Annexure 1

Name of the Medical college/Institution and address: **Radha Devi Jageshwari Memorial Medical College & Hospital**
Dr. Kalam Nagar Turki Muzaffarpur Bihar 844127

The Medical college/institution hereby declares the stipend paid to different categories of trainees for the **financial year 2025-26.**

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

Sl #	Category	State Govt Stipend*	College's stipend*	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1	Interns (MBBS)	20000/-	20000/-	-	-	728647	1193590	1638710	1639554						
Post-Graduate Residents: **Not Applicable**															
2	Ist year (MD/MS)														
3	IInd year (MD/MS)														
4	IIIrd year (MD/MS)														
Senior Residents or PGs in Super Specialty: **Not Applicable**															
5	Ist year (DM/MCh)														
6	IInd year (DM/MCh)														
7	IIIrd year (DM/MCh)														

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

Date: 10/10/2025

Signature 10/10/25

Name of Dean/Principal

PRINCIPAL
R.D.J.M MEDICAL COLLEGE & HOSPITAL
TURKI, MUZAFFARPUR