



# NETAJI SUBHAS MEDICAL COLLEGE AND HOSPITAL

(A Unit of Sitwanto Devi Mahila Kalyan Sansthan)

Adityapur, Seraikela Kharsawan, Jharkhand - 832 109

Approved by National Medical Commission, New Delhi

Department of Medical Science under Netaji Subhas University, Jamshedpur

☎ 1800 889 8518

☎ 9229342489

☎ 9386467618

✉ contact@nsmch.ac.in

🌐 www.nsmch.ac.in

## MBBS FEE STRUCTURE FOR THE ACADEMIC SESSION 2025 – 2030

Fees for the MBBS programme is payable in Five instalments over the 4.5 years and payable at the scheduled date. The approximate amount of fee and deposits for the programme is given in the tables below. When deemed necessary, the institute may revise the fees.

AT THE TIME OF ADMISSION			
S. No.	DESCRIPTION	AMOUNT	TOTAL AMOUNT
1	TUITION FEE	16 LAKH	20.5 LAKH
2	HOSTEL & MESS	3.5 LAKH	
3	UNIVERSITY REGISTRATION FEE	1 LAKH	

BY DECEMBER 15 <sup>TH</sup> 2025		
S. No.	DESCRIPTION	AMOUNT
1	UNIVERSITY EXAMINATION FEE	1 LAKH

BY 15 <sup>TH</sup> OF APRIL 2026			
S. No.	DESCRIPTION	AMOUNT	TOTAL AMOUNT
1	TUITION FEE	16 LAKH	21.5 LAKH
2	HOSTEL & MESS	3.5 LAKH	
3	UNIVERSITY EXAMINATION FEE	2 LAKH	

BY 15 <sup>TH</sup> OF APRIL 2027			
S. No.	DESCRIPTION	AMOUNT	TOTAL AMOUNT
1	TUTION FEE	16 LAKH	21.5 LAKH
2	HOSTEL & MESS	3.5 LAKH	
3	UNIVERSITY EEXAMINATION FEE	2 LAKH	



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BY 15 <sup>TH</sup> OF APRIL 2028			
S. No.	DESCRIPTION	AMOUNT	TOTAL AMOUNT
1	TUITION FEE	16 LAKH	21.5 LAKH
2	HOSTEL & MESS	3.5 LAKH	
3	UNIVERSITY EXAMINATION FEE	2 LAKH	

BY 15 <sup>TH</sup> OF APRIL 2029			
S. No.	DESCRIPTION	AMOUNT	TOTAL AMOUNT
1	TUITION FEE	8 LAKH	11.75 LAKH
2	HOSTEL & MESS	1.75 LAKH	
3	UNIVERSITY EXAMINATION FEE	2 LAKH	

**TOTAL AMOUNT TO BE PAID IN THE WHOLE SESSION: - 97,75,000/-**

**NOTE: HOSTEL IS MANDATORY FOR ALL THE STUDENTS**

**IN CASE OF WITHDRAWL OF ADMISSION THE CANDIDATE HAS TO MAKE THE FULL PAYMENT OF THE WHOLE SESSION.**

I ABIDE BY THE NORMS AND TIME LINE OF FEE PAYMENT AND IF I FAIL TO PAY THE INSTRUCTED FEE I MAY BE LIABLE TO DISCIPLINARY ACTION BY THE INSTITUTE.

\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
Signature of the Parents