – ROLES, RESPONSIBILITIES, AND ATTITUDES</b>	8.1	Roles and Responsibilities of a Family Physician
	8.2	Team Concept in Family Medicine
	8.3	Care of a Patient with Chronic Disease in Family Medicine
	8.4	Biomedical Ethics
	8.5	National Programmes for Family Physician
	8.6	Community-Oriented Primary Care (COPC)
	8.7	Health Informatics
	8.8	Health Advocacy
<b>9. MEDICINE - PART IV INFECTIONS AND GENITOURINARY PROBLEMS</b>	9.1	Fever - Part 1
	9.2	Fever - Part 2
	9.3	Sexually transmitted diseases
	9.4	HIV & AIDS
	9.5	Haematuria
	9.6	Lower urinary tract symptoms
	9.7	Oedema - Part 2
<b>10. WOMEN'S HEALTH – PART II</b>	10.1	Menstrual irregularities - Part 1
	10.2	Menstrual irregularities - Part 2
	10.3	Vaginal discharge
	10.4	Breast problems
	10.5	Infertility
	10.6	Menopause
<b>11 (A &amp; B). CHILD HEALTH – PART II</b>	11.1	Growth Monitoring and malnutrition
	11.2	Common paediatric problems - Part 1
	11.3	Common paediatric problems - Part 2
	11.4	Common paediatric problems - Part 3
	11.5	Common paediatric problems - Part 4
	11.6	Common paediatric emergencies
	11.7	Child abuse
<b>12. SURGICAL TOPICS FOR A FAMILY PHYSICIAN - PART II</b>	12.1	Groin swelling
	12.2	Head injury
	12.3	Oral health
	12.4	Red eye
	12.5	Diminished vision
	12.6	Anaesthesia for a family physician
	12.7	Orthopaedic problems - Part 2



	12.8	Thermal injuries
13 MEDICINE - PART V MUSCULOSKELETAL PROBLEMS & LIFESTYLE MEDICINE	13.1	Joint pains
	13.2	Back ache
	13.3	Aches and pains and body ache
	13.4	Weight loss
	13.5	Healthy lifestyle
	13.6	Diabetes mellitus - Part 1
	13.7	Diabetes mellitus - Part 2
14. SKIN & BLOOD PROBLEMS & EMERGENCIES	14.1	Common infectious skin conditions
	14.2	Common non-infectious skin conditions
	14.3	Approach to a patient with anaemia
	14.4	Bleeding disorders
	14.5	Emergencies for a family physician - Part 1
	14.6	Emergencies for a family physician - Part 2
	14.7	Emergencies for a family physician - Part 3
15. OCCUPATIONAL HEALTH & AGE-SPECIFIC PROBLEMS	15.1	Occupational health
	15.2	Adolescent health problems
	15.3	Men's health
	15.4	Geriatric problems
	15.5	Palliative care - Part 1
	15.6	Palliative care - Part 2

## 7.2 Contact Programs (CPs):

**7.2.1.** The **face-to-face, ONSITE contact programs** (CPs) form a very important part of the course components. Usually, there are 3 contact programs of 8 days each during the course period of 2 years. These face-to-face, onsite CPs help ensure hands-on, clinical skills development, as well as the integration and application of the core content of the course. Learning takes place through group discussions, patient presentations and discussions, clinical skills demonstrations and hands-on practice, as well as interactive lectures and group activities. There are about 50 core clinical skills that a Family Physician is expected to master in this course. These ONSITE CPs will be conducted in the contact centres listed below, depending on the prevailing travel protocols within the country and from CMC, and the availability of sufficient numbers of trained facilitators.

**7.2.2.** Then there are the **ONLINE contact programs** (CPs), which have (i) an asynchronous component and (ii) a synchronous component.

In the **asynchronous component**, each student works at their own time and at their own pace via an online learning platform created by the Distance Education Unit. Students will access interactive online self-learning modules, as well as video-lectures and video recordings of some clinical skills and procedures.

In the **synchronous component**, through scheduled MONTHLY Zoom meetings, learning will take place through interactive lectures, patient discussions and group discussions in breakout groups, panel discussions, etc.

The dates for both the onsite CPs and the online CPs shall be communicated to all learners in the student handbook which will be provided upon being selected and joining the course.

