M.M. Medical College & Hospital, Solan NRI FEES FOR MD/MS 2023-24 M.M. UNIVERSITY

Sr NO	Subject	Annual Tuition Fee	
1	Obstetrics and Gynaecology	1,00,000 USD	
2	Orthopaedics	80,000 USD	
3	Skin	1,20,000 USD	
4	Paediatrics	80,000 USD	
5	Radiodiagnosis	1,20,000 USD	
6	Psychiatry	70,000 USD	
7	ENT	40,000 USD	
8	Anaesthesia	40,000 USD	
9	Ophthalmology	1,00,000 USD	
10	General Medicine	1,00,000 USD	
11	General Surgery	80,000 USD	

This is the NRI fees for the MD/MS admission for 2023-24 Session which is under consideration with H.P. Govt. as the Fee given in Prospectus is not acceptable and the Final Fees is to be revised as per HP Govt/High Court. The candidate has to provide affidavit that he will pay the revised finalised fees for NRI

Affidavit to be given on 100 Rs. Stamp paper.

[.	Dr	,	aged .	••••••
	Years,	Son/Daughter/Wife		of
		, pern	nanent re	siding
	at	and curre	ntly resid	ling at
		do h	ereby sta	ate on
	solemnly affirm and de	clare as under:-		

- 2. I hereby give my consent and affirmation to deposit the revised fees as to be finalised by Himachal Pradesh Govt/Hon'ble High Court of Himachal Pradesh for NRI quota. I will abide by the revised fees as to be decided. I along with my parent/guardian hereby undertake to pay the tuition and other fees as to be decided by HP Govt/ Hon'ble Himachal Pradesh High Court to M.M. Medical College & Hospital, Kumarhatti, Solan, payable for the entire course without any objection.
- 3. This undertaking is given without any coercion, undue influence or threat and by free consent. The contents herein

above are read over and understood by me, and true to the best of my knowledge and belief, and for the confirmation I have signed under it by my own consent and free will.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly.

	(Candidate's Signature)
	Name:
Place:	(Parent/Guardian Signature)
Date:	Name: