

# CHRISTIAN MEDICAL COLLEGE VELLORE, INDIA

Department of Geriatrics  
&  
Distance Education Unit



**Post Graduate Diploma in Geriatrics  
(PGDG)**



**PROSPECTUS 2026**

# **PROSPECTUS**

## **2026**



**Post Graduate Diploma in Geriatrics (PGDG)**  
**(1 YEAR BLENDED LEARNING COURSE for MBBS/PG Doctors)**

**ADMISSION TO THIS COURSE IS SUBJECT TO APPLICABLE REGULATIONS BY  
THE 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.**

**Therefore, the General Public is cautioned 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:**

**Please note: We do not admit students through agents or agencies. The college will not be responsible for any dealings with such person/persons.**

**Department of Distance Education  
Balanilayam, No.95, Sanjeevipuram,  
Bagayam, CMC Vellore - 632 002  
Phone +91 - 416 – 2285590  
Email: [info@cmcdistedu.org](mailto:info@cmcdistedu.org)  
Website: <http://courses.cmcdistedu.org/>**

**IMPORTANT INFORMATION**

**The purpose of this course is to impart knowledge and provide skills upgradation for medical practitioners in geriatric care. This is NOT equivalent to any postgraduate residential courses in Geriatrics, such as MD/DNB. Currently, this course is NOT affiliated with any university nor recognised by the MCI/NMC.**

**Kindly note that the PGDG certificate cannot be used as a post-nominal designation.**

## **1. PREAMBLE**

India is in a phase of demographic transition, and the geriatric population is burgeoning. Care of the older person in need of medical attention is often fragmented among multiple “specialists”, as these patients have multiple comorbidities and psychosocial issues. Therefore, there is an urgent need to produce physicians who not only understand the unique health problems in the older person but also possess a repertoire of clinical competencies to deal with them. Geriatrics is the only “speciality” that knits these myriad physical, psychosocial, financial, and emotional problems in each individual together into a tapestry that still remains beautiful. With inputs from Allied Health and the Nursing professionals, the doctor is able to help the older person in the autumn of their lives.

There are very few centres offering an MCI-recognised MD in Geriatrics in India. With this one-year hybrid/blended learning course, we can help to increase the pool of trained manpower in the country, so as to deliver cost-effective, holistic care to the senior citizens of this country. We aim to train doctors from primary and secondary hospitals to make an impact on the health care of the older person in their community. The competencies they gain with this curriculum will enable them to deliver effective preventive, curative, rehabilitative, promotive, and palliative care to our ageing population.

This one-year program uses many teaching-learning techniques to make adult learning both stimulating and interesting – contact classes include interactive lectures, clinics, skills development, and assessments. Assessments are formative in nature with case vignettes and self-learning modules. The course also has a strong component of ethics, values, and social responsibility. Summative assessments are both written and practical in nature. All this enables the doctor at the periphery to recognise geriatric syndromes early and deal with them as much as possible.

We choose aspirants who are interested in improving the quality of life of an older person in their community.

## 2. COURSE OBJECTIVES

The aim of this curriculum is to create a cadre of medical professionals in the care of the older person, who would

- provide comprehensive health care and rehabilitation
- be competent to make changes in the community, leading to a better life.

The course would essentially cover -

- a. Basic sciences: the biology of human ageing, immunology of ageing
- b. Gerontology
- c. Clinical geriatrics – Cardiology, Pulmonary Medicine, Neurology, Endocrinology, Nephrology, Gastroenterology, Psychiatry, Urogynaecology, Pain management, and Palliative Care
- d. Rehabilitation – post-stroke, cardiac and pulmonary rehabilitation, and rehabilitation following acute medical illnesses
- e. Preventive Geriatrics and National Programs for the Elderly

### ***Skills***

***The doctor should be able to perform the following with a high level of integrity and competency, in the spirit of Christ***

- a. A comprehensive geriatric assessment on every patient.
- b. Recognise and address the geriatric syndromes and emergencies.
- c. Prescribe drugs rationally and give a comprehensive care plan to the patients and their families.
- d. Plan a rehabilitation program for the patient.
- e. Plan out preventive strategies for problems faced by the older person in the community.
- f. Be an effective communicator and a visionary leader.

