

Name of the Medical college/Institution and address: **ESIC Medical College & Hospital, MIA, Desula, Alwar (Raj.) 301030**

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.

Sl #	Category	State Govt. Stipend*	College's Stipend*	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1	Interns (MBBS)	14000 + DA *	0	7	0	0	0	0	0	0	NA	NA	NA	NA	NA

*As per current applicable D.A.

Post-Graduate Residents:

2	Ist Year (MD/MS)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
3	IIInd Year (MD/MS)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	IIIrd Year (MD/MS)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Senior Residents or PGs in Super Specialty:

2	Ist Year (DM/MCh)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
3	IIInd Year (DM/MCh)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
4	IIIrd Year (DM/MCh)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

Date: 04/11/2024


Signature
Name of Dean/Principal