

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

| GENERAL DETAILS                                                                                                                                                                      |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Name of the College:                                                                                                                                                                 | Narayana Hrudayalaya Surgical Hospital, |
| Complete Mailing Address:                                                                                                                                                            | CAH/1, 3rd Phase, Devanur, Mysore       |
| State:                                                                                                                                                                               | 17                                      |
| Pin Code:                                                                                                                                                                            | 570019                                  |
| Name of Affiliating University with Date:                                                                                                                                            | NBE                                     |
| Amount to be Paid at the time of Admission (including Hostel fees) (INR):                                                                                                            | 0                                       |
| 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):                                                                                                                                        | 55000                                   |
| Stipend Paid to the students II nd Year (INR):                                                                                                                                       | 60000                                   |
| Stipend Paid to the students III rd Year (INR):                                                                                                                                      | 65000                                   |
| 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):                                                                    | NA                                      |
| 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) : | NA                                      |
| 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):                                                                                               | 0                                  |
| Website Address of College :                                                                                                  | www.hospital.narayanahealth.org    |
| 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:                                                                                              | Pavan Kumar Paramatmuni            |
| Designation:                                                                                                                  | Director                           |
| Tele No. Office:                                                                                                              | 0821-7122222                       |
| Mobile No:                                                                                                                    | 8095942000                         |
| Fax No.:                                                                                                                      | -                                  |
| Name of Secretary/Director (Medical Education/Health):                                                                        | Dr. Ravi M N                       |
| Office Address:                                                                                                               | CAH1 3rd Phase Devanur Mysore      |
| Tele No.:                                                                                                                     | 0821-7122222                       |
| Fax No.:                                                                                                                      | -                                  |
| E-mail Address:                                                                                                               | ravi.mn.dr@narayanahealth.org      |
| Name of Director (Medical Education):                                                                                         | Dr. Ravi M N                       |
| Office Address:                                                                                                               | CAH1 3rd Phase Devanur Mysore      |
| Tele No.:                                                                                                                     | 0821-7122222                       |
| Fax No.:                                                                                                                      | -                                  |
| E-mail Address:                                                                                                               | ravi.mn.dr@narayanahealth.org      |
| Name of Nodal Officer:                                                                                                        | Nirmala Madappa                    |
| Office Address:                                                                                                               | CAH1 3rd Phase Devanur Mysore      |
| Tele No.:                                                                                                                     | 0821-7122222                       |
| Fax No.:                                                                                                                      | -                                  |
| Nodel Officer Mobile No:                                                                                                      | 9845055588                         |
| E-mail Address:                                                                                                               | nirmala.madappa@narayanahealth.org |
| Designation:                                                                                                                  | Reporting Official                 |
|                                                                                                                               |                                    |

**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.