Name of the Medical college/Institution and address: LORD BUDDHA KOSHI MEDICAL COLLEGE & HOSPITAL, SAHARSA

The Medical college/institution hereby declares the stipend paid to different categories of trainees for the financial year____ 2025-26

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

1	2		_		SI. No.	
(FMG)	Interns (FMG)		Interns		category	Catalana
20000/-		15000/-			stipend*	College's
	N/A	Students	96		Aprii	:
	N/A	Students	96		Мау	
Students	11	Students	96		June	•
Students	11	Students	96		July	•
Students	=	Students	97		Aug	
Students	=	Students	97		Sept	
Students Students Student	=	Students Students Students	97		0ct	
Students	=	Students	97		Nov	2
		í			Dec	
		1			Jan	
		ı			Feb	
		ı			Mar	

Post-Graduate Residents:

		_			
4	ယ		2		No.
IIIrd year (MD/MS)	(MD/MS)	П	(MD/MS)	Ist year	Category
70000/-	65000/-		60000/-		College's stipend*
N/A	34 Student		Students	46	April
N/A	34 Student		Students	46	Мау
N/A	34 Student		Students	46	June
N/A	34 Student			46	July
N/A	34 Student	Ľ	Students	46	Aug
N/A	34 Student		Students	46	Sept
N/A	34 Student	Contraction	Students	46	0ct
N/A	34 Student	Contraction	Students	46	Nov
N/A	ı			I	Dec
N/A	ı		1		Jan
N/A	1		1		Feb
N/A	ı		1		Mar

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

AGM Finance LBKMCH, Saharsa

Date: 05-12.2025