

# PROFORMA FOR COLLEGE - INFORMATION REGARDING FEE, BOND - CONDITIONS ETC.

## GENERAL DETAILS

|                                                                                                                                                                                      |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Name of the College:                                                                                                                                                                 | Rainbow Hospital For Women and Children, Telangana     |
| Complete Mailing Address:                                                                                                                                                            | Saraswathi Nagar Colony, Mansoorabad Village, LB Nagar |
| State:                                                                                                                                                                               | 36                                                     |
| Pin Code:                                                                                                                                                                            | 500070                                                 |
| Name of Affiliating University with Date:                                                                                                                                            | NBE-2021                                               |
| Amount to be Paid at the time of Admission (including Hostel fees) (INR):                                                                                                            | 125000                                                 |
| Amount to be paid at the time of Admission(Including Hostel Fee 1st Year)in INR:                                                                                                     | 0                                                      |
| Amount to be paid at the time of Admission(Including Hostel Fee 2nd Year)in INR:                                                                                                     | 0                                                      |
| Amount to be paid at the time of Admission(Including Hostel Fee 3rd Year)in INR:                                                                                                     | 0                                                      |
| Amount to be paid at the time of Admission(Including Hostel Fee 4thYear)in INR:                                                                                                      | 0                                                      |
| Amount to be paid at the time of Admission(Including Hostel Fee 5th Year)in INR:                                                                                                     | 0                                                      |
| Stipend Paid to the students I st Year (INR):                                                                                                                                        | 50686                                                  |
| Stipend Paid to the students II nd Year (INR):                                                                                                                                       | 53503                                                  |
| Stipend Paid to the students III rd Year (INR):                                                                                                                                      | 56319                                                  |
| Hostel facility for Male students :                                                                                                                                                  | Y                                                      |
| Hostel facility for Female students:                                                                                                                                                 | Y                                                      |
| The Amount of Fee to be deducted on re-allocation of seat to the candidates in 2nd/3rd round of Counseling (INR):                                                                    |                                                        |
| The Amount of Fees To be reimbursed in case Candidate resigns during Counseling period (INR) :                                                                                       | 0                                                      |
| Amount to be forfeited in case of resigning (not upgraded) seat during round 2 or non-joining/not reporting during Round-2/Mop-UP/ Stray Vacancy Round of counselling period (INR) : |                                                        |
| Amount to be paid at the time of Admission(Including Hostel Fee 1st Year) NRI (in \$):                                                                                               | 0                                                      |
| Amount to be paid at the time of Admission(Including Hostel Fee 2nd Year) NRI (in \$):                                                                                               | 0                                                      |
| Amount to be paid at the time of Admission(Including Hostel Fee 3rd Year) NRI (in \$):                                                                                               | 0                                                      |

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| Amount to be paid at the time of Admission(Including Hostel Fee 4th Year) NRI (in \$):                                        | 0                                                                                          |
| Amount to be paid at the time of Admission(Including Hostel Fee 5th Year) NRI (in \$):                                        | 0                                                                                          |
| Annual Fees of Candidates(INR):                                                                                               |                                                                                            |
| Website Address of College :                                                                                                  | <a href="https://rainbowhospitals.in">https://rainbowhospitals.in</a>                      |
| Other Info :                                                                                                                  |                                                                                            |
| Miscellaneous Charges                                                                                                         | 0                                                                                          |
| PwBD Friendly (Ramps/Lifts/Divyangjan friendly Washrooms/Signage including tactile Path/Lights/Display Boards and sign Posts) | 0                                                                                          |
| Contact Details                                                                                                               |                                                                                            |
| Contact Information                                                                                                           | NA                                                                                         |
| Name of Dean/Principal/Director:                                                                                              | Dr Satyanarayana K                                                                         |
| Designation:                                                                                                                  | Dean                                                                                       |
| Tele No. Office:                                                                                                              | 040-71111333                                                                               |
| Mobile No:                                                                                                                    | 8978866689                                                                                 |
| Fax No.:                                                                                                                      | -                                                                                          |
| Name of Secretary/Director (Medical Education/Health):                                                                        | Ashween Chawda                                                                             |
| Office Address:                                                                                                               | Rainbow hospital for women and children                                                    |
| Tele No.:                                                                                                                     | 040-71111333                                                                               |
| Fax No.:                                                                                                                      | -                                                                                          |
| E-mail Address:                                                                                                               | <a href="mailto:ashween.c@rainbowhospitals.in">ashween.c@rainbowhospitals.in</a>           |
| Name of Director (Medical Education):                                                                                         | Dr Satyanarayana K                                                                         |
| Office Address:                                                                                                               | Rainbow Hospital For Women and Children, LB Nagar, Telangana                               |
| Tele No.:                                                                                                                     | 040-71111333                                                                               |
| Fax No.:                                                                                                                      | -                                                                                          |
| E-mail Address:                                                                                                               | <a href="mailto:drsatanarayana@rainbowhospitals.in">drsatanarayana@rainbowhospitals.in</a> |
| Name of Nodal Officer:                                                                                                        | Ashween Chawda                                                                             |
| Office Address:                                                                                                               | Rainbow Hospital For Women and Children, LB Nagar, Telangana                               |
| Tele No.:                                                                                                                     | 040-71111333                                                                               |
| Fax No.:                                                                                                                      | -                                                                                          |
| Nodel Officer Mobile No:                                                                                                      | 9100333952                                                                                 |
| E-mail Address:                                                                                                               | <a href="mailto:ashween.c@rainbowhospitals.in">ashween.c@rainbowhospitals.in</a>           |
| Designation:                                                                                                                  | Dean                                                                                       |
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**1. Incase bond is applicable, candidates are advised to see link Institute Bond Information**

2. The above information has been provided by Medical College. MCC takes no responsibility regarding the above information including Fees/ Bond/ Mode of Payment or any typographical error/ data etc. Candidates are advised to visit College website or contact the College Authorities directly for any query regarding above information and before filling choices.