



# SYMBIOSIS CENTRE OF HEALTH CARE (SCHC)

## Hurry! Special Concession in Distance Education Programs

Category	*Concession on published rate of individual program (%)	
	Single Program	Dual Program
Symbiosis International University Students	25	50
Symbiosis International University / Symbiosis Society Employees	25	50
Alumni of Symbiosis Centre of Health Care	10	25
Group Registration	10	25
FOGSI Members	15	25
Members of professional organizations of doctors (any stream), lawyers, nurses, physiotherapists, occupational therapists dentists	10	25
Defense Personnel	10	25

### Concessional Rate for Single Program:

Single Program	10% Concession (INR)	15% Concession (INR)	25% Concession (INR)
PGDHHM	21,600	20,400	18,000
PGDMLS	14,400	13,600	12,000
PGDCR	22,500	21,250	18,750
PGDHIM	18,000	17,000	15,000

### Concessional Rate for Dual Program:

Dual Registration	25% Concession (INR)	50% Concession (INR)
PGDHHM+ PGDMLS	30,000	20,000
PGDHHM+PGDCR	37,000	24,500
PGDMLS+PGDCR	31,000	20,500
PGDHIM+PGDHHM	33,000	22,000
PGDHIM+PGDMLS	27,000	18,000
PGDHIM+PGDCR	34,000	22,500

### Documents Required for Availing Concession

- **Symbiosis International University (SIU) Student:** Current SIU Student registered for any program. Please enclose Bonafide Certificate signed by head of the institute.
- **Symbiosis International University/Symbiosis Society Employee:** Those who have completed one year of employment in SIU/Symbiosis Society and certified by Head of Institute/Chief HR.
- **Alumni of Symbiosis Centre of Health Care:** Candidates who had registered for programs of SCHC in past. Please submit attested copy of ID Card/Mark list /Diploma Certificate.
- **Group Registration:** Group of atleast 5 or more students from Institution /Organization. Group has to apply through Institution on its letterhead.
- **FOGSI Members:** Membership certificate/ Membership confirmation communication from FOGSI/respective OBGY society.
- **Members of professional organizations of doctors (any stream), lawyers, nurses, physiotherapists, occupational therapists dentists :** Proof of membership - signed letter from organization, I card of membership , any other related document.
- **Defense Person:** Serving Certificate from army.