The list of the present possible CENTRES for the onsite Contact Programs are as follows (alphabetically):

- |                               |                               |
|-------------------------------|-------------------------------|
| 1. Bangalore, Karnataka.      | 8. Kolenchery, Kerala         |
| 2. Chittoor, Andhra Pradesh.  | 9. New Delhi                  |
| 3. Chennai, Tamil Nadu.       | 10. Oddanchatram, Tamil Nadu. |
| 4. Dimapur, Nagaland.         | 11. Pune, Maharashtra.        |
| 5. Herbertpur, Uttarakhand.   | 12. Raxaul, Bihar             |
| 6. Hyderabad, Andhra Pradesh. | 13. Tiruvalla, Kerala         |
| 7. Kolkata, West Bengal.      |                               |

**Allocation:** Selected candidates shall be allocated to the Contact Centre by the Distance Education Unit, CMC, Vellore. Once a candidate has been allocated to a specific onsite CP centre, they cannot request for a change in their CP centre. The Distance Education Unit of CMC, Vellore has full rights, if required, to change the CP time schedule and onsite contact centre, based on the number of participants and availability of the centre during the course period. Candidates need to be flexible to attend the assigned centre during the course period.

### 7.3 Assignments

Each sub-module in the study material has an assignment which has multiple choice questions (MCQs). These assignments are to be submitted periodically via the online learning website, as per the due dates, in partial fulfilment of the course requirements. **Submissions need to be ON TIME, without fail.** This forms part of the formative assessment for the course, together with the project work. Without submission of all the stipulated assignments, a student is not eligible to write the examination.

### 7.4 Project Work

The candidates are required to complete project work, which involves the writing of **two wholistic patient write-ups**, following the exact guidelines provided for it.

### 7.5 Formative and Summative Assessments

The course assessment is done in two parts: (1) **formative assessment** (throughout the course) and (2) **summative assessment** (basically, at the end of each year's work). *The formative assessments have equal weightage to the summative assessments.*

#### SUMMATIVE Assessments:

- **First Year Exam** – will be conducted during the second onsite CP, after the completion of the year-1 syllabus (online and onsite). See the eligibility criteria for the 1st year exam in the Table below.
- **Second Year Exam** – will be conducted after the basic completion of the year-2 syllabus (online and onsite), during the third onsite CP. See the eligibility criteria for the 2nd year exam in the Table below.
- The first year AND the second year examination will include **(1) a theory paper, (2) a practical clinical skills examination, (3) a consultation skills examination, and (4) a paper-based Objectively Structured Clinical Evaluation (OSCE).**

Eligibility Criteria for Examinations*	
1st-year examination eligibility	2nd-year examination eligibility
Year 1 syllabus (CP1 - Online & Onsite classes) 1 to 7 books	Year 2 syllabus (CP1 & CP2- Online & Onsite classes) 8 to 15 books
1 to 7 book assignment submission	1 to 15 book assignment submission
1st Patient write-up submission ON TIME	2nd Patient write-up submission ON TIME
100% attendance in CP1 (online & onsite)	100% attendance in CP1& CP2 (online & onsite)

### FORMATIVE Assessments:

1. **Reflective Log Books** with daily reflections written down on the day's learning and how this will impact one's future clinical practice. These reflective logbook entries are to be made for the online synchronous sessions and the onsite sessions.
2. **Clinical Skills Log Books** contain the guidelines and checklists for the clinical skills taught and practised during the course. Where indicated, it needs to be fully completed during the onsite CP
3. **Review Tests** conducted during monthly online contact programs.
4. **Assignments** are carefully designed in a range of styles to assess the candidate's ability to integrate skills, attitudes, and values with theoretical knowledge, and to help consolidate learning.
5. **Project Work** includes the two **wholistic patient write-ups**, according to the exact guidelines given. The specific submission dates will be provided for both of these activities.

## 8. CRITERIA FOR THE AWARD OF THE PGDFM:

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

≥ 50% Marks in each Summative Assessment at the end of year 1 & year 2	≥ 50% Marks in each Formative Assessment	100% attendance mandatory for onsite contact programs; and 100% for online contact programs
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Candidates must fulfill the **course completion requirements** (assignment submissions, project submissions, 1st-year and 2nd-year examinations, attendance of all 3 contact programs 1,2,3 - both the online & onsite components) within the allocated two-year course period.

## 9. COURSE FEES:

	Indian nationals residing & working in India	SAARC	NRI
Application fees	INR 1,000	USD 30	USD 60
Course Fees	INR 1,00,000	USD 1900	USD 2800

- INR is the Indian National Rupee
- USD is US dollars.
- NRI is a Non-Resident Indian - an Indian national working abroad (outside India).
- SAARC is the South Asian Association of Regional Cooperation.

