

Covering Letter / Letter head of concerned Affiliated Training Centre

You are requested to send information of **Retention / Non- Retention Status** of all admitted candidates of your Training Centre in the format as mentioned below **on or before 18/02/2022** by 6.00 pm positively to the University by e-mail on fccc@muhs.ac.in followed by hard copy of same in due course. **(Separate information shall be submitted (as applicable), if multiple Fellowship/Certificate Course(s) conducted at your affiliated Training Centre)**

Name of Affiliated Training Centre: HBOT ACADEMY SAILEE HOSPITAL BORIVALI

WEST

No. of Fellowship/Certificate Course(s) approved for A.Y. 2021-22: 1

Name of Fellowship/Certificate Course: Fellowship Course in HYPERBARIC MEDICINE & BASIC WOUND MANAGEMENT

Approved Intake Capacity of above Fellowship/Certificate Course: 10

No. of allotted Seats Fellowship/Certificate Course by University in First Round: 3

Please send the information regarding retention and non-retention of allotted seat status after First Round in the format given below:

Seat Retained: it means allotted candidate has joined with retention form

Seat Not Retained: it means allotted candidate has joined but willing to upgrade his/her allotted priority

Sr. No.	Name of the Allotted Student(s) in First Round	Applicant's Application Number (Online admission Process)	Details of RTGS/NEFT/ UTR No. (25% Administrative Fees as applicable)	Joined / Not Joined	Seat Retained / Not Retained
	PHILIP PRADEEP HOPKINS	2021/FCC/1119	NA	NOT JOINED	NA

Vacancy Position for Second Round, for above Fellowship/Certificate Course is (mention the vacant seat in Number only for particular fellowship course) : 3

Note: This format shall be used separately for each Fellowship course(s).

Dr. Manoj Gupta

MBBS, MD, DNB, LLB.

Reg No - 79197

CAQ(Hyperbaric Medicine), UHMS(USA)

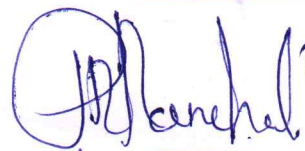
BSC(Hyperbaric Medicine)- South Africa.

Level 1 (Medical Examiner of Divers)

As approved by DMAC/EDTC med

DGSI APPROVED - MAH/MUM/240/2019

IMCA Approved Diving Physician



Name & Signature of
Director/Dean/Principal/HOD/Coordinator of
Affiliated Training Centre
(with Stamp of concerned Training Centre)



Important: Need to attach Copy of Retention Form(s) and Receipt of 25% Administrative Fees paid by allotted applicant.