

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 2025-26.

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)	Mar-25	42917	42917												103

Post-Graduate Residents: NIL

2	1st Year (MD/MS) 11th year															
3	(MD/MS) 11th year															
4	(MD/MS)															

Senior Residents or PGs in Super Specialty : NIL

5	1st year (DM/MCh) 11th year															
6	(DM/MCh) 11th year															
7	(DM/MCh)															

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

Date:

Signature

Prof.(Dr) Jnanindra nath Behera
Name of Dean & Principal