

ANNEXURE 2


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| Name of the Medical college/Institution and address: | GOVERNMENT MEDICAL COLLEGE, ARIYALUR |
| | COLLEGE ROAD, RAJAJI NAGAR, ARIYALUR 621713 |

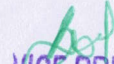
The Medical college/institution hereby declares the stipend paid to different categories of trainees for the financial year 2024-25.
Numbers in each cell of the months refers to the numbers of trainees

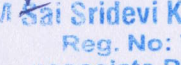
| Sl.NO | # Category | State Govt Stipend* | College's stipend* | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March |
|---|----------------------------|---------------------|--------------------|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-------|
| 1 | Interns (MBBS) FMG-CRMI | 27319 | - | 115 | 106 | 118 | 97 | 88 | 99 | 134 | 130 | 129 | 114 | 79 | 122 |
| Post-Graduate Residents: | | | | | | | | | | | | | | | |
| 2 | I st year (MD/MS) | NIL | | | | | | | | | | | | | |
| 3 | IIInd year (MD/MS) | | | | | | | | | | | | | | |
| 4 | IIIrd year (MD/MS) | | | | | | | | | | | | | | |
| Senior Residents or PGs in Super Specialty: | | | | | | | | | | | | | | | |
| 5 | Ist year (DM/MCh) | NIL | | | | | | | | | | | | | |
| 6 | IIInd year (DM/MCh) | | | | | | | | | | | | | | |
| 7 | IIIrd year (DM/MCh) | | | | | | | | | | | | | | |

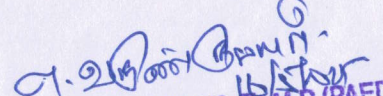
*Cell values indicate the stipend (in INR) paid each month for each trainee

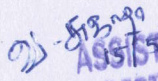
Date :15.05.2025


 Dean, 16/5/25
 Government Medical College,
 Ariyalur.


 VICE PRINCIPAL
 GOVT. ARIYALUR MEDICAL COLLEGE,
 ARIYALUR


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