Name of the Medical college/Institution and address: Institute of Ophthalmology, Joseph Eye Hospital, Melapudur, Trichy

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 #	Category	State Govt Stipend*	College's stipend*	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1	Interns (MBBS)														
Pos	st-Graduate R	Residents:													
2	Ist year, (MD/MS)	48,000	48,000	8	8										
3	IInd year (MD/MS)	49,000	49,000	8	8										
4	IIIrd year (MD/MS)	50,000	50,000	8	8										
Ser	nior Residents	s or PGs in	Super Spe	cialty:											
5	Ist year (DM/MCh)														
6	lind year (DM/MCh)														
7	IIIrd year (DM/MCh)														

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

Date: 05/06/2024 S

Signature

Dr. Dhipak Arthur M.S., Registrar