**Sree Chitra Tirunal Institute for Medical Sciences and Technology,**

**Thiruvananthapuram**

**Format for submission of proposal for commencing ……. Course**

**(To be submitted to the BOS/ AC)**

**1) Title of the course:**

**2) Duration**

**3) Justification (indicate the need for course, benefits to the students, especially pertaining to the job opportunities, and the institute; whether similar courses are conducted elsewhere)**

**3.1) Need**

**3.2) Benefits to the students and Job Opportunities**

**3.3) Whether similar courses are conducted elsewhere**

**3.4) Benefit to the Institute**

**3.5) Existing facilities and faculty to start the programme**

**3.6) Summary**

**4) Title of the course-**

**4.1) Objective**

**4.2) Training disciplines offered**

**4.3) Expected outcome**

**5) Course content including syllabus details, quantum of theory and practical training.**

**6) Financial commitment of the institute.**

7**) Fee structure**

**8) Qualification and method of selection**

**9) Number of candidates per session**