### Please note:

- **Application and course fees, once paid, will not be refunded or transferred to any other candidate, for any reason.**
- The currency exchange rate (if any) has to be borne by the students.
- Candidates applying under the Indian category shall be Indian citizens residing and working in India.
- The course fee includes the courier charges for the books sent to candidates.
- Candidates located outside India need to note that the course fees prescribed do not include any possible customs duty levied in your country. This has to be borne by the candidate.
- The course fees and application fees excludes any bank transfer charges or exchange charges (if any). Those charges shall be borne by the candidates at their end.
- **Convocation Fee:** A separate convocation fee is to be paid after successful completion of all course components in order to receive the course Certificate.

### Scholarships:

- Limited scholarships are available for candidates who are working/have worked in Mission Hospitals, rural or in needy areas (can be requested in writing after selection).
- The "Mission Hospitals" are hospitals under sponsoring bodies and churches of CMC, Vellore Council (See Annexure II); hospitals under Christian Organisations/institutions not mentioned in Annexure I; and hospitals under Catholic Organisations/institutions.
- The written request for a scholarship must be supported by a NOC (no objection to doing this course) letter from the head of the hospital/institution where the candidate works.
- The scholarship shall be awarded based on the recommendation of the scholarship committee. The decision of the scholarship committee is final.
- Further information can be obtained by sending an email to [pgdfm@cmcdistedu.org](mailto:pgdfm@cmcdistedu.org)

## 11. SUBMISSION OF COURSE APPLICATION

### ONLINE APPLICATION PROCESS

- 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.

## **REQUIRED:**

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

### **1. SOFT COPY OF PHOTOGRAPH**

- The photograph must be in color.
- The photograph must be taken with a white or a very light background.
- The 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 SCANNED CERTIFICATES**

Please scan the certificates using a scanner at 200 pixels per inch (dpi). ONLY PDF files will be accepted. Ensure that the PDF file size is between 50 KB and 500 KB. It is mandatory to upload the correctly scanned copies of the below-mentioned certificates:

#### For Indian Nationals & those with NRI status

- A. MBBS degree certificate & Internship completion certificate
- B. Internship completion certificate
- C. MCI/NMC or State Medical Council Registration Certificate or Medical Licence certificate.
- D. MCI/NMC Screening test certificate - For Indian candidates who have completed MBBS abroad.
- E. NRI candidates are required to submit a copy of their passport along with their stamped and valid visa page on the passport.

#### For SAARC Nationals

- A. MBBS degree certificate / or equivalent degree certificate & Internship completion certificate
- B. Registration Certificates with appropriate accrediting bodies in their own countries.
- C. Photocopy of their passport or other documentary proof of citizenship.

### **3. SCANNED COPY OF THEIR SIGNATURE:**

- Signature to be scanned and uploaded (jpg, jpeg, or png and size <250 KB)

### **4. PAYMENT:**

- Mode of online payment: Use a credit/ debit card/ net banking/ UPI.
- When using an online payment, 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 still not complete within this period, please contact us at [forms@cmcdistedu.org](mailto:forms@cmcdistedu.org)
- **Payment mode for SAARC/NRI candidates:** 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 on the date of payment.
- SAARC/NRI candidates need to submit a scanned copy of their passports.
- NRI candidates need to submit a copy of their visa page stamped on the passport.

## ANNEXURE I

### I Definition of Mission Hospitals:

- Hospitals under the Sponsoring bodies and churches of the CMC Vellore Council
- Hospitals under Christian organisations/institutions not mentioned in Annexure I
- Hospitals under Catholic organisations/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 the Government /Quasi Government (including Armed Forces, etc.)
1 C	Doctors presently working/have worked in Registered NGO hospitals (includes NGOs working with need-based health spheres such as HIV home care, palliative care, geriatrics, disabilities, etc. or involved in tribal /rural work/work in slums)



