## Annexure 2

Name of the Medical college/Institution and address: Post Graduate Institute of Child Health, Sector-30, Noida

The Medical college/institution hereby declares the stipend paid to different categories of trainees for the financial year 2024-25

Numbers in each cell of the months refers to the numbers of trainees

SI #	Category	State Govt Stipend*	College's stipend*	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1	Interns (MBBS)		NA		100							1	_		
Pos	t-Graduate R	Residents:													
2			Rs 56100 + Allowances as per Institute rules	6	6	6	6	6	6	÷				· .	
3		Grade Pay- 5400 Level 10	Rs 57800 + Allowances as per Institute rules	6	6	6	6	6	6	1 20					
4	(MD/MS)	Grade Pay- 5400 Level 10	Rs 59500 + Allowances as per Institute rules	6	6	6	6	6	6			_			
Seni	or Residents	or PGs in	Super Spec	cialty:						20 E					
5		6600 Level	Rs 67700+ Allowances as per Institute rules	1	1	1	1	1	1	j					- 1
6	IInd year (DM/MCh)		NA		. "								3	-	
7	IIIrd year (DM/MCh)		NA			y 2									

<sup>\*</sup>Cell values indicate the stipend (in INR) paid each month for each trainee

Date:

Postgradu डांक्रीमहार्था है of Child Health Name of Dean Prinkripal