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

## GENERAL DETAILS

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| Name of the College: | I VISION EYE HOSPITAL( A UNIT OF JASM EYE HOSPITALS PRIVATE LTD) |
| Complete Mailing Address: | KANIMANGALAM P O, THRISSUR |
| State: | 18 |
| Pin Code: | 680027 |
| Name of Affiliating University with Date: | NATIONAL BOARD OF EXAMINATIONS, JANUARY 2025 TO DECEMBER 2029 |
| Amount to be Paid at the time of Admission (including Hostel fees) (INR): | 105000.00 |
| Amount to be paid at the time of Admission(Including Hostel Fee 1st Year)in INR: | 105000.00 |
| Amount to be paid at the time of Admission(Including Hostel Fee 2nd Year)in INR: | 105000.00 |
| Amount to be paid at the time of Admission(Including Hostel Fee 3rd Year)in INR: | NA |
| Amount to be paid at the time of Admission(Including Hostel Fee 4thYear)in INR: | NA |
| Amount to be paid at the time of Admission(Including Hostel Fee 5th Year)in INR: | NA |
| Stipend Paid to the students I st Year (INR): | 57876.00 |
| Stipend Paid to the students IInd Year (INR): | 58968.00 |
| Stipend Paid to the students IIIrd Year (INR): | NA |
| 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) : | NA |
| 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 $): | NA |

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| Amount to be paid at the time of Admission(Including Hostel Fee 3rd Year) NRI (in $): | NA |
| Amount to be paid at the time of Admission(Including Hostel Fee 4th Year) NRI (in $): | NA |
| Amount to be paid at the time of Admission(Including Hostel Fee 5th Year) NRI (in $): | NA |
| Annual Fees of Candidates(INR): | NA |
| Website Address of College : | http://ivisioneyehospital.com/ |
| Other Info : | NA |
| Miscellaneous Charges | NA |
| PwBD Friendly (Ramps/Lifts/Divyangjan friendly Washrooms/Signage including tactile Path/Lights/Display Boards and sign Posts) | NA |
| | Contact Details |
| Contact Information | NA |
| Name of Dean/Principal/Director: | DR ANUP CHIRAYATH |
| Designation: | Director |
| Tele No. Office: | 0487 2426555 |
| Mobile No: | 9846244439 |
| Fax No.: | NA |
| Name of Secretary/Director (Medical Education/Health): | DR JYOTHILEKSHMY K L |
| Office Address: | I VISION EYE HOSPITAL, KANIMANGALAM P O, THRISSUR -680 027 |
| Tele No.: | 0487 2426555 |
| Fax No.: | NA |
| E-mail Address: | jyothigandg@gmail.com |
| Name of Director (Medical Education): | DR JOHNY JOSEPH |
| Office Address: | I VISION EYE HOSPITAL, KANIMANGALAM P O, THRISSUR -680 027 |
| Tele No.: | 0487 2426555 |
| Fax No.: | NA |
| E-mail Address: | dr.johnyjoseph@hotmail.com |
| Name of Nodal Officer: | MRS. S MAHESWARI |
| Office Address: | I VISION EYE HOSPITAL, KANIMANGALAM P O, THRISSUR -680 027 |
| Tele No.: | 0487 2426555 |
| Fax No.: | NA |
| Nodel Officer Mobile No: | 9645404782 |
| E-mail Address: | admin@i-vision.in |
| Designation: | ReportingOfficial |
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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.