## **ANNEXURE II**

### **List of sponsoring bodies and churches of the CMC Vellore Council**

1. Andhra Evangelical Lutheran Church
2. Baptist Church of Mizoram
3. Chaldean Syrian Church of the East
4. Christian Assemblies in India
5. Church of North India, Nagpur Diocese
6. Church of North India Synod – The Synodical Board of Health Services
7. C.S.I. Coimbatore Diocese
8. C.S.I. Dornakal Diocese
9. C.S.I. Kanyakumari Diocese
10. C.S.I. Karnataka Diocese Inter Diocesan Medical Board
11. C.S.I. Madras Diocese
12. C.S.I. Madhya Kerala Diocese
13. C.S.I. Madurai – Ramnad Diocese
14. C.S.I. Medak Diocese
15. C.S.I. North Kerala Diocese
16. C.S.I. Rayalaseema Diocese
17. C.S.I. South Kerala Diocese
18. C.S.I. Trichy – Tanjore Diocese
19. C.S.I. Tirunelveli Diocese
20. C.S.I. Vellore Diocese
21. Council of Baptist Churches in North East India
22. Council of Christian Hospitals
23. Eastern Regional Board of Health Services
24. Emmanuel Hospital Association
25. Evangelical Lutheran Church in Madhya Pradesh
26. India Evangelical Lutheran Church
27. Inter Ashram Fellowship
28. Khasi Jaintia Presbyterian Assembly
29. Malankara Jacobite Syrian Orthodox Church
30. Malankara Orthodox Syrian Church Catholicate of the East
31. Marathi Mission
32. Marthoma Syrian Church of Malabar
33. Mennonite Medical Board of the Mennonite Church in India
34. Methodist Church in India
35. Mizo Presbyterian Church Synod
36. North Bank Baptist Christian Association
37. Poona Christian Medical Association
38. The Salvation Army India South Eastern Territory
39. The Salvation Army India South Western Territory
40. Southern Asia Division of Seventh-day Adventists
41. Tamil Evangelical Lutheran Church
42. U.P. Regional Board of Health Services
43. The Leprosy Mission
44. International Mission Board, Southern Baptist Convention
45. United Mission to Nepal

### **ANNEXURE - III**

***Letter from the head of the Hospital to be provided as per the 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 the son/daughter of \_\_\_\_\_ has worked/is working in this hospital/institution from \_\_\_\_\_ to \_\_\_\_\_.**

**Name**

**Signature**

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

## FEEDBACK FROM SOME OF OUR ALUMNI

The Family Medicine postgraduate program has been a transformative journey in both my professional and personal life. Before this training, my focus was largely on disease-specific management; now, I view every patient through a holistic lens — considering not just the illness but the individual, family, and community context. The program's emphasis on three-stage assessment, continuity of care, preventive health, and evidence-based practice has made me a more confident and rational clinician. I have learned to manage a wide spectrum of acute and chronic illnesses effectively, and to integrate psychological and social factors into my treatment plans. This has improved my patient outcomes and overall satisfaction in clinical work. I now better understand the value of collaboration — between specialists, nurses, public health professionals, and community health workers — in ensuring coordinated and efficient care. Beyond clinical competence, this program has reshaped my attitude and empathy. I have become more patient, reflective, and community-oriented. I feel a deeper sense of accountability toward promoting preventive health, rational prescribing, and lifestyle counseling. In essence, the Family Medicine program has not only refined my medical skills but also grounded me in the true spirit of medicine — compassion, continuity, and community service. It has inspired me to be a lifelong learner and an advocate for strong, patient-centered primary healthcare.

**Dr. Ashish Mazumdar, 2023 Batch, Chhattisgarh**

The PGDFM course has significantly strengthened my clinical approach and confidence in managing patients at the primary care level. It has helped me adopt a more holistic, evidence-based, and family-centered practice. The structured modules and case discussions improved my diagnostic reasoning, continuity of care, and patient communication. Most importantly, the course has transformed my outlook from treating individual diseases to caring for the person as a whole, integrating physical, psychological, and social dimensions of health.

**Dr. Anamika Halder, 2023 Batch, Jharkhand**

The PGDFM course has made a real difference in how I approach my patients. It has helped me move beyond just treating diseases to understanding patients as whole individuals — their families, emotions, and social context. The training in consultation skills, ethics, and evidence-based care has improved my confidence in clinical decision-making and communication. I've also become more comfortable managing chronic conditions like diabetes and hypertension and providing continuous, holistic care. Overall, the course has shaped me into a more empathetic, patient-centered, and confident family physician.

**Dr. Siva Kartheek Merugu, 2023 Batch, Andhra Pradesh**

The Postgraduate Diploma in Family Medicine (PGDFM) has profoundly transformed my clinical perspective and day-to-day practice. Before undertaking this program, my approach was often disease-centered — focused primarily on diagnosis and treatment. Through PGDFM, I have developed a more holistic, patient-centered approach, emphasizing continuity of care, prevention, and communication.

The training strengthened my ability to manage a wide range of common outpatient conditions systematically, integrating evidence-based guidelines with practical decision-making. It also enhanced my confidence in handling chronic lifestyle diseases like diabetes, hypertension, and dyslipidemia by focusing not only on pharmacologic therapy but also on patient education, behavioral change, and follow-up strategies.

