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

NAME OF THE GOVT. MEDICAL COLLEGE/INSTITUTE

JAWAHARLAL NEHRU MEDICAL COLLEGE. **BHAGALPUR** 

STATE :

**BIHAR** 

CODE NO

1. Date of start of session:

2.

Annual fee for AIQ candidates: Consolidated amount to be paid at

the time of admission:

April 2013

₹ 7200/- Per year for PG Degree Course

3. Stipend paid to MD/MS/ PG Diploma/MDS students: :

(Specify clearly if any P.G. courses are Non-stipendary against the subject in Annexure-I also)

₹ 30000/- Per month for PG Degree

4. (A) Hostel facility for male students

(B) Hostel facility for female students

(C) Monthly Hostel dues

Available

Available

Only maintenance charge is applicable

5. Name of Dean/Principal/Director

> Tele Nos. (i) Office Tele Nos. (ii) Residence

Mob.

Dr. Arjun Kumar Singh +91 9470003142

E-mail address

principal.jlnmc@rediffmail.com

jlnmcbgp@gmail.com

0641 - 2401078

6 Name of Secretary (Medical Education/ Health)

Office address

Fax No.

Sri Viyash Jee, IAS

Principal Secretary, Department of Health, Govt. of Bihar, New Secretariat, Vikash Bhawan

Patna - 15

+91 612 - 2217608

7. Name of Director Medical Education

Official address

Tel No./Fax No.

Dr. (Capt.) N. P. Yadav

Department of Health, Govt. of Bihar New Secretariat, Vikash Bhawan Patna - 15

+91 612 - 2224608

Tel No./Fax No.

8. Bond if any, (A) Indicate the terms & conditions (B) Copy of Bond/Agreement Performa

(to be enclosed)

Enclosed

Any additional State Condition shall not be applicable to Note:-'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.

9. The amount of fee to be reimbursed on re-allocation of:

seat to the candidates in 2<sup>nd</sup> /3<sup>rd</sup> Round of PG counseling.

10. Website address of the College site:

11. Any other relevant information: - Admission fee and Caution fee

www.jlnmcbgp.org

Signature of Principal Medical College

Name: Dr. Ariun KumarSingh

Designation: Principal

Date 28.01.2013

Official Seal



## JAWAHARLAL NEHRU MEDICAL COLLEGE, BHAGALPUR (BIHAR)

## **UNDERTAKING (DECLARATION)**

| MD./M.S Degree CourseSession   |  |
|--|--|
| I, Dr(Central/ State/ Central/ (Private agencies or public se  | Roll. NoMerit No<br>State) Declare that I am not employed in any capacity<br>ector services), if employed, please give details.  |
| ! also declare that I am not a student course or sent-up/ Ex-student at present, in any  | of any other course (degree/diploma) or in the same of the Institution of India.   |
| I also declare that I have employed/not facilities in previous course.   | employed stipend facilities in previous course/ T.R.P.   |
| I undertake to complete the period of tr<br>mid session, if I resigned or discontinue the co<br>as stipend as per Bihar Govt. order. | raining for my degree/ diploma course. In case, in the urse, I shall refund the amount paid to me by College   |
| information furnished as fraudulent, incorrect or college. Further that the selection and admission                                  | that the statement made and information furnished by formation secret, should it however be found that any false in materials and I also agree to forgo seat in the in to the course liable to be cancelled. I agree to abide university, State Govt. and Medical Council of India |
| This undertaking is being taken on my fro  | ee will without any coercion.  |
| I am taking admission after fully understa   | anding the status of my seat as per MCI Norms.   |
| I hereby further giving undertaking that false, my registration/ admission may be cancellation of admission/ registration.           | t my caste certificate / residential certificate if found elled and I shall have no right for any claim against  |
| I shall abide by the guidelines framed ragging in medical college which has been appointed by the Hon'ble Supreme Court of I         | by Medical council of India to curb the menace of approved by the members of Adhoc Committee ndia.   |
| Bhagalpur, Dated   | Full Signature of the candidate  |
| Father/ Husband Name   |  |
| Correspondence Address with Phone/ Mob. No.  | Permanent Address with Phone/ Mob. No.   |
|  |  |