



ಕಾರ್ಮಿಕರಾಜ್ಯವಿಮಾನಿಗಮ
ಕಾರ್ಮಿಕಮತ್ತು ಉದ್ಯೋಗಸಚಿವಾಲಯ,
ಭಾರತಸರ್ಕಾರ
ಕರ್ಮಚಾರಿರಾಜ್ಯವಿಮಾನಿಗಮ
ಶ್ರಮಎವರೋಜಗಾರಮಂತ್ರಾಲಯ,
ಭಾರತಸರ್ಕಾರEMPLOYEES' STATE
INSURANCE CORPORATION
Ministry of Labour & Employment, Govt.
of India



सत्यमेव जयते

ವೈದ್ಯಕೀಯಕಾಲೇಜು,ಪಿ.ಜಿ.ಐ.ಎಂ.ಎಸ್.ಆರ್ಮೆಡ್ ಮತ್ತು ಆಸ್ಪತ್ರೆ
ಸೇಡಂರಸ್ತೆ ಕಲಬುರಗಿ, ಕರ್ನಾಟಕ- 585106
चि. महाविद्यालय,पीजीआईएमएसआरऔरअस्पताल
सेडमरोड, कलबुर्गी, कर्नाटक - 585106
MEDICAL COLLEGE, PGIMSR & HOSPITAL
SEDAM ROAD, KALABURAGI, KARNATAKA-585106
Phone No:08472-265546/47/48
Email: deanmc-gb.kar@esic.nic.in
Website: www.esic.gov.in

**GENERAL INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING
ADMISSION FOR UG-MBBS COURSE ACADEMIC YEAR 2024-25**

1. Students must report in Admission Counter, Office of Academic Registrar, 1st Floor, Medical College Building for MBBS admission on or before, the date indicated on their selection/admission letter issued by KEA/ MCC-New Delhi by 9-30 am. If any student fails to report before last date indicated in the selection/admission letter, his / her admission will stand cancelled by the concerned Counseling Authority.
2. One of the parent / guardian must accompany the student, at the time of admission or when surrendering of seat is done, as some of the documents are to be signed by Student & Parent/Guardian. **Insured Person presence is mandatory for ESIC Ward of IP Quota Admission.**
3. The admission process may take more than one day. Outstation candidates are requested to make their own Lodging/Boarding arrangements accordingly.
4. The admission offered to a candidate will be only provisional. Directorate of Medical Education-Karnataka & RGUHS-Karnataka are the final authorities.
5. The students are instructed to keep at least 3 Xerox copies of original documents with themselves for future use. As the original documents will be sent to Rajiv Gandhi University of Health Sciences, Bangalore for admission approval.
6. **Reporting timings: 9:30AM to 01:00 PM and 2:00PM to 4:00PM.**
7. Each candidate must submit the original certificates shown in the check list as applicable along with **03 sets of self-attested copies**. The originals and Xerox must be produced in the prescribed sequence. **CANDIDATES MUST PROVIDE ONE FILE, ONE FOLDERS AND ONE A4 POSTAL ENVELOPE FOR THEIR ORIGINAL DOCUMENTS.**

8. Students are instructed to scan the all documents separately (in pdf format Size:100KB to 150KB) and his/her Photograph (in JPEG format) and submit the same soft copies in PEN DRIVE .
9. In case of AIQ/ESIC Ward of IP/Management-NEET seats- seat surrender procedure will be duly followed.
10. Kindly generate the online seat surrender receipt and contact the Admission Counter of ESIC Medical College, Kalaburagi after seat surrendering.
11. Kindly try to come on working day and take a note of Bank & Court schedules. SUNDAY WILL BE HOLIDAY & on any other national holiday, Bank & Court will remain closed
12. This college shall not provide any address proof for opening a Bank Account, applying for Passport/ Driving License/ PAN Card/ Voter ID etc., as required. The admitted student shall be responsible to provide the address proof for above purpose.
13. Transfer Certificate/ School Leaving Certificate from last Leaving College/University/Institute is mandatory.
14. The bonds are to be made only in the Govt. of Karnataka Bonds.
15. In Case of Seat upgradation during NEET UG 2024 counseling, those students, who have paid RGUHS University Fee or Excess Payment of Same, to this college, will be refunded after completion of all rounds of counseling only. Students' cooperation in this regard is solicited.
16. **Filling the Google Form is mandatory during admission process, with the link provided below:**
<https://forms.gle/jgR8z9dbgeiaFZmY6>



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CHECK LIST FOR ORIGINAL DOCUMENTS FOR 1st YEAR UG-MBBS ADMISSION 2024-25
QUOTA OF ADMISSION (AIQ/STATE/ESIC WARD OF IP Management Quota):

Sl No.	Description	Submitted	Remarks
1. *	NEET-2024 Admission Ticket/Hall Ticket		
2. *	KEA/MCC Admission Allotment Order 2024		
3. *	Score Card NEET -2024 with Rank Position i.e.All India Rank		
4. *	SSLC / 10 th Standard Marks Statement , which must bear Date of Birth		
5. *	PUC/Sr. Secondary/Intermediate /12 th Standard Marks Statement		
6.	Eligibility Certificate (for the students of CBSE/ICSE/Other States) and Payment Details		
7.	Valid EWS/OBC/SC /ST/PwD Certificate as applicable;and in the format as per UG NEET-2024 Bulletin/ Broacher only, Certificate should be issued by Competent Authority		
8.	Transfer Certificate/School Leaving Certificate from the last studied College/Institute		
9.	Study Certificate / Character & Conduct Certificate/ Migration Certificate (if applicable)		
10.	Undertaking for Anti-ragging (by Student) Annexure-I		
11.	Undertaking for Anti-ragging (by Parent) Annexure-II		
12.	Affidavit for ESIC UG MBBS Service bond from Gulbarga Jurisdiction, Annexure-III		
13.	For Female Candidates only (for ESIC Ward of IP Quota Admission) ❖ Affidavit by candidate as per Annexure -4 ❖ Affidavit by IP as per Annexure-5		
14.	371 J Eligibility Certificate for State Quota Admission (if Applicable)		
15.	Recent Passport size Photographs (04)		
16.	Fees Paid 1)At KEA 2) At College		
17.	Original Ward of IP Certificate and Pehchan Card (for ESIC Ward of IP Quota)		
18.	Copy of Address Proof (Student's and Parent's)		
19.	Scanned copies of all documents submitted including Photo in PEN DRIVE		
20.	University Fees Transfer to ESIC Medical College Collection Account 33873430683, Journal No./Transaction No.: Payment Date:		
21.	Filled Application Form submitted (Yes/No)		

Name & Signature of the Student

Name & Signature of the Parent/Guardian

Signature of Reporting Officer

Signature of Nodal Officer



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QUOTA OF ADMISSION

(AIQ/STATE/ESIC WARD OF IP Management Quota): _____

Application Form for UG-MBBS Admission: 2024-25

(Fill the Details in Block Letters only & all the fields are mandatory to fill)

Personal Details

- Name of the Student (as per 10th):
- Father 's Name:
- Mother's Name:
- Date of Birth (DD/MM/YYYY):
- Religion and Mother Tongue:
- Category (OBC/UR/SC/ST):
- Contact Number:1)Parent No.
- Student Aadhar Card Number:
- Father's Aadhar Card Number:
- Mother's Aadhar Card Number.
- E-mail id:
- Belongs to Urban/ Rural Area:
- Blood group:
- Address for Communication

Gender (M/F):

Nationality:

PwD (Yes/No):

2) Student No.

