

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

## GENERAL DETAILS

|                                                                                                                                                                                      |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Name of the College:                                                                                                                                                                 | District Hospital,                                                        |
| Complete Mailing Address:                                                                                                                                                            | OPPOSITE MARALU SIDDESHWARA TEMPLE MG ROAD CROSS<br>CHIKKABALLAPUR-562101 |
| State:                                                                                                                                                                               | 17                                                                        |
| Pin Code:                                                                                                                                                                            | 562101                                                                    |
| Name of Affiliating University with Date:                                                                                                                                            | NOT APPLICABLE                                                            |
| 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):                                                                                                                                        | 45000                                                                     |
| Stipend Paid to the students II nd Year (INR):                                                                                                                                       | 50000                                                                     |
| Stipend Paid to the students III rd Year (INR):                                                                                                                                      | 55000                                                                     |
| 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                                                                         |

|                                                                                                                               |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 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 :                                                                                                  | <a href="https://karunadu.karnataka.gov.in/hfw/sihfw/pages/">https://karunadu.karnataka.gov.in/hfw/sihfw/pages/</a>       |
| Other Info :                                                                                                                  | DR MANJULADEVI K HEAD OF THE INSTITUTION DISTRICT SUGION DR RAMESH PV SECRETARY RMO DR UMA D T COORDINATOR SMO 9483403269 |
| 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 MANJULADEVI K HEAD OF THE INSTITUTION DISTRI                                                                           |
| Designation:                                                                                                                  | Medical Superintendent                                                                                                    |
| Tele No. Office:                                                                                                              | 08156-272388                                                                                                              |
| Mobile No:                                                                                                                    | 9482488470                                                                                                                |
| Fax No.:                                                                                                                      | 000-123456                                                                                                                |
| Name of Secretary/Director (Medical Education/Health):                                                                        | Sri Harsh Gupta                                                                                                           |
| Office Address:                                                                                                               | Principal Secretary to Govt of Karnataka Health and Family Welfare Services                                               |
| Tele No.:                                                                                                                     | 080-22255324                                                                                                              |
| Fax No.:                                                                                                                      | 080-22353916                                                                                                              |
| E-mail Address:                                                                                                               | <a href="mailto:prs-hfw@karnataka.gov.in">prs-hfw@karnataka.gov.in</a>                                                    |
| Name of Director (Medical Education):                                                                                         | Dr Triveni M G                                                                                                            |
| Office Address:                                                                                                               | State Institute of Health and Family Welfare, 1st Cross Magadi Road Bangalore 560023                                      |
| Tele No.:                                                                                                                     | 080-23206125                                                                                                              |
| Fax No.:                                                                                                                      | 0000-123456                                                                                                               |
| E-mail Address:                                                                                                               | <a href="mailto:directorsihfw.bg@gmail.com">directorsihfw.bg@gmail.com</a>                                                |
| Name of Nodal Officer:                                                                                                        | DR RAMESH K N                                                                                                             |
| Office Address:                                                                                                               | District hospital chikkaballapur OPPOSITE MARALU SIDDESHWARA TEMPLE MG ROAD CROSS CHIKKABALLAPUR-562                      |
| Tele No.:                                                                                                                     | 08156-272388                                                                                                              |
| Fax No.:                                                                                                                      | 000-                                                                                                                      |
| Nodel Officer Mobile No:                                                                                                      | 9980811893                                                                                                                |
| E-mail Address:                                                                                                               | <a href="mailto:rameshdoc@yahoo.com">rameshdoc@yahoo.com</a>                                                              |
| Designation:                                                                                                                  | Professor                                                                                                                 |
|                                                                                                                               |                                                                                                                           |

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.