

## PROFORMA FOR COLLEGE - INFORMATION REGARDING FEE, BOND-CONDITIONS ETC.

**College Code / College :** TN09 Sree Balaji Medical College and Hospital, Chennai  
**State :** TAMIL NADU

### GENERAL DETAILS :

<b>Name of College :</b>	SREE BALAJI MEDICAL COLLEGE AND HOSPITAL
<b>Full Address of College :</b>	NO.7, CLC WORKS ROAD, NEW COLONY, CHROME PET, CHENNAI
<b>State / Pin :</b>	TAMIL NADU / 600044
<b>Affiliating University :</b>	BHARATH INSTITUTE OF HIGHER EDUCATION AND RESEARCH
<b>Session Start Date :</b>	01/08/2017
<b>Annual Fees for Deemed Universities Candidates for Management (₹):</b>	2100000
<b>Annual Fees for NRI seats in Deemed University. (\$):</b>	0
<b>Hostel facility for :</b>	MALE AND FEMALE
<b>Annual hostel dues (₹) :</b>	75000
<b>Bond, if any :</b>	N
<b>The Amount of Fee to be deducted on re-allocation of seat to the candidates in 2nd/3rd round of UG Counseling. (₹):</b>	50000
<b>Time period of reimbursement (in days) :</b>	30
<b>College website address :</b>	www.sbmch.ac.in
<b>Other Information :</b>	NAAC Accredited-Grade 'A'. NIRF Ranking by MHRD, Govt. of India. No.1 in Outreach and Inclusivity. No.21 among all Universities. * Fee refund policy- As per UGC norms. * Hostel fee is exclusive of m

### CONTACT DETAILS :

<b>Name of Dean :</b>	DR.GUNASEKARAN D R
<b>Designation :</b>	Dean
<b>Tel No. Dean (Office) / Fax No. :</b>	044-22413371 / 044-22415051
<b>Tel No. Dean (Res) / Mobile No. :</b>	044-24452042 / 9444044546
<b>Dean Email Address :</b>	deansbmch@yahoo.com
<b>Name of Secretary (Vice Chancellor) :</b>	Dr. V. Kanagasabai
<b>Secretary Office Address :</b>	No 7, CLC Works Road, Chromepet, Chennai- 600044
<b>Tel No. Secretary (Office) / Fax No. :</b>	044-42911000 / 044-22415051
<b>Secretary Email Address :</b>	vc@bharathuniv.ac.in
<b>Name of Director (Registrar) :</b>	Dr. S. Bhuminathan
<b>Director Office Address :</b>	SBDCH, Velachery Main Road, Pallikaranai, Chennai-600 100
<b>Tel No. Director (Office) / Fax No. :</b>	044-42833316 / 044-28364502
<b>Director Email Address :</b>	registrar@bharathuniv.ac.in
<b>Name of Nodal Officer :</b>	Dr. W.M.S. Johnson MD.
<b>Nodal Officer Designation :</b>	Professor
<b>Nodal Officer Office Address :</b>	NO.7 WORKS ROAD, CHROME PET
<b>Tel No. Nodal Officer (Office) / Fax No. :</b>	044-22415603 / 044-22415051
<b>Nodal Officer Email Address :</b>	johnsonmoses@gmail.com

Official Seal :

Signature (Head of Institution) : \_\_\_\_\_

Name (Head of Institution) : \_\_\_\_\_

Designation : \_\_\_\_\_

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ETC.

Nodal Officer Mobile : 9841201965

Official Seal :

Signature (Head of Institution) : \_\_\_\_\_

Name (Head of Institution) : \_\_\_\_\_

Designation : \_\_\_\_\_