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

GENERAL DETAILS

Name of the College:	Kabra Eye Hospital, Rajasthan
Complete Mailing Address:	C-59,60 JAMNA NAGAR, SODALA, JAIPUR
State:	29
Pin Code:	302006
Name of Affiliating University with Date:	KABRA EYE HOSPITAL
Amount to be Paid at the time of Admission (including Hostel fees) (INR):	1,47,500/- PLEASE CONTACT THE INSTITUTE FOR FURTHER INFORMATION.
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):	35000
Stipend Paid to the students IInd Year (INR):	37000
Stipend Paid to the students IIIrd Year (INR):	0
Hostel facility for Male students :	N
Hostel facility for Female students:	N
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) :	NA
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 $):	NA
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):	1,47,500
Website Address of College :	www.kabraeyehospital.com
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 MANOJ KABRA
Designation:	Dean
Tele No. Office:	0141-2220929
Mobile No:	9414306722
Fax No.:	-
Name of Secretary/Director (Medical Education/Health):	DR CHITRA KABRA
Office Address:	C-59,60 JAMNA NAGAR, SODALA, JAIPUR
Tele No.:	0141-2220929
Fax No.:	-
E-mail Address:	kabraeyehospital@gmail.com
Name of Director (Medical Education):	DR CHITRA KABRA
Office Address:	C-59,60 JAMNA NAGAR, SODALA, JAIPUR
Tele No.:	91-9460867863
Fax No.:	-
E-mail Address:	kabraeyehospital@gmail.com
Name of Nodal Officer:	MR.PRAKASH SHARMA
Office Address:	C-59,60 JAMNA NAGAR, SODALA, JAIPUR
Tele No.:	0141-2220929
Fax No.:	-
Nodel Officer Mobile No:	9887469598
E-mail Address:	kabraeyehospital@gmail.com
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.