**ANNEXURE-III**

# Intake capacity/ Seat Matrix

**Name of College/Institute : B.J. Govt. Medical College, Pune.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PG Degree**  **PG 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** |
| **PG Degree / Diploma & Super Specialty** | | | | | | | | | | | |
| **Ophthalmology** | **10** | **00** | **08** | | **02** | | **00** | | **00** | **10** | **00** |
|  |  |  |  | |  | |  | |  |  |  |
|  |  |  |  | |  | |  | |  |  |  |
|  |  |  |  | |  | |  | |  |  |  |
|  |  |  |  | |  | |  | |  |  |  |

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

**Data Verified by the committee members**

**Member Member Member Chairman**