PROFORMA FOR COLLEGE INFORMATION REGARDING FEE, BOND-CONDITIONS ETC. (FOR POST GRADUATE COURSES ACADEMIC SESSION 2013-14

NAME OF THE COLLEGE: - GOVT. DENTAL COLLEGE & HOSPITAL AURANGABAD. STATE: MAHARASHTRA COLLEGE CODE: 2401

| 1 | Date of start of session: | : 01 / 05 /2013 |
|---------|---|---|
| 2 | Annual fee for AIQ candidates: | : Rs. $36300/- + Rs.3000/- = 39300/- (TF + DF)$ |
| ĺ | Consolidated amount to be paid: | (and other fees Rs.10150/- including deposits) |
| 100 100 | at the time of admission | |
| 3 | Stipend paid to MD / MS students: | : I st year : Rs.20,74 |
| | stipend paid to PG Diploma students: | : II nd year : Rs.22,175/- |
| İ | (Specify clearly if any P.G. courses are: | : III rd year : Rs. 24326/- |
| 1 | Non-stipendiary against the subject in | |
| | annexure -I also), | |
| 4 | (A) Hostel facility for male Students | : Yes |
| | (B) Hostel facility for female students | : Yes |
| | (C) Monthly Hostel dues | : Rs.4000/- per year. (Rs.300/- hostel deposit) |
| 5 | Name of Dean / Principal | : Dr. Suresh Ramchandra Barpande. |
| | • | Govt. Medical College & Hospital Campus, Dhanwantari |
| | | Nagar Ghati Aurangacad |
| | Tel Nos. (i) Office | : 0240-2402383 |
| | Tel Nos. (ii) Residence | : 2331153 |
| Ü | E-mail address | : gdca83@yahoo.com |
| | Fax No. | : 0240 - 2402383 |
| 6 | Name of Secretary (Health) | : Shri. I.S.Chahal, Secretary, |
| | Official address | : Medical Education & Drugs Department, |
| | | Gokuldas Tejpal Gospital Campus New G.T. Complex, 9 th |
| | | floor, Lokmanya Tilak Road, Mumbai 400 001 |
| | Tel. No- Fax No. | : 022-22622179/22617410. Fax : 022-22626420/22627372 |
| | E-mail address | ; sec.medu@maharashtra.gov.in |
| | Website | : WWW.maharashtra.gov.in |
| 7 | Name of Director Medical Education | : Dr.Pravin H.Shingare |
| | Official address | : Director, Medical Education & Research, |
| | | Govt. Dental College Building, 4th Floor, St.George's |
| | | Hospital compound, Near CST, Mumbai-400001 |
| | Tel. No. / Fax No. | : 022-22620735, Fax : 022 - 22652168, 022 - 22620562 |
| | | E-mail dmercetcell@gmail.com |
| 8 | Bond if any, (A) Indicate the terms & | As per Government of Maharashtra Resolution |
| | conditions | (GR No.MED1010/CR-185/10/EDU-2, Date 28th May 2010 and any |
| | (B) copy of Bond / Agreement Performa | GR issued in this regard from time to time), candidate joined against |
| | (to be enclosed) | the seats of Government/Muncipal Corporation colleges for |
| | | admission to postgraduate courses eithre through All India |
| | | Postgraduate Quota or through State Quota will be required to sign a |
| 0 | | bond to serve the Government of Maharashtra or local Self |
| | | Government or Defence Service for period of one year, failing which |
| | | he/she will be required to pay Rs.5000006/- (Rs.fifty lakhs only) for |
| | | the dafult. |
| 9 | The amount of fee to be reimbursed on re- | Rs.1500/- deducted as Administrative Processing Charges. |
| | allocation of seat to the candidates in 2nd / | |
| | 3rd round of PG counselling | |
| 10 | Website address of the College site | |
| 11 | Any other relevant information | |

52Barparme SIGNATURE OF DEAN

DATE 21/12/2012

NAME .DR S. R. BARPANDE