**Dr. Dhrubajyoti Arandhara, 2023 Batch, Gujarat**

The PGD in Family Medicine has been transformative for me. It's revolutionized my thinking process, enhancing my clinical acumen and consultation skills. The course has broadened my knowledge base, allowing me to approach patients with a more comprehensive perspective. Through this program, I've developed a structured approach to patient care, focusing on holistic management and evidence-based practice. My consultation skills have improved significantly, enabling me to communicate more effectively with patients and their families. The PGD in Family Medicine has not only enhanced my professional capabilities but also boosted my confidence in managing complex cases. I've gained a deeper understanding of the importance of preventive care, health promotion, and disease management. Through this course, I learnt how to give holistic care and continuity of care to the needy people and much fascinated about the concept 'Treat the person as a whole' and not the disease alone and I learnt to resolve more and refer less... Thank you for a very good learning experience.

Overall, this course has been a game-changer for me, and I'm grateful for the opportunity to have pursued it. It's had a profound impact on my practice, and I'm confident that it will continue to benefit my patients.

**Dr. Sushma Sultan, 2023 batch, New Delhi**

This course has given me great confidence in the way I approach patients and their families. All aspects of this course has helped me deliver whole person care to the person of the patient within the context of their family and their community. I have been able to educate my team members and I believe it increasing the patient satisfaction while we treat them. A big thank you to the entire distance education team for the well laid out course curriculum and the practical teaching session during our contact classes. Our nation needs such kind of a wholistic approach in medical education.

**Dr. Vinita Mathew, 2023 batch, Maharashtra**

This course inspired me to improve my outlook towards my patient. It helped me to improve my approach towards making a holistic management plan for my patients.

**Dr. Neha Rachel Peardon, 2023 batch, Uttar Pradesh**

The course has rejuvenated me to become a better and empathetic doctor! It helps me understand and be more considerate to the inner person of my patients! It strengthens my believe in the power of God! The dedication of our facilitators and their trust in God are praiseworthy!!

**Dr. Vanlalchhuangi, 2023 batch, Mizoram**

PGDFM course has made a significant difference in my clinical practice. It strengthened my approach to holistic and evidence based patient care, esp. in primary and community health settings. The modules helped me integrate preventive, promotive, and curative care more effectively, improving continuity of care for patients with chronic diseases. The course helped me in my diagnostic reasoning and decision-making, even in resource limited settings. Overall, the course has helped me become more confident in managing common medical conditions comprehensively and has reinforced the importance of patient-centered care in my daily practice.

**Dr. Vikas, 2023 batch, Himachal Pradesh**

It has made a great impact on my clinical practice. The course has transformed me a Family Physician from being only a Physician. Thank you the whole team, my teachers, tech team and support staffs for helping us and being with us during the course. Thank you.

**Dr. Chiranjit Biswas, 2023 batch, West Bengal**

After completing the PG DFM at CMC Vellore, I became more confident in managing a wide variety of health problems without always referring to specialists. The training helped me provide holistic, patient-centered care and prepared me to handle emergencies and chronic conditions. It also enhanced my credibility, opened new career opportunities, and connected me with a strong network of mentors and colleagues who continue to support my practice.

**Dr. Vinita Sharma, 2023 batch, Karnataka**

**FOR ANY CLARIFICATION,  
PLEASE CONTACT THE DISTANCE EDUCATION UNIT OFFICE**

E-mail: [family.medicine@cmcdistedu.org](mailto:family.medicine@cmcdistedu.org)  
Phone: +91 416 2285590 / WhatsApp no: +91 9385285893

Office Timing:  
Monday to Friday: 8:00 AM to 4:30 PM (IST)  
Saturday: 8:00 AM to 12:00 PM (IST)  
Sunday: Holiday

**VERY IMPORTANT INFORMATION:**

- The provisionally selected candidates will be intimated via email from [family.medicine@cmcdistedu.org](mailto:family.medicine@cmcdistedu.org)
- Once the course fee payment is complete, the candidate will be registered on the **official student website** and in the **official WhatsApp group**.
- **All correspondence (regarding event announcements, invitations, assignments, exams, reports & any other relevant academic or administrative messages) will be made available ONLY through the student website and the official WhatsApp group, through which an intimation will be sent too.**
- **Candidates are personally responsible for checking the above-mentioned website and WhatsApp group frequently and stay updated with program/course events.**

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





*Anything given in the Master's hand multiplies*

