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

## GENERAL DETAILS

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| Name of the College: | KAMAKSHI HOSPITAL, Karnataka |
| Complete Mailing Address: | KAMAKSHI HOSPITAL<br>KAMAKSHI HOSPITAL ROAD<br>KUVEMPU NAGAR<br>MYSORE |
| State: | 17 |
| Pin Code: | 570009 |
| Name of Affiliating University with Date: | |
| 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 IInd Year (INR): | 50000 |
| Stipend Paid to the students IIIrd Year (INR): | 55000 |
| Hostel facility for Male students : | N |
| 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 |

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| 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 : | www.kamakshihospital.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: | DR. SRINIVASA. M. |
| Designation: | Dean |
| Tele No. Office: | 0821-2545981 |
| Mobile No: | 9845035639 |
| Fax No.: | 0821-2341981 |
| Name of Secretary/Director (Medical Education/Health): | DR. NAGALAKSHMI BHATTACHARYA |
| Office Address: | KAMAKSHI HOSPITAL KUVEMPU NAGAR MYSORE |
| Tele No.: | 0821-2545981 |
| Fax No.: | 0821-2341981 |
| E-mail Address: | mysorepapachi@gmail.com |
| Name of Director (Medical Education): | DR. K. R. KAMATH |
| Office Address: | KAMAKSHI HOSPITAL KUVEMPU NAGAR MYSORE |
| Tele No.: | 0821-2545982 |
| Fax No.: | 0821-2341981 |
| E-mail Address: | kamakshihospital@yahoo.co.in |
| Name of Nodal Officer: | DR. G. V. RAVIKUMAR |
| Office Address: | KAMAKSHI HOSPITAL KUVEMPU NAGAR MYSORE |
| Tele No.: | 0821-2545981 |
| Fax No.: | 0821-2341981 |
| Nodel Officer Mobile No: | 9886312922 |
| E-mail Address: | ghatravi@gmail.com |
| Designation: | Professor |
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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.