



Madurai Kamaraj University

A6/78/28-a

Phone 33171 to 33178
31501 to 31508

Tel: "UNIVERSITY"

PALKALAINAGAR,
MADURAI-625021.

8-12-81

Please quote this reference Number)

S. SANTANAGOPALAN
REGISTRAR-IN-CHARGE

The Director
Aravind Eye Hospital
1, Housing Board Colony
Methamangalam, Madurai-625 010

Sir,

Sub: Recognition of Aravind Eye Hospital as
teaching institution for Diploma in
Ophthalmology Course - Reg.

Ref: Your correspondence ending with letter No.25
dt.3-11-81.

I am directed to inform you that the Syndicate at its meeting held on 28-11-81 has been pleased to grant recognition for Aravind Eye Hospital, Madurai, for conducting the Diploma Course in Ophthalmology from the academic year 1982-83 with an intake of 4 students per session.

The usual affiliation fee of Rs.1000/- may kindly be sent at an early date.

A copy of the regulations relating to the Diploma in Ophthalmology course is enclosed herewith for your information. After selection of students, they will have to send the application for registration in-time with a fee of Rs.300/- per student with necessary certificates. The application forms may be obtained from this office in advance.

A list of persons with their names, qualifications, teaching experience before and after acquiring postgraduate qualifications in Ophthalmology may be sent to this office for our records.

A separate communication about the concurrence and recognition is being sent to the Medical Council of India.

Yours faithfully,

REGISTRAR-IN-CHARGE

Copy to

1. Director of Medical Education, Madras-5.
2. Secretary, Medical Council of India, Temple Lane, Kothla Road, New Delhi - 110 002.
3. Dean, College Development Council Section
of Studies Section
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ller of Examinations