## Name of the Medical College/Institution and address : TOPIWALA NATIONAL MEDICAL COLLEGE

DR. A. L. NAIR ROAD, MUMBAI CENTRAL, MUMBAI 400 008

**The Medical college/Institution hereby declares the stipend paid to different categories of trainees for the financial year : 2026-27**

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

| Sr. no | Category | State Govt stipend | College's stipend | April | May | June | July | August | September | October | November | December | January | February | March |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Interns (MBBS) | 18000 | 18000 | 162 | 19 | 157 | 151 | 151 | 151 | 151 | ..... | ..... | ..... | ..... | ..... |
| **Post- Graduate Residents :** | | | | | | | | | | | | | | | |
| 2 | I st year (MD/MS) | | 94351 | 143 | 146 | 146 | 146 | 146 | 146 | 146 | ..... | ..... | ..... | ..... | ..... |
| 3 | 2 st year (MD/MS) | | 95212 | 136 | 143 | 143 | 143 | 143 | 143 | 143 | ..... | ..... | ..... | ..... | ..... |
| 4 | 3 st year (MD/MS) | | 96073 | 153 | 136 | 136 | 136 | 136 | 136 | 136 | ..... | ..... | ..... | ..... | ..... |
| **Senior Residents or PGs in Super Specialty :** | | | | | | | | | | | | | | | |
| 5 | I st year (DM/MCh) | | 99181 | 44 | 44 | 44 | 26 | 31 | 36 | 39 | ..... | ..... | ..... | ..... | ..... |
| 6 | 2 st year (DM/MCh) | | 101764 | 2 | ..... | ..... | 19 | 18 | 18 | 18 | ..... | ..... | ..... | ..... | ..... |
| 7 | 3 st year (DM/MCh) | | 104347 | 26 | 27 | 27 | 27 | 27 | 27 | 27 | ..... | ..... | ..... | ..... | ..... |

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

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