

Annexure 2

Name of the Medical college/Institution and address: **ARAVIND EYE HOSPITAL & POSTGRADUATE INSTITUTE OF OPHTHALMOLOGY,
NO. 1, ANNA NAGAR, MADURAI 625 020, TAMIL NADU**

The Medical college/institution hereby declares the stipend paid to different categories of trainees for the financial year 2024-25.

Numbers in each cell of the months refers to the numbers of trainees:

Sl #	Category	State Govt Stipend *	College 's stipend *	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Post-Graduate Residents: - MS Ophthalmology															
1	1 st year (MS Ophthalmology)	48,000/-	48,000/-	20 PGs	20 PGs	20 PGs	20 PGs	20 PGs	20 PGs	20 PGs	20 PGs	20 PGs	20 PGs	20 PGs	
2	2 nd year (MS Ophthalmology)	49,000/-	49,000/-	20 PGs	20 PGs	20 PGs	20 PGs	20 PGs	20 PGs	20 PGs	19 PGs *	19 PGs *	19 PGs *	19 PGs *	
3	3 rd year (MS Ophthalmology)	50,000/-	50,000/-	19 PGs •	19 PGs •	19 PGs •	19 PGs •	19 PGs •	19 PGs •	19 PGs •	19 PGs •	19 PGs •	19 PGs •	17 PGs • ^	

- * Course completed in **October 2024** (DO passed MS candidate - 2 years course period) - **2nd year**
- Course completed in **March 2024** (DO passed MS candidate - 2 years course period) - **3rd year**
- ^ Course completed in **3rd & 4th February 2025** – **2 candidates** - **3rd year**

Cell values indicate the stipend (in INR) paid each month for each trainee

Date: 18.03.2025

Dr. R.Rathinam, DNB.Ph.D.
Principal
Aravind Eye Hospital &
P.G.Institute of Ophthalmology
No.1, Anna Nagar, Madurai- 625 020.

Signature

Name of Principal: DR. R. RATHINAM