**ANNEXURE-III**

**Intake capacity/SeatMatrix**

**NameofCollege/Institute: B.J. Government Medical College, Pune**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UG Degree/PG Degree/Diploma Courses/Super Specialty** | **Intake as per Council** | | **Status of Council** | | | | | | **Max. Seats Permitted by MUHS as per Teacher:**  **Student Ratio** |
| **Degree** | | | **Diploma** | | |
| **Degree** | **Diploma** | **Recognized** | **Permitted** | | **Recognized** | | **Permitted** | **Degree** | **Diploma** |
| **UG Degree** | | | | | | | | | |
| **MBBS** | 250 | Not  Applicable | 250 | | 250 | | Not Applicable | | Not Applicable |
| **PG Degree/Diploma & Super Specialty** | | | | | | | | | |
| MD General Medicine | 16 | 00 | 16 | | 16 | | NA | NA | 16 |  |
|  |  |  |  | |  | |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |
|  |  |  |  | |  | |  |  |  |  |

**Any Other,Please Specify:**…………………………………………………….

**Data Verified by the Committee members:**

**Member Member Member Chairman**