Affix Recent
Passport Size
Photo

PIN CODE:

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Qualification Details:

- Qualifying Exam (PUC/Intermediate/Sr. Secondary/Higher Secondary):

Description	Maximum Marks	Marks obtained
Biology		
Chemistry		
Physics		
English		
Total		
Physics,Chemistry, Biology Total		
PCB Percentage		

NEET Details:

- Application Number:
- Roll Number:
- Merit Number/Rank in NEET (A.I.R): Category-wise rank (AIR/STATE):
- NEET Entrance Examination Score (out of 720): /720 and Percentage (%) _____
- NEET Entrance Percentile:

Admission Details:

- Date of Admission (DD/MM/YYYY):
- Quota under which (State Quota/ A.I.Q. /ESIC Ward of IP Management Quota):
 - ✓ If State Quota, mention the caste category:

Fee Payment Details:

- Whether Paid at KEA during Counseling: _____ (Yes/No)

If Yes: Date of Payment:

Amount Paid:

Payment Reference No.:

If No:

Sl. No.	Type of Fees	Bank Name	DD No & Date	Amount (Rs.)
01	Tuition Fee (Rs.1,00,000/- for State Quota & AIQ) and Rs.24,000/- for ESIC-IP Quota)			
02	Caution Deposit of Tuition Fee			5,000/-
03	Hostel Fee			10,000/-
04	Hostel Deposit			10,000/-
GRAND TOTAL				

All the entries made above are true to best of my knowledge and I am directly responsible for any fallacies.

(Name & Signature of the Candidate)

(Name & Signature of Parent or Guardian)

Date:

Place:



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1st Year UG-MBBS FEE PARTICULARS, ACADEMIC YEAR 2024-25

Annual Fees Payable: Demand Drafts shall be drawn from any Nationalized Bank in favour of “ESI Corporation” Payable at Gulbarga as follows:

Sl. No.	Fee Particulars	ESIC Ward of IP Quota	State Quota & All India Quota	Remarks
		Amount (in Rs.)	Amount (in Rs.)	
1	Tuition Fee (per Annum)	24,000/-	1,00,000/-	Demand. Draft. may be drawn in favour of “ ESI CORPORATION ” Payable at Gulbarga (Write the Name , mobile number and Quota of Admission at the back side of Demand Draft)
2	Caution Deposit (per Annum)	5,000/-	5,000/-	
3	Hostel Deposit	10,000/-	10,000/-	
4	Hostel Fee (per Annum)	10,000/-	10,000/-	
5	Total	49,000/-	1,25,000/-	
1	RGUHS University Fees ((First year only)	9,350/-	9,350/-	Only Cash has to be deposited to ESIC Medical College Collection Account, A/c No: 33873430683 , SBI , Sedam Road Branch.
2	Payment for fee Eligibility Certificate	As applicable	As applicable	https://rguhs.karnataka.gov.in/rguhs/ec/ or Search RGUHS UG Eligibility certificate in Google

Note: Eligibility Certificate is applicable for the students of CBSE/ICSE/Other States

The above Fee Structure may vary from time to time as per ESIC Headquarters office as well as Competent Authority Directions.

BOND FORMATS

Anti ragging concern- Proforma as mentioned below

Bond value: Rs. 20/- e-stamp/bond from Govt of Karnataka

1st Party: Student's name

2nd Party: The Dean, ESIC Medical College, Gulbarga

ANNEXURE- I

AFFIDAVIT BY THE STUDENT

1. I, _____ (full name of the student with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms. _____ having been admitted to _____ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understand the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as tagging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent

Name :

Address:

Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or miss stated therein.

Verified at _____ (Place) this the _____ (day) of _____ (month), _____(year).

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year).

Reading the content of this affidavit

Signature of the Deponent

OATHCOMMISSIONER

Anti-ragging concern- **Proforma as mentioned below**

Bond value: Rs. 20/- estamp/bond from Govt of Karnataka

1stParty: Parent's/Guardian name

2nd Party: The Dean, ESIC Medical College, Gulbarga.

ANNEXURE II

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent /guardian /father /mother/guardian of

_____) (fullnameofstudentwithadmission/registration/enrolmentn
umber),having been admitted to

_____ (name of the institution), have received a copy of the UGC Regulations on Curbing
the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations")
carefully read and fully understand the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware or the
penal and administrative action that is liable to be taken against me in case I am found guilty of or
abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) I will not indulge in any behavior or act that may be constituted as ragging under clause
3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that
may be constituted as tagging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against me under any
penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the
country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging
and further affirm that, incase the declaration is found to be untrue, I am aware that my admission is
liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent

Name :
Address:
Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is
false and nothing has been concealed or miss stated therein.

Verified at _____ (Place) this the _____ (day) of _____ (month), _____ (year).

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month),
_____ (year).
Reading the content of this affidavit

Signature of the Deponent

OATHCOMMISSIONER

ANNEXURE-III

Bond value: Rs.100/- e-stamp/bond;

1st Party: Student Name

2nd Party: The Dean, ESIC Medical College, Gulbarga

FORMAT OF BOND

(FOR UG – MEDICAL / DENTAL STUDENTS in ESIC Colleges)

(To be executed on Stamp Paper of value as applicable under Stamp Duty Act. Duly Notarized)

KNOW ALL MEN BY THESE PRESENTS THAT We (1) (Mr./Mrs./Ms.) (herein-after called the Bounden) Son / daughter / wife of residing at (Residential Address.....) and (2) Shri / Smt. (herein after called ‘the Surety / Sureties’) son / daughter / wife of residing at (Here enter address) do here by bind ourselves and each of us & our respective heirs, executors & administrators jointly and severally to pay to the Employees’ State Insurance Corporation (herein after referred to as ‘the Corporation’) on demand the total amount of Rs. 5,00,000 (Rupees Five Lakh only) with interest @ 12% towards failure to fulfill the obligation / for violation of the condition hereinafter mentioned. The bounden and sureties shall have the option to (i) furnish Bank Guarantee** amounting to Rs 5,00,000 (Rupees Five lakh only) 1 month before completion of internship, for a period of 14 months in favour of the Dean of the ESIC Institution in lieu of the amount, and original documents of the student would be retained by the Corporation pending the submission of Bank Guarantee; OR (ii) not furnish Bank Guarantee, as above, when original documents would be retained by ESIC till Bond conditions are met with, i.e. completion of service under bond or payment in lieu. The total obligation amount would not exceed Rs. 05 lakh at any stage.

Signed this Day of in the year by the bounden (Mr./Mrs./Ms.) and Surety / Sureties Shri / Smt.

Signature

In the presence of witness*:

1. Signature
(Name & Address with official seal)

1. Signature of BOUNDEN
(Name & Address**, Photo ID No.)

2. Signature (Name & Address)

2. Signature of SURETY / SURETIES
(Name & Address**, Photo ID No.)

**The provision of Bank Guarantee is subject to final outcome in various Writ Petitions pending in the Hon’ble High Courts.

WHEREAS the Bounden (Mr./Mrs./Ms.) has been selected to undergo (here enter the name of the course of study) on the basis of merit Central / State / Stake Holder in **ESIC Medical College & Hospital, Gulbarga, Karnataka-585106 (Name of the Institution)** for a period of **04 Years 06 Months and 01 Year Compulsory Rotatory Internship(duration of Course)**.

AND WHEREAS the Corporation have agreed to incur the expenses on condition that after successful completion of the course of study the bounden shall serve any of the institution, of the Corporation or of ESI Scheme of the State Government, as the case may be, for a period of one year anywhere in India and also subject to the terms and conditions hereinafter appearing and the bounden and the surety / sureties have agreed to the same.

NOW the condition of the above written obligation is that in the event the Bounden discontinues the study or after completion of the **MBBS/BDS Course** of study to which he / she was selected, fails to serve the Corporation for **period of one year**, the Corporation shall have the right to invoke the Bank Guarantee so furnished by the Bounden and sureties.

The bond is legally binding on the bounden and the sureties. The above written obligation shall be void and of no effect in event of invocation of Bank Guarantee; otherwise this shall remain in full force and effect.

