



OSMANIA UNIVERSITY  
HYDERABAD 500007

**INVITING PROPOSALS FOR OFFERING HEALTH CARE COURSES BY HOSPITALS/HEALTH CARE INSTITUTIONS**

Osmania University is inviting proposals from deserving hospitals/Health care intuitions who are interested to offer the following Advanced Post Graduate Diploma Courses in Health Care under MoU with a duration of 2-Years with 4 Semesters with theory and practical training and exams in first and second semesters and only practical training and practical examinations in the third and forth semesters at attached hospitals for the academic year 2024-2025 under the jurisdiction of OU:

- 1) Advanced Post Graduate Diploma in Anesthesia Technology
- 2) Advanced Post Graduate Diploma in Cath. Lab Technology
- 3) Advanced Post Graduate Diploma in Dialysis Technology
- 4) Advanced Post Graduate Diploma in Emergency Medical Care
- 5) Advanced Post Graduate Diploma in Echo Cardiography & Sonography
- 6) Advanced Post Graduate Diploma in Health Care Management
- 7) Advanced Post Graduate Diploma in Medical Imaging Technology
- 8) Advanced Post Graduate Diploma in Medical Laboratory Technology
- 9) Advanced Post Graduate Diploma in Medical Informatics
- 10) Advanced Post Graduate Diploma in Operation Theatre Technology
- 11) Advanced Post Graduate Diploma in Physician Assistant
- 12) Advanced Post Graduate Diploma in Respiratory Therapy Technology
- 13) Advanced Post Graduate Diploma in Insurance & Billing Technology
- 14) Advanced Post Graduate Diploma in Health Care Technology.
- 15) Advanced Post Graduate Diploma in Emergency Care.

**ELIGIBILITY:**

- Minimum 100 patient beds
- Well equipped Intensive care Unit and observation unit
- Experience in offering paramedical courses
- A Director's office with a minimum of 200 sft area
- Sufficient number of class-rooms, each of 600 sft area for each course
- Library facility with 1500 sft area for each course
- Required Specialized laboratories for conducting practicals

Interested institutes can apply in the prescribed format with a non-refundable fee of Rs.25,000/- per course. University shall conduct physical inspection of the facilities available in the hospitals/Health care intuitions and shall grant affiliation only on the recommendation of the Inspection Committee

  
REGISTRAR



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**APPLICATION FOR GRANT OF NEW/EXTENTION OF PROVISIONAL RECOGNITION TO  
OFFER HEALTH CARE COURSE(S) FOR THE ACADEMIC YEAR 2024-2025**

Name of the Institution :  
Year of Starting the Course :  
D. D. No: :  
Date :  
Amount :

1. Name of the Institute with Postal Address, Phone: Email Id: Website if any	
2. Name of the society/Registration No & Postal Address, Phone: Email Id: Website if any	
3. Name & Address of the Secretary/ Correspondent with Phone: Email Id:	
4. Whether any other Institution / colleges are running in the same premises	
5. Other Courses offered in the same premises (Furnish details if any)	
6. Nature of accommodation (Copies of Registered sale deed / Ownership/ Lease deed document copies must be enclosed)	
7. Name of Programme Coordinator & Phone: Email Id:	
8. No. of Faculties appointed Ph.No: (detailed information to be provided as per the enclosed Performa separately)	
9. Working hours of the College	
10. No. of Teaching Staff appointed Teaching & Non Teaching separately	

11. No. of Students in the year	
<b>Courses offered by the Institute for the academic year 2024-2025</b>	
<b>PLEASE ENCLOSE SEPARATE SHEET BY INDICATING COURSE-WISE i.e. Advance P.G. Diplomas (TWO-Years)</b>	
12. Whether the college has placement cell: If Yes, details of placements made	

We hereby declare that the information furnished in the application is correct and we are liable for any disciplinary action if found otherwise

**Signature of the Secretary / Principal**  
**Name:**  
**Date:**



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PERFORMA FOR FURNISHING PARTICULARS OF COORDINATOR AND TEACHING STAFF

S.No	Name of the Faculty	Designation	Qualification	Experience	Date of Joining the duty in your institution

Signature of the Secretary / Correspondent  
Name:  
Date:



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**COURSE WISE INTAKE CAPACITY FOR THE ACADEMIC YEAR 2024-2025**

S.No	Course offered	Intake Capacity

**Signature of the Secretary / Correspondent**

**Name:**

**Date:**