

# ODISHA CENTER FOR GERIATRICS AND GERONTOLOGY (OCGG)

Gangadhar Meher University, Amruta Vihar, Sambalpur,

Odisha,768004

### Admission to the Skilling Courses 2022-23

### CERTIFICATE COURSE ON GERIATRIC CARE

#### **Course Structure**

- Duration of the Course: 6 Months
- Total Hours: 120 Hours
- Fees: Rs 1000
- Mode: Physical Mode
- Eligibility: Graduate in any Discipline
- Intake capacity :30 per batch

Papers		Marks			Total Marks	Credit
Paper	Title	Mid	-Term	End Term (Theory)		
		Theory	Viva/ Reports	(Theory)		
CPG-I	Introduction to Gerontology	10	10	80	100	4
CPG-II	Geriatrics Care	10	10	80	100	4
CPG-III	Field study and Project Report		·	100	100	4
	Total	20	20	260	300	12

### Key Dates

Opening of Application form	5 <sup>th</sup> October, 2022
Last Date for receipt of filled	15 <sup>th</sup> November, 2022
Application form	
Commencement of Classes	1 <sup>st</sup> December, 2022

#### Payment of Course Fee

The course fee can be deposited/credited to the following bank account:

Bank Account No	21010110060643			
Name of the Account Holder	CENTER OF EXCELLENECE OCGG GMU			
Name of Bank	UCO BANK			
Name of Branch	BUDHARAJA BRANCH, SAMBALPUR			
IFSC Code	UCBA0002101			

#### Address for Communication

Office of the Co-Ordinator, CENTER OF EXCELLENECE (OCGG) Gangadhar Meher University, Amruta Vihar, Sambalpur Contact No.: 6371227233

### <u>Contact</u>

**Course Coordinator:** Dr. Monalisa Mohapatra, Associate Professor, School of Chemistry Gangadhar Meher University, Amruta Vihar, Sambalpur

Assistant Co Coordinators: 1. Dr. Raghunath Satpathy, Assistant Professor, School of Biotechnology, Gangadhar Meher University, Amruta Vihar, Sambalpur Mob: 7008158067 Email: <u>rsatpathy@gmuniversity.ac.in</u>

> 2. Dr. Rupashree Brahma Kumari, Assistant Professor, School of Psychology, Gangadhar Meher University, Amruta Vihar, Sambalpur
> Mob: 7008372571
> Email: rupashree.psy@gmail.com

Secretarial Assistant: Ms. Pritipadma Sahu Mob:6371227233



# GANGADHAR MEHER UNIVERSITY AMRUTA VIHAR, SAMBALPUR, ODISHA-768004

### Application Form for Certificate Course on Geriatric Care

Applicants Details: (Fill in BLOCK letters and all fields are mandatory)

Name:

Date of Birth(dd/mm/yyyy)

Gender.....(Male/Female/others)

Nationality: .....

Father's Name: .....

Mother's Name: .....

APPLICATION FEE PAYMENT DETAILS:

Amount:

Date of payment:/.... /.....;

DD /Online payment details .....

### Address:

Address for Correspondence relating to admission	Permanent Address (Tick, if				
	same as correspondence address)				
Village/Street :	Village/Street :				
Post office :	Post office:				
Police Station :	Police Station :				
District :	District :				
State :	State :				
Pin/Zip:	Pin/Zip :				
e-Mail Address :	e-Mail Address :				
Contact No. : Alternate Contact No.:	Contact No. : Alternate Contact No.:				

Paste your

self-attested recent photo

## ACADEMIC QUALIFICATIONS:

Degree/ Diploma	Board/ University	Institute/ University	Max. Marks	Secured Marks	Percent age	Year of Passing	Division/ Class	Major Subjects
10th								
12th								
Graduation								
Post - Graduation								
Any Others								

### CATEGORY & RESERVATION DETAILS:

Category	GEN/SC/ST
Mention if differently abled	Yes/No
Defence personnel	Yes/No
Sports personnel	Yes/No
Do you belong to outside Odisha?	Yes/No
Do you belong to outside India?	Yes/No

### DOCUMENTS TO BE ATTACHED:

- 1. Self-attested photocopies of all certificates and marksheets
- 2. Self-attested photocopy/of supporting document/(s) pertaining to reservations
- 3. Self-attested photocopy of Aadhaar card
- 4. Self-attested photocopy of Demand Draft (DD)/on-line payment details

#### **UNDERTAKING/DECLARATION**

I solemnly affirm that the information furnished above is true and correct in all respect to the best of my knowledge and belief. I have not concealed any information. I undertake that if any information herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Date:

Place:

#### Signature of the applicant

#### FOR OFFICE USE ONLY

Application No.: .....

Application Date: .....