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

1.	Stipend for the Month & Year		
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2.	Name of the Student		
4.	Name of the Student		·
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3.	Name of the Course & Year of joining	10	
	the course	-0	
4.	Number of days leave availed /	No. of days worked	No. of days leave availed
	If not availed mentioned NIL	0	
		X ^O	
5.	Signature of the Candidate	0,0	
	. No. 0		0.
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6.	Signature of the concerned Asst. Prof.		de brichasio
	with seal		
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7.	Signature of the concerned Unit Chief/	-2	× × × × × × × × × × × × × × × × × × ×
	HOD with name seal	65	
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8.	Signature of the RMO with seal	this messi	
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9.	Signature of the concerned Hospital		
<i>)</i> .	Director / Medical Superintendent		
	with seal		
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10			
10.	Signature of the Dean		