



# Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India

NEET - MDS Counselling 2025



-Counselling Services

Simplifying The Admission Process

Seat Matrix / Institute Profile

**Name of College:**

Thaimoogambigai Dental College and Hsopt. Chennai

**Complete Mailing Address:**

Golden George Nagar Mugappair Chennai 600107

**State**

Tamil Nadu

**Pin Code:**

600107

**Name of Affiliating University with Date:**

Dr.M.G.R.Educational and Research Institute

**Amount to be Paid at the time of Admission (including Hostel fees) (INR):**

Candidate are advised to communicate with college /institute for admission for total amount/fees to be paid at admission time as this may vary according to the subject/speciality opted.

**Stipend Paid to the students I st Year (INR):**

3000

**Stipend Paid to the students IIInd Year (INR):**

4000

**Stipend Paid to the students IIIrd Year (INR):**

5000

**Hostel facility for Male students :**

YES

**Hostel facility for Female students:**

YES

**The Amount of Fee to be deducted on re-allocation of seat to the candidates in 2nd/3rd round of Counseling (INR):**

As per the college/institute/university rules, regulations and policies.

**The Amount of Fees To be reimbursed in case Candidate resigns during Counseling period (INR) :**

As per the college/institute/university rules, regulations and policies.

**Amount to be forfeited in case of resigning (not upgraded) seat during round 2 or non-joining/not reporting during Round-2/Mop-UP/ Stray Vacancy Round of counselling period (INR) :**

**Annual Fee for NRI (in \$)**

0

**Annual Fees of Candidates(INR)**

0

**Website Address of College :**

www.tmdch.ac.in

**Other Info :**

Hostel Dues per annum AC Room 250000, Non-AC 200000

**Contact Information**

**Name of Dean/ Principal/ Director:**

Dr. A. Ponsekar Abraham

**Tele No. i) Office:**

9144-26533178

**Designation:**

Dean

**Tele No. ii) Residence:**

044-26533178

**Mobile No.:**

9444200720

**E-mail Address:**

tmdcaho@gmail.com

**Fax No.:**

9144-26533884

**Name of Secretary (Medical Education/ Health):**

NA

**Office Address:**

NA

**Tele No.:**

0-0

**Fax No.:**

0-0

**E-mail Address:**

xxx@gmail.com

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**Name of Director (Medical Education):**

NA

**Office Address:**

NA

**Tele No.:**

0-0

**Fax No.:**

0-0

**E-mail Address:**

xxx@gmail.com

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**Name of Nodal Officer:**

Dr. Uma Sudhakar

**Office Address:**

Thai Moogambigai Dental College and Hospital

**Designation:**

Dean

**Tele No.:**

9144-26533178

**Fax No.:**

9144-26533884

**E-mail Address:**

uma.perio@drmgrdu.ac.in

**Mobile No.:**

9962075729

**Bond or Any Other Information**

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**If any Bond :** No

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