

Annexure 1

Name of the Medical college/Institution and address:

Adesh Medical College and Hospital, Vill. Mohri, Teh. Shahabad, Distt. Kurukshetra 136135

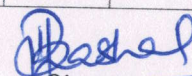
The Medical college/institution hereby declares the stipend paid to different categories of trainees for the financial year 2026-27.

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

| Sl # | Category            | College's stipend* | State Govt Stipend* | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|------|---------------------|--------------------|---------------------|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-----|
| 1    | Interns (MBBS)      | 17000              | 17000               | 15    | 120 | 120  | 120  | 120 |      |     |     |     |     |     |     |
| 2    | Ist year (MD/MS)    | 56100              | 56100               | 69    | 68  | 67   | 67   | 67  |      |     |     |     |     |     |     |
| 3    | IInd year (MD/MS)   | 57800              | 57800               | 47    | 47  | 47   | 47   | 47  |      |     |     |     |     |     |     |
| 4    | IIIrd year (MD/MS)  | 59500              | 59500               | 48    | 48  | 48   | 48   | 48  |      |     |     |     |     |     |     |
| 5    | Ist year (DM/MCh)   |                    |                     |       |     |      |      |     |      |     |     |     |     |     |     |
| 6    | IInd year (DM/MCh)  |                    |                     |       |     |      |      |     |      |     |     |     |     |     |     |
| 7    | IIIrd year (DM/MCh) |                    |                     |       |     |      |      |     |      |     |     |     |     |     |     |

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

Date:

  
Signature

Name of Dean/Principal

