

Name of the Medical college/ Institution and address: **FAKIR MOHAN MEDICAL COLLEGE AND HOSPITAL BALASORE, PIN -756019, ODISHA**

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       | Months | State Govt Stipend* | College's stipend* | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|--------|----------------|--------|---------------------|--------------------|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-----|
| 1      | Interns(MB BS) | Sep-24 | 42075               | 42075              |       |     |      |      | 103 |      |     |     |     |     |     |     |

Post-Graduate Residents: NIL

|   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 | Ist year (MD/MS)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | IInd year (MD/MS)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | IIIrd year (MD/MS) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Senior Residents or PGs in Super Specialty : NIL

|   |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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: 04.10.2024

  
4-10-24

Signature

Prof.(Dr) Jnanindra nath Behera

Name of Dean & Principal

Dean & principal  
Fakir Mohan Medical College  
& Hospital, Balasore