


Stipend Disclosure for the academic year 2025-26

Please disclose the stipend paid to medical students in your medical college in the below form

dean.medical@sal.edu.in [Switch account](#)

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* Indicates required question

Email *

dean.medical@sal.edu.in

Name of Nodal officer *

Dr. Chirag Vadhel

Designation of Nodal officer *

Associate Professor

Please select your college *

SAL INSTITUTE OF MEDICAL SCIENCES, AHMADABAD

Please Specify Name of college in case of "Newly permitted college in AY 2025-26".

NA

Please select the State / UT *

Gujarat

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Stipend information for MBBS (UG) students

Internship stipend amount for MBBS student (in INR) *

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Stipend information for Foreign Medical Graduate (FMG) students

Internship stipend amount for FMG students (in INR) *
(Please mention "0" if not applicable)

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Stipend information for PG students (Broad Speciality)

Stipend amount for first year in MD courses *

00

Stipend amount for second year in MD courses *

00

Stipend amount for third year in MD courses *

00

Stipend amount for first year in MS courses *

00

Stipend amount for second year in MS courses *

00

Stipend amount for third year in MS courses *

00

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* Indicates required question

Stipend information for PG students (Super Speciality)

Stipend amount for first year in DM courses *

00

Stipend amount for second year in DM courses *

00

Stipend amount for third year in DM courses *

00

Stipend amount for first year in MCh courses *

00

Stipend amount for second year in MCh courses *

00

Stipend amount for third year in MCh courses *

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* Indicates required question

In case of PG diploma, Post doctoral certificate, Post doctoral fellowship and DM/MCh 6 years course

Please enter "0" in case of not applicable

Please specify the details in case of PG diploma, Post doctoral certificate, Post doctoral fellowship and DM/MCh 6 years course separately *

NA

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