

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

**NAME OF THE COLLEGE : PT. J.N.M. MEDICAL COLLEGE RAIPUR CODE NO. \_\_\_\_\_**

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|--------|---|---|---|
| 1.     | Date of Start of Session  | : | April/May 2013  |
| 2.     | Annual fee for AIQ candidates   | : |   |
|        | Consolidated amount to be paid at the time of admission   | : | Rs. 50,000/-Security Deposit<br>Rs.10,000/-Tuition fee per semester + other institutional Fee as and when applicable. |
| 3.(A)  | Stipend paid to MD/MS students –For 3 yrs.  | : | :1 <sup>st</sup> year Rs. 30000/-   |
| (B)    | Stipend paid to PG Diploma students –For 2 yrs<br>(Specify clearly if any P.G. courses are non- stipendiary against the subject in Annexure-I also) | : | :IIInd year Rs. 32500/-<br>IIIrd year Rs. 35000/-   |
| 4. (A) | Hostel facility for male students   | : | Availability  |
| (B)    | Hostel facility for female students   | : | <b>Subject to vacancy</b>   |
| (C)    | Monthly Hostel dues   | : | Rs.650/-  |
| 5.     | Name of Dean / Principal  | : | Dr. A.K. Sharma   |
|        | Tele Nos. (i) Office  | : | 0771-2525602, 289001  |
|        | Tele Nos. (ii) Residence  | : | 0771-2445343  |
|        | E mail address  | : | ptjnm-mcr@rediffmail.com  |
|        | Fax No.   | : | 0771-2523919  |
| 6.     | Name of Secretary ( Health )  | : | Mr. Ajay Singh  |
|        | Official address  | : | Secretary, Health & Family welfare, Govt.of Chhattisgarh, D.K. S. Bhavan, Raipur                                      |
|        | Tel. No./ Fax No.   | : | 0771-4080962, 0777-2221150 (Mo) 9630030405  |
| 7.     | Name of Director Medical Education  | : | Dr. S.K. Mukherjee  |
|        | Official address  | : | Director Medical Education, Govt.of C.G. old Nureses Hostel, Raipur   |
|        | Tel. No./ Fax No.   | : | 0771-2234450 Fax 0771-2234451   |
| 8.     | Bond if any   | : |   |
| (A)    | Indicate the terms & conditions   | : | Applicable  |
| (B)    | Copy of Bond / Agreement proforma<br>(To be enclosed)   | : |   |
- Note:- Any additional State Condition shall not be applicable to All India Quota candidates. As per Supreme Court directions it is not open to any State to fix any additional eligibility criteria in cases of candidates who fall under the All India Quota vide its order dated 27/7/01 in I.A. No. 9-13 In Civil appeal 1944/93.
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|-----|--|---|------------------|
| 9.  | The amount of fee to be reimbursed on re- allocation :<br>Of seat to the candidates in 2 <sup>nd</sup> /3 <sup>rd</sup> Round of PG Counseling | : | 100 % Reimbursed |
| 10. | Website address of the college site  | : |                  |
| 11. | Any other relevant information   | : |                  |



SIGNATURE OF PRINCIPAL/DEANEGE.  
NAME:- A.K. Sharma  
Designation Dean RAIPUR. (C.G.)  
DATE:- 21/12/2012

**IMPORTANT-** This is a scannable form, therefore, please furnish this information on A- 4 size Photocopier paper (Computer printed/ or typed on Electronic typewriter) . Please prepare Information without changing number.