

Name of the Medical college/Institution and address: **ARAVIND EYE HOSPITAL & POSTGRADUATGE 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: - <b>MS Ophthalmology</b>															
1	1 <sup>st</sup> 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			
2	2 <sup>nd</sup> 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 *			
3	3 <sup>rd</sup> 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			

- \* Course completed in **October 2024** (DO passed MS candidate - 2 years course period) - **2<sup>nd</sup> year**
- Course completed in **March 2024** ( DO passed MS candidate - 2 years course period) - **3<sup>rd</sup> year**

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

Date: 16.01.2025

*R. Rathinam*  
**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