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

**Data Verified by the committee members**

**Member Member Member Chairman**