PROVIDED further that the bounden and the surety / sureties do hereby agree that all sums found due to the Corporation under or by virtue of this bond shall be recovered jointly and severally from them and their properties movable and immovable as if such dues were arrears of land revenue under the provisions of the Revenue Recovery Act for the time being in force or in such other manner as the Corporation may deem fit.

PROVIDED further that during the tenure of study the Bounden shall be paid stipend in the internship year as per guidelines of Ministry of Health & Family Welfare, GOI, or as decided by the Corporation from time to time.

Provided further that it is not necessary for the Corporation to sue the bond holder before taking action on the surety / sureties, under this bond and the liabilities of the surety / sureties is Co-extensive with that of the Bounden and shall not be affected by the Corporation giving time or any other indulgence to the bounden or by the Corporation varying of the terms and conditions herein contained,

Signed this Day of in the year..... by the bounden (Mr./Mrs./Ms.) and surety / sureties Shri / Smt

Signature

In the presence of witness*:

1. Signature
(Name & Address with official seal)

1. Signature of BOUNDEN
(Name & Address**, Photo ID No.)

2. Signature (Name & Address)

2. Signature of SURETY / SURETIES
(Name & Address**, Photo ID No.)

*Dean / Administrative Officer of ESIC Medical Education Institution will sign as witness.

**Proof of Residential Address of Bounden and Surety / Sureties is to be obtained.

Bond value: Rs. 50/- e-stamp/bond from Govt. of Karnataka

1st Party: Student Name

2nd Party: The Dean, ESIC Medical College, Gulbarga

ANNEXURE – 4

AFFIDAVIT (By Female Candidate only)

1. That deponent Ms....., aged years is the daughter of Shri / Smt.
2. Shri / Smt. is employed with the factory establishment, viz covered under ESI Act vide Code No.....
3. The father / mother of the deponent is beneficiary under the ESI Act having Insurance no.
4. The deponent is unmarried and wholly dependent on the earnings of Insured Person.
5. The deponent hereby declares that aforesaid facts are correct on the basis of the record and if the aforesaid declaration is found to be incorrect and contrary to the records, the admission sought shall be declared illegal and liable to be cancelled.
6. The deponent further declares that if the information submitted by the deponent is found to be incorrect the deponent would be liable to be prosecuted in accordance with law.

DEPONENT

VERIFICATION:

I swear by this Affidavit that the contents of my above affidavit are true and correct to my knowledge and belief. No part of it is false and nothing relevant has been concealed therein.

Verified at on this day of, 2024.

DEPONENT

Bond value: Rs. 50/- e-stamp/bond from Govt of Karnataka

1st Party: Insured Person's Name

2nd Party: The Dean, ESIC Medical College, Gulbarga

ANNEXURE – 5

AFFIDAVIT (By IP – only in case of female candidate)

1. That deponent is an employee with the factory / establishment, viz covered under ESI Act vide Code No. The Deponent is a beneficiary under ESI Act. having Insurance No
2. The deponent's daughter (Name:) is years of age.
3. The daughter (Name:) of the deponent is unmarried and wholly dependent on the earnings of Insured Person.
4. The deponent hereby declares that aforesaid facts are correct on the basis of the record and if the aforesaid declaration is found to be incorrect and contrary to the records, the admission sought shall be declared illegal and liable to be cancelled.
5. The deponent further declares that if the information submitted by the deponent is found to be incorrect, the deponent would be liable to be prosecuted and face the consequential action which the ESI Corporation may deem fit and proper.

DEPONENT

VERIFICATION:

I swear by this Affidavit that the contents of my above affidavit are true and correct to my knowledge and belief. No part of it is false and nothing relevant has been concealed therein.

Verified at on this day of, 2024.

