

Name of the Medical College / Institution and address: **COLLEGE OF MEDICINE AND SAGORE DUTTA HOSPITAL, KAMARHATI, 700 058**

The Medical college / institution hereby declares the stipend paid to different categories of trainees for **financial year 2024-2025**

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	Mar
1	Interns (MBBS)	30855	30855	100											
<b>Post-Graduate Residents:</b>															
2	1 <sup>st</sup> Year (MD/MS)	48134	48134	29											
3	2 <sup>nd</sup> Year (MD/MS)	51836	51836	24											
4	3 <sup>rd</sup> Year (MD/MS)	55539	55539	26											
<b>Senior Residents or PGs in Super Specialty:</b>															
5	1 <sup>st</sup> Year (DM/MCh)														
6	2 <sup>nd</sup> Year (DM/MCh)														
7	3 <sup>rd</sup> Year (DM/MCh)														

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

Date:

Signature  
 29/04/24  
 Name of Dean/Principal

Principal  
 College of Medicine  
 &  
 Sagore Dutta Hospital  
 Kamarhati, Kolkata-58

*[Handwritten Signature]*