



# **BIJUPATNAIK MEDICAL TECHNOLOGY, BARIPADA**

AT-DEBENDRAPUR (PRM MEDICAL COLLEGE ROAD) PO- TAKATPUR,  
PS- BARIPADA, DIST. - MAYURBHANJ, ODISHA-757003,

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## **FEES STRUCTURE-2024-25 CERTIFIED E.C.G. TECHNICIAN (C.E.C.G.T) 6 MONTH COURSES)**

NAME: -----

C/O: -----

GIVEN IN BELOW TABLE CHART

1	NAME OF COURSE	1 <sup>ST</sup> INSTALLMENT Date.....	2 <sup>ND</sup> INSTALLMENT LAST EVERY YEAR	ALL YEARLY FEES CLEAR LAST EVERY YEAR FEB- 1 TO 10
2	CERTIFIED E.C.G. TECHNICIAN (C.E.E.G.T) 6 MONTH	RS.20,000/- ADMISSION FEES	RS.10,000/- (FEB- 1 TO 20) 2025	Rs.30,000/-
				<b>Total -Rs.30,000/-</b>

**FACILITY :-** Above Fees Are Including As Per Institution Guidelines Yearly Course Fees ,Tuition Fees, Excluding Hostel Fees, Lunch Diner Fees, Book Fees.

### **INSTRUCTION-KINDLY GIVE YOUR ATTENTION TO THE FOLLOWING POINTS:-**

ADMISSION FEE ONCE PAID WILL BE NON REFUNDABLE. INSTALMENT FEES ONLY PAY THROUGH THE CHEQUE, DD, RTGS, AND NEFT. NO CASH PAYMENT. IF ANY PROBLEM THEN INFORM TO COLLEGE BEFORE 10 DAYS.

### **STUDENTS WITH GUARDIAN UNDERTAKING / DECLARE**

I ..... S/O/D/O ..... Undertaking / Declaration obey for Medical Technology Institution all rules/Regulation with above Fees Structure. I will deposit Total Course Fees for (6 Month) Certified E.C.G. Technician (C.E.C.G.T) Course = Rs. .... (.....). I Agreed to Abide by the above Institution Course Fees and Hostel Fees Structure Rules & Regulation. I further not any claim in Your Medical Technology Institution Fees Structure & Rules & Regulation. After Admission I will not cancel my Admission Seat, If Cancelled my Admission Seat. I will not Demand for Refundable of my Paid Money. I will Deposit total Course Fees with Hostel accommodation fees as per Institutions rules & regulation. I certify that I have examined the above named candidate and cannot discover that She / He has any diseases, constitutional weakness or bodily infirmity and I consider that the candidate is physically and mentally fit to undergo Certified E.C.G. Technician (C.E.C.G.T) Course under Health & F.W. Department & Directorate of Medical Education & Training (DMET) .

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SIGNATURE OF CANDIDATE

I ..... also undertake to act on behalf of the parents / Husband of the said student during the period of Study in the B. Sc Medical Radiation Technology (B.M.R.T) above Bijupatnaik Medical Technology , for which I have been empowered by the Parent / Guardian / Husband of the said Student. I further undertake to take custody of the above student as and when required by the College authorities and to ensure that she maintains the academic discipline and good conduct during the period of Study in the aforesaid Institution. I will deposit Total Course Fees For (6 Month) Certified E.C.G. Technician (C.E.C.G.T) Course = Rs. .... (.....). I Agree to Abide by the above Institution Course Fees and Hospital Fees Structure Rules & Regulation.

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SIGNATURE OF GUARDIAN

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SIGNATURE OF CANDIDATE

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SIGNATURE OF DIRECTOR/PRINCIPAL