The Medical college/institution hereby declares the stipend paid to different categories of trainees for the financial year_ 2024-25

Numbers in each cell of the months refers to the numbers of trainees

SI #	Category	State Govt Stipend*	College's stipend*	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mai
1	Interns (MBBS)	NIL	25009-	96											
Pos	st-Graduate F	Residents:	NA												
2	Ist year (MD/MS)											1			T
3	IInd year (MD/MS)														
4	IIIrd year (MD/MS)														
Ser	ior Residents Ist year (DM/MCh)	s or PGs in	Super Spec	ialty: N	A										
6	IInd year (DM/MCh)														
7	Illrd year														

*Cell values indicate the stipend (in INR) paid each month for each trainee

Prof Signature
Offg Dean
Name of Selegation Medical Sciences