



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



चिकित्सा महाविद्यालय एवं चिकित्सालय
Medical College and Hospital
नन्दा नगर, इंदौर (म.प्र.) 452011 Nanda Nagar, Indore (M.P.) – 452011
Email : dean-indore.mp@esic.gov.in
Website: www.esic.gov.in, www.indorehospital.esic.gov.in,

**GENERAL INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING
ADMISSION FOR UG-MBBS COURSE ACADEMIC YEAR 2025-26**

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 DME/ MCC-New Delhi by 10-00 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 Counselling 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-Madhya Pradesh & Madhya Pradesh Medical Science University, Jabalpur 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 Madhya Pradesh Medical Science University, Jabalpur for admission approval.
6. **Reporting timings: 10:00AM 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 (1 COLORED COPY & 2 BLACK AND WHITE)**. 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 & Hospital, Indore after seat surrendering.
11. 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.
12. Transfer Certificate/ School Leaving Certificate/ Relieving letter from last Leaving College/University/Institute is mandatory.
13. The bonds are to be made only in the Govt. of Madhya Pradesh Bonds.
14. In Case of Seat upgradation during NEET UG 2025 counseling, those students, who have paid MPMSU 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.

15. Attendance & other Eligibility Conditions required for MBBS Degree Course:

As per existing Rules & Regulations in force, National Medical Commission-New Delhi & Madhya Pradesh Medical University, Jabalpur.

17. Anti-Ragging Policy for MBBS Students:

As per directions of Hon'ble Supreme Court of India, National Medical Commission & MPMSU-Jabalpur, this institute has banned ragging completely in any form inside and outside of the campus and the institute authorities are determined not to allow any form of the ragging. In this regard, at the time of admission every student and parent/guardian shall be required to sign a Notarized Affidavit (**Annexure I & II**) . Further details of Prohibition and Punishment for Ragging Activity is mentioned in **Annexure VI**.

18. Charges to be levied for Upgradation/ Surrender/ Resignation/Withdrawal/Cancellation of MBBS Seat from UG NEET Counselling

Parameter	Charges levied (Rs.)	Time Limit
Amount of fee to be deducted on re-allocation of seat/ upgradation of seat to the candidates in 2 nd /3 rd Round of Counselling	10% of Tuition Fees i.e. For AIQ & State Quota : Rs.10000/- For ESIC Ward of IP Quota: Rs.2400/-	Within the Schedule/time provided by MCC/DME .
Amount of fee to be reimbursed in case candidate resigns during counseling period	90% of Tuition Fees i.e. For AIQ & State Quota : Rs.90,000/- For ESIC Ward of IP Quota: Rs.21,600/-	Within the Schedule/time provided by MCC/DME .
Amount to be forfeited in case of resigning, whose seat has not been upgraded during 2 nd / 3 rd / MOPUP/ STRAY Vacancy Round and any other Counselling Rounds	Rs.5,00,000/- as per ESIC UG MBBS Compulsory Bond Agreement/Condition	<u>After Timeline provided by MCC/DME</u>

19. After document verification, the fees must be paid to the college, and reimbursement will follow later.

20. Domicile certificate is mandatory for State Quota.



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CHECK LIST FOR ORIGINAL DOCUMENTS FOR 1st YEAR UG-MBBS ADMISSION 2025-26

This is certified that Mr./Ms. _____ S/D/o _____
with NEET Roll No. _____ have been allotted UG MBBS Seat under _____ Quota
in ESIC Medical College & Hospital, Indore.

Sl No.	Description	Submitted	Remarks	
1. *	NEET-2025 Admission Ticket/Hall Ticket			
2. *	MPMSU/DME Admission Allotment Order 2025			
3. *	Score Card/ Admit Card NEET -2025 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. *	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			
7. *	Transfer Certificate/School Leaving Certificate from the last studied College/Institute			
8.	Study Certificate / Character & Conduct Certificate/ Migration Certificate (if applicable)			
9.	Undertaking for Anti-ragging (by Student) Annexure-I & (by Parent) Annexure-II			
10. *	Affidavit for ESIC UG MBBS Service bond from Indore (M.P.) Jurisdiction, Annexure-III, Bond to be signed in front of college authorities			
11.	Seat leaving Bond Affidavit (Annexure IV)			
12.	For Female Candidates only (for ESIC Ward of IP Quota Admission) - Affidavit by candidate as per Annexure -V - Affidavit by IP as per Annexure-VI			
13.	371 J Eligibility Certificate for State Quota Admission (if Applicable)			
14.	Recent Passport size Photographs (08)			
15.	Parameter	AIQ/SQ	ESIC IP Quota	Demand Drafts shall be drawn from _____ a ny Nationalized Bank in favour of ESI FUND ACCOUNT NO. 2, payