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: GAUHATI MEDICAL COLLEGE; **GUWAHATI**

STATE: ASSAM

CODE NO: 02

1. Date of start of session: 1st June.

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

Rs. 2400.00 annually(Tution fees) Rs. 10,550.00 at the time of admission.

The time of admission.

3. Stipend paid to MD/MS/PG Diploma/MDS students: Rs. 22,000.00 p.m. (specify clearly if any P.G.courses are Rs. 22,000.00 p.m.

Non-stipendiary against the subject in

Annexure-Lalso.)

4. (A) Hostel Facility for male students : Available

(B) Hostel facility for female students: Available

(C) Monthly Hostel dues

: Rs. 110.00

5. Name of Dean/Principal/Director

Tele Nos. (i) Office

: Dr. K.C.Saikia.

Rele Nos.(ii) Residence

Principal-cum-chief Superintendent, Gauhati Medical College, Guwahati

Tel.:+913612134804(R) +913612132751 (office) + 919864066062(M) + 913612529457(Fax)

E-mail address

gmch-asm@nic.in

6. Name of Secretary (Medical Education/Health): M. Hagjer Barman,

Office address

Tel No./Fax No.

Secretary to the Govt.of Assam,

Heath & F.W.(B) deptt., Dispur, Guwahati-6

TelNo.2260236(O),Fex.2261605

7. Name of Director Medical Education : Dr. Debajit Hazarika

Office address

Tel No./Fax.No.

Director of Medical Education, Assam Sixmile, Khanapara, Guwahati-22

Tel No.0361-2261629

8. Bond if any,(A) indicate the terms & conditions: Yes,copy of agreement enclosed.

(B) Copy of Bond/Agreement performa

(to be enclosed)

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

'All India Quota' candidates. As per Supreme course directions

It is not open to any State to fix any additional eligibility

Criteria in cases of dandidates who fall under the All India Quota

Vide lits 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 to the candidates in 2nd/3rd Round of PG counseling.

: 10% deduction of total fee deposited before closing of the

date of admission

10 Webside address of the College site: www.gmchassm.gov.in

11 Any other relevant information :

Official seal

Signature of Principal/Dean/Director

Name: Dr. K.C.Saikia

Date:

BOND

(UNDER ALL INDIA QUOTA)

aged about -33 ye hereby bind myself referred to as the G my having been plane recognized Institut	ars, resident of and my heirs, executors and admir overnment) on demand by the Government of Gauhati Medical College for the College for Gauhati Medical College for Gauhati Medical College for Gauhati Medical College for the College for Gauhati Medical College for the College fo	nistrators to pay to the t. Of Assam the entire or Post Graduate in M d from 2012 to 2014,	
Dated this	day of,2012.		
WHEARI Government and w	EAS the above Bounden DRhereas for the better protection of the	pla ne Government the abo	ced on Gauhati Medical College by the ve bounden has agreed to.
Dr	termination by the period of training failure to pass the examination or tent of Assam for a period of 10 years demand, the said sum of Rs. 25 ton Gauhati Medical College, Guw	ng from P.G. Course (g or at any time, withi complete the course ars by those who are a ,00000/- (Rupees twe /ahati as aforesaid toge	in the event of the above bounden M.D./M.S) In a period of ten years after his return to of Post Graduate satisfactory, or fail to Iready in service and by directed by the nty five lakhs only) on account for his ther with interest thereon from the date and to serve at 5 years under the Govt. of
AND	UPON the above box	unden obligator The sureties	DrResident of aforesaid making such payment the
granted or by any without the conse before suing the al	r forbearance act or omission of the sureties) no bove bounden sureties, Assam Dr Pin: for amounts	he Govt. or any person shall it be necessary due hereunder.	aired or discharged reason of time being n authorized by them (whether with or for the Govt. to use the said Obligation S/O, resident of
	t. of Assam has agreed to bear the b		
	nd delivered by the above bounden		
Signed a witness.	and delivered by the surety abov	e-named Dr	in presence of
WITNESS 1. Name: Address: 2. Name: Address:			
Identification by: Advocate		NOTARY PULIC (K GUWAHAT	

Accepted for and on behalf of the Govt. of Assam.