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

SI 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)	Oct-24	42917	42917					103							
ost-Gr	aduate Resi	dents: N	IL	4												
2	(MD/MS)															
3	(MD/MS)					-										
4	(MD/MS)															
enior	Residents	or PGs in	Super Sp	ecialty : N	IL										T	
-	(DM/MCh)															
5	mnu year				1											
6	(DM/MCh)					+	-	-	-							
7	(DM/MCh)															

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

Date:

Mc Signature

Prof.(Dr) Jnanindra nath Behera

Name of Dean & Principal Dean & principal

Fakir Mohan Medical College & Hospital, Balasore

Copy forwarded to NMC section/ Website management section for necessary information and upload in college website.

Signature / II/ M Prof.(Dr) Jnanindra nath Behera

Name of Dean & Principal Dean & principal

Fakir Mohan Medical College & Hospital, Balasore