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	Мау	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1	Interns (MBBS)		NA												
Pos	t-Graduate F	Residents:													
2	Ist year (MD/MS)		Rs 56100 + Allowances as per Institute rules	6	6	6	6								
3	IInd year (MD/MS)	Grade Pay- 5400 Level 10	Rs 57800 + Allowances as per Institute rules	6	6	6	6								
4	Illrd year (MD/MS)	Grade Pay- 5400 Level 10	Rs 59500 + Allowances as per Institute rules	6	6	6	6								
Ser	ior Resident	s or PGs ir	Super Spe	cialty:											
5	lst year (DM/MCh)	Grade Pay- 6600 Level 11	Allowances as per Institute rules	1	1	1	1	1							
6	IInd year (DM/MCh)		NA											TA .	
7	Illrd year (DM/MCh)		NA			E									

^{*}Cell values indicate the stipend (in INR) paid each month for each trainee

Date: 05-08-2014

Signature Dean
Name of Dean/Stringinal Institute of Child Health
Noida