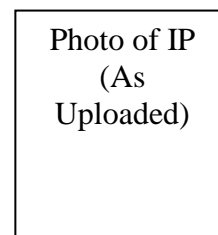
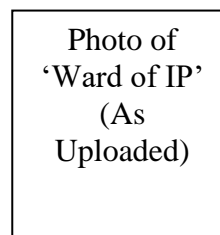
DEPONENT

CERTIFICATES FORMAT

‘WARD of IP’ CERTIFICATE (2024 - 2025)

Certificate No.....

NEET Roll No.....



‘Ward of Insured Person’ (IP) – CERTIFICATE

1. This is to certify that Son / Daughter / Ward of Shri / Smt. Insurance No: is ‘Ward of Insured person’ as per records; and satisfies the eligibility criteria as in the Admission Policy for admission to MBBS / BDS / BSc Nursing course under ‘Seats allocated for wards of insured persons (IPs)’ in ESIC Medical / Dental / Nursing Colleges and some other Govt. Medical Colleges.
2. This Certificate is being issued on the basis of Verification of records by Shri / Smt. (designation) at Regional / SRO Office for eligibility under ‘Seats allocated for wards of insured persons (IPs)’ for admission to Undergraduate course, i.e. MBBS / BDS / Nursing course in ESIC Medical / Dental / Nursing Colleges and some other Govt. Medical Colleges for the Academic Session 2024 - 2025.

DATE:

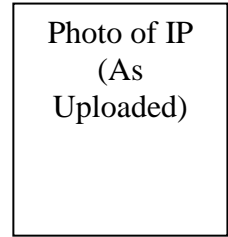
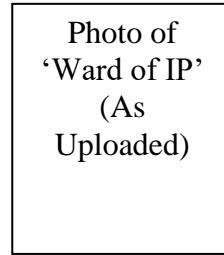
PLACE:

REGIONAL DIRECTOR / SRO I/C

‘WARD of IP’ CERTIFICATE (2024 - 2025)

Certificate No.....

NEET Roll No.....



‘Ward of Insured Person’ (IP) – CERTIFICATE (Delete whatever is not applicable)

i. Ward of IPs in receipt of Dependents’ Benefit

OR

ii. IPs in receipt of PDB (Permanent Disability Benefit)

1. *This is to certify that Son / Daughter / Ward of Late Shri / Smt. Insurance No. is in receipt of Dependents’ Benefit and is eligible ‘Ward of IP’ for the benefit of admissions under ‘Seats allocated for wards of insured persons (IPs)’ to MBBS / BDS / BSc Nursing course in ESIC Medical / Dental / Nursing Colleges and some other Govt. Medical Colleges.

OR

2. *Shri / Smt. Insurance No: is in receipt of Permanent Disablement Benefit (PDB) w.e.f. His / Her ward; Name satisfies the eligibility criteria as in the Admission Policy for admission to MBBS / BDS / BSc Nursing course under ‘Seats allocated for wards of insured persons (IPs)’ in ESIC Medical / Dental / Nursing Colleges and some other Govt. Medical Colleges.

***Strike out (1) or (2) as applicable**

3. This certificate is being issued on the basis of Verification of records by Shri / Smt. (designation) at Regional / SRO Office for eligibility under ‘Seats allocated for wards of insured persons (IPs)’ for admission to undergraduate course, i.e. MBBS / BDS / BSc Nursing in ESIC Medical / Dental / Nursing Colleges and some other Govt. Medical Colleges for the Academic Session 2024 - 2025.

DATE:

PLACE:

REGIONAL DIRECTOR / SRO I/C

For All India Quota/ ESIC Ward of Insured Persons' Mangement Quota Admission

-EWS/OBC-NCL/SC & ST Certificates should be issued by Appropriate/ Competent Authority and as per the Format/Proforma of UG NEET-2024 BULLETIN.

- PwD Certificate should be issued by Designated Centres and as per the Format/Proforma of UG NEET 2024 BULLETIN.

For State/KEA Quota Admission

Caste cum Income certificate (Category I, II & III), SC & ST Certificate, 371-J (HK Region) and PwD Certificate should be issued by Appropriate/Competent Authority and the same certificate must be in English Format.