## 3. NO OF SEATS: 50

## 4. COURSE DURATION: 1 Year

This is a one-year 'blended learning course' involving both self-learning as well as a hands-on component in the form of two contact programs.

## 5. ELIGIBILITY CRITERIA

- All Indian candidates must possess a valid MBBS degree certificate.
- Candidates possessing higher degrees, diplomas, or Fellowships can also apply.
- All Indian candidates must possess a valid MCI/ State Medical Council registration.
- This course is also open to foreign nationals who should be registered with the appropriate accrediting bodies in their own countries.

## 6. SELECTION PROCESS

- Minimum 40% of the seats in the course will be reserved for women

### Weightage in selection will be given to those

- in practice for over 10 years
- in Mission hospitals, Government Service, rural practice, and those working in areas of need (See Annexure-II)
- with a passion for setting up a Geriatric practice at their workplace

**Candidates from Mission hospitals and the Area of need must furnish a letter from the head of the Hospital/Institution as per the format given in Annexure - III**

There is no Entrance Test. 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.**

## 7. COURSE COMPONENTS

1. Self-learning online modules – for updating the knowledge base
2. 12 days of contact programs – for developing the core clinical skills in Geriatrics
3. Assignments to be worked on throughout the course and submitted
4. Project

### 7.1. Self-learning modules

The knowledge component of the course is designed in the form of online modules only. The study material has been designed to inculcate the practice of self-studying and the practical application of this theoretical knowledge. Several case vignettes based on common clinical scenarios have been designed to enable this learning.

**Table 1: List of Self Learning modules**

S.No	Online Modules
1	Diabetes
2	Thyroid
3	Hypertension
4	Delirium
5	CGA
6	Constipation
7	Depression
8	Anemia
9	Coronary Artery Disease and Heart Failure

10	<b>Atrial Fibrillation</b>
11	<b>COPD</b>
12	<b>Cerebrovascular accident</b>
13	<b>Peripheral Neuropathy</b>
14	<b>UTI</b>
15	<b>Urinary Incontinence in the Older Person</b>
16	<b>Dementia</b>
17	<b>Parkinsons</b>
18	<b>Frailty</b>
19	<b>Falls</b>
20	<b>Hands and feet</b>
21	<b>The Painful Shoulder</b>
22	<b>Musculoskeletal problems</b>
23	<b>Acute Breathlessness</b>
24	<b>Prevention, screening, and treatment of cancer</b>
25	<b>Renal Disease</b>
26	<b>Palliative care</b>
27	<b>Diet issues</b>
28	<b>Principles of Rehabilitation</b>
29	<b>Insomnia</b>
30	<b>Alcohol abuse</b>

### **7.2. Contact Programs**

The contact programs form a very important part of the course. Candidates will be required to attend two compulsory contact programs during the course period. These are intensive sessions and last for ninety-six hours.

The contact programs will be held in CMC, Vellore. The cost of attending the contact program (Travel/Boarding, Lodging) is not included in the course fees. Students will have to bear the cost.

Contact session-1	6 days	Contact session-2	6 days
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**Note: 90% attendance at the contact sessions is mandatory for course completion**

**The objectives of the contact sessions are**

1. Impart a vision to practice ethical, rational, and evidence-based medicine
2. Obtain a strong overview of the principles of Geriatrics
3. Motivate the practice of holistic health care
4. Augment theory knowledge and hone one's basic clinical skills
5. Discuss broad clinical approaches in the care of an older adult
6. Provide formative assessment through face-to-face interactions and logbooks

The contact sessions focus on participatory learning involving a wide range of teaching methods employed by the facilitators. These focus on exploring the skills and attitudes required to practice high-quality Geriatrics through small group discussions, role-plays, debates, and individual and group presentations. The students will see patients on the ward rounds along with the consultants. Group discussions and role plays will be arranged to present concepts pertaining to ethics, communication skills, and other aspects of professionalism.

Interested students can also spend a few days before or after the contact course in the outpatient clinics and/or wards to gain more experience. This is optional.

