

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 Regional Institute of Ophthalmology  
STATE U.P. CODE NO Sitapur

- 1. Date of start of session: 1 May
- 2. Annual fee for AIQ candidates:  
Consolidated amount to be paid at the time of admission: Rs. 20,00,00/2
- 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) No
- 4. (A) Hostel facility for male students Available, dues depend on type of accounts holder.  
(B) Hostel facility for female students  
(C) Monthly Hostel dues
- 5. Name of Dean/Principal/Director  
Tele Nos. (i) Office Dr. Prabha. Mehra  
Tele Nos. (ii) Residence Mob. 0522-223054  
E-mail address 05862-242756  
Fax No. - Principal Secretary
- 6. Name of Secretary (Medical Education/ Health)  
Office address Janki, Vikas Bhawan Lucknow  
Tel No./Fax No.
- 7. Name of Director Medical Education  
Official address Dr. K.K. Gupta.  
Tel No./Fax No. 6th floor, Jawahar Bhawan Lucknow
- 8. Bond if any, (A) Indicate the terms & conditions  
(B) Copy of Bond/Agreement Performa (to be enclosed) NA

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.

- 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. NIL
- 10. Website address of the College site: www.rioehsitapur.com.
- 11. Any other relevant information: E-mail - rioehsitapur@gmail.com.

**DIRECTOR**  
Signature of Principal/Dean/Director  
*Regional Institute of Ophthalmology*

Name EYE HOSPITAL  
Designation SITAPUR-261001  
Date 23/01/2013

Official Seal