

GOVT. KILPAUK MEDICAL COLLEGE, CHENNAI - 10
STIPEND FORM P.G. & CRRI

1.	Stipend for the Month & Year		
2.	Name of the Student		
3.	Name of the Course & Year of joining the course		
4.	Number of days leave availed / If not availed mentioned NIL	No. of days worked	No. of days leave availed
5.	Signature of the Candidate		
6.	Signature of the concerned Asst. Prof. with seal		
7.	Signature of the concerned Unit Chief/ HOD with name seal		
8.	Signature of the RMO with seal		
9.	Signature of the concerned Hospital Director / Medical Superintendent with seal		
10.	Signature of the Dean		