**Table 2: List of Clinical Skills****2.1 General Skills**

<b>GERIATRIC SKILLS</b>	
1	Consultation, communication, Diagnostic, and counselling skills
2	Team management and leadership skills
3	Management skills for all common health problems and emergencies (with problem-based, algorithmic, protocol-based approach and rational prescription and investigations
4	Chronic disease management and follow-up
5	Skills for the prevention of disease and health promotion
6	Multi-disciplinary approach to older adults



## 2.2 Core Geriatric Skills

<b>A</b>	<b>AGEING</b>	<b>G</b>	<b>DOCTOR AS PROFESSIONAL</b>
1	Ageing changes	1	Professional behaviour, skills, and attitudes
<b>B</b>	<b>Comprehensive Geriatric Assessment</b>		
<b>C</b>	<b>GERIATRIC GIANTS</b>	2	Lead role in complex care
1	Problems with cognition	3	Doctor/patient relationship
2	Instability/falls	<b>H</b>	<b>COORDINATION OF CARE</b>
3	Incontinence	1	Government programs
<b>D</b>	<b>MANAGING MULTIPLE PROBLEMS</b>	2	Specific communication skills
1	Multiple comorbidities	<b>I</b>	<b>HEALTH SERVICE STRUCTURE</b>
2	Working in teams	1	Legal framework
3	Maintaining patient records	2	Consent and capacity to consent
4	Confidentiality	3	Ethics
<b>E</b>	<b>RATIONAL DRUG PRESCRIBING</b>		
<b>F</b>	<b>HOLISTIC CARE</b>		
1	Elder abuse		
2	Carers and carer burden		
3	The role of the multidisciplinary team		
4	Rehabilitation and Palliative Care		

## 7.3. Assignments

There will be an assignment at the end of each module, and these assignments are a course requirement. The assignments are to be submitted online periodically prior to the due dates, as partial fulfilment of the course.

#### 7.4. Project

There is a part A and a part B for the project. Part A is a detailed patient study and Part B will be a compilation of 10 case studies of geriatric patients that the students have managed over their course period, with a special emphasis on comprehensive geriatric assessment. Further details will be provided on commencement of the course.

### 8. ASSESSMENTS

The assessments are both formative and summative. All assessments are essential for course completion.

#### 8.1. Formative Assessments:

- **Log Books** for documentation of the skills practised and reflections during the contact program
- **Assignments** to be completed and submitted at the end of each module. These are carefully designed in a range of styles to assess the candidates' ability to integrate skills, attitudes, and values with theoretical knowledge.
- **Project work** that requires some fact-finding and applied learning

#### 8.2. Summative Assessment:

- This includes both a theory and a practical component and will be conducted at the end of the 2<sup>nd</sup> Contact Program.

### 9. CRITERIA FOR THE AWARD OF DEGREE:

A candidate should fulfil the following criteria for the successful completion of the course.

<b>At least 50% marks IN SUMMATIVE ASSESSMENT</b>	<b>At least 50% marks IN FORMATIVE ASSESSMENT</b>	<b>90% ATTENDANCE DURING The CONTACT PROGRAM</b>
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## 10. COURSE FEE

### Fees for Indian citizens residing and working in India:

- Application fees Rs 1000/-
- Course Fee: Rs. 75,000/-

### SAARC Nationals (Except India) residing and working in SAARC Countries

- Application Fee: US \$30
- Course Fee: US \$1300

### Foreign nationals and Non-Residential Indians

- Application Fee: US \$60
- Course Fee: US \$2300

### FEE BREAKUP

S.No	Description	Indian (INR)	SAARC (USD)	Foreign / NRI (USD)
1	Study Material Cost (online material, videos, Contact program materials)	35,000	600	1075
2	Tuition fees	25,000	450	775
3	Administrative cost	15,000	250	450
	<b>Total fees</b>	<b>75,000</b>	<b>1,300</b>	<b>2,300</b>

**Application fee and course fee, once paid, will not be refunded for any reason.**

**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

Scholarships are available for candidates who might need financial assistance. Further information can be obtained by sending an email to [geriatrics@cmcdistedu.org](mailto:geriatrics@cmcdistedu.org)

## 11. SUBMISSION OF APPLICATION

### ONLINE APPLICATION PROCESS

Applications for the PGDG course are available online on the College Admissions webpage ([www.admissions.cmcvellore.ac.in](http://www.admissions.cmcvellore.ac.in)).

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.

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

#### 1. SOFT COPY OF PHOTOGRAPH

- The photograph must be in colour and **must be taken in a professional studio**. Photographs taken using a Mobile phone and other self-composed portraits are NOT acceptable.
- The photograph must be taken against a white or 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 CERTIFICATES

Scanned copy of the certificates that are to be uploaded includes the following:

- (a) MBBS degree certificate/equivalent Medical degree certificate (mandatory)
- (b) NMC or State Medical Council Registration Certificate (Indian candidates)/other relevant Medical license (for SAARC/NRI/Foreign candidates) (mandatory)
- (c) Other higher education certificates (MD or DNB) if applicable
- (d) NMC Screening test certificate (For Indian candidates who have completed MBBS abroad)
  - Scan the certificates using a scanner at 200 pixels per inch (dpi).
  - Ensure that the PDF file size is between 50KB and 500 KB.
  - ONLY PDF files will be accepted.

## **Mode of Payment**

### **Online payment: Use a credit/debit card / net banking**

When using a credit/debit card, 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 not complete within this period, please contact us at [forms@cmcdistedu.org](mailto:forms@cmcdistedu.org)**

### **Payment mode for SAARC/NRI/Foreign nationals:**

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/ Foreign nationals need to submit a scanned copy of their passport. NRI candidates need to submit a copy of their visa page stamped on the passport.

**FOR ANY CLARIFICATION, PLEASE CONTACT THE DISTANCE EDUCATION DEPT. OFFICE**

Email: [info@cmcdistedu.org](mailto:info@cmcdistedu.org)

Phone: +91 (416) 2285590

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

## 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 Previous batch of PGDG students**

Truly transformed the way I approach patient care. Before this course, I often viewed elderly patients through the lens of their diseases; now, I see them as whole persons with stories, struggles, and strengths that shape their health. The course has helped me bridge knowledge with compassion—understanding frailty, polypharmacy, cognition, and function not as academic terms, but as everyday realities in the lives of my patients.

**Dr. Abel Rodger Nayagam, 2024, Tamil Nadu**

In our Current Clinical Practice, We have evidently noted and learnt over the period of time, that the knowledge and clinical skills, we acquire during our conventional Graduation (MBBS) and Post Graduation (MD), that it does not holistically address the Care, Empathy and Core Critical aspects required to manage Geriatric Population per se, neither the curriculum covers it in depth. Learning the basic principles of Geriatric Medicine at our Prestigious Institute It has given me detailed learning and understanding, aiming to develop core competency in managing my Geriatric Patients without hesitation and with Confidence.

**Dr.THAKKAR SHRIJIKUMAR C,2024, GUJARAT**

PGDG at CMC Vellore was enlightening and a paradigm shift. Beyond learning what to do, its greater value was learning what not to do. I now approach the elderly with a new framework: listen to the history, but assess the function; treat the illness, but protect the person from the treatment. It is the art of adding life to years, not just years to life.

**Dr. Labeeba Hamsa, 2024, Kerala**

The PGDG course has changed the way I view and manage elderly patients. It taught me to look beyond diseases and understand aging as a multidimensional process, enabling me to provide more empathetic and holistic care. It also strengthened my clinical skills in comprehensive assessment, rational drug use, and palliative and rehabilitative care, which I now apply in my daily practice. The course brought many positive changes in my personal life as well, especially in the way I relate to and care for my grandparents and parents. It also made me more mindful about my own aging process — reminding me that we need to think about old age before we reach there.

**Dr. Asoora PM, 2024, Kerala**

It has given me a deeper perspective on my clinical practice. Apart from coming in contact with a bright and passionate faculty, I learnt to look at older adults as a special set of people with niche needs. I would say that doing this program gave my sense of empathy for the elderly an academic aspect as well.

**Dr. Khushboo Shrivastava, 2024, Chhattisgarh**

The Postgraduate Diploma in Geriatric Medicine (PGDGM) from CMC Vellore has been a truly transformative experience. It has immensely helped me enhance my ability to evaluate and manage older adults comprehensively, make individualized care plans, and approach ageing with greater empathy and clinical precision. The curriculum's emphasis on holistic, evidence-based, and person-centered care has shaped the way I now look at geriatric practice — not just as medicine, but as a partnership in preserving dignity, function, and quality of life. Grateful to the dedicated faculty at CMC Vellore for their mentorship, clarity of teaching, and commitment to advancing geriatric care in India.

**Dr. Dharshitha Varigonda, 2024, Hyderabad**

Attending PGDG has amended my clinical practice in many ways. Foremost is the comprehensive geriatric assessment, which is the crucial component of any geriatric case. Treating palliative care patients with confidence and effective patient communication has made a large improvement in patient care. Even though it seems subtle, learning how to use modern-day gadgets for people with impaired vision and hearing has helped me tackle these challenges. Nutrition and dental hygiene, along with mental health, in the elderly are mostly looked upon as an essential component of holistic care. Most importantly, the importance of geriatric care is reinstated and reinforced after the course.

**Dr. ATHULLYA ANAND, 2024, Kerala**

I am grateful to the institution and faculty for offering a course dedicated to Geriatrics, which has been a major milestone in my professional journey, and I am glad I could undertake this course. It has reshaped the way I approach patient care, helping me focus on function, independence, and quality of life. Learning through modules and contact programs, along with multidisciplinary exposure and my experience at a geriatric multispecialty hospital, has deepened my understanding of the unique needs of older adults. It has inspired me to practice medicine with greater empathy and purpose — focusing not just on adding years to life, but adding life to years. Inspired by this journey, I aim to establish Get Well Senior Care — a home care service dedicated to providing dignified, comprehensive, and person-centered care for elders. I hope to raise awareness about holistic elder care and improve access to quality services in my community. I feel proud to be an alumnus of this program and to carry its values forward in my practice.

**Dr.CHANDINI B, 2024, Tamil Nadu**

The PGDG course and the learning experience have been remarkable. The faculty of CMC Vellore is outstanding, giving their service humbly and sacrificially to mankind, thereby fulfilling the Great Commission of Jesus Christ. Geriatrics has taught me to encourage and strengthen the elderly community and how we can build a strong foundation for the future generation to serve and grow together, bringing joy to those around us in need and make them aware of the readily, affordable, available services, show empathy and demonstrate our love and care reflecting who God is (a loving and merciful Father).

**Dr. MEIJINLUNG DHANGMEI, 2024, Uttar Pradesh**

The Postgraduate Diploma in Geriatrics has significantly enhanced my clinical practice. In particular,

the modules on polypharmacy management and the use of cognitive screening tools, such as the MMSE and MoCA, have been highly valuable. These learnings have enabled me to establish cognitive baselines more effectively, provide tailored interventions for my geriatric patients, and incorporate these approaches into the teaching and research activities for MBBS students.

**Dr. Gowthamkarthic R, 2024, KARNATAKA**

I am very lucky to be part of PGDG. It has enhanced my daily practice by improving my ability to manage complex conditions like frailty, dementia, and multiple chronic diseases, which is crucial as older adults often have multiple co-morbidities and polypharmacy. This specialized knowledge allows for a more holistic, patient-centered approach to care, improving diagnostic reasoning and treatment planning, and leading to better outcomes for older patients and greater job satisfaction. Thanks to the distance education of CMC for giving me such a great opportunity.

**Dr. Md. Ferdous Faruk Miah, 2024, Bangladesh**

I did not learn any new medicine :) BUT what I learnt was how to give importance to so many other things that are forgotten in the problem list - From forgetfulness to falls to incontinence to polypharmacy to side effects causing a cascade effect of additional drugs - Each of these being very important but which I had overlooked before. This course has made me a better physician in multiple domains. All these are not again because of the course, BUT the faculty. I haven't seen a more empathetic set of doctors. Kudos to each and every one of them

**Dr. Sathish Kumar K, 2024, Tamil Nadu**



*Anything given in the Master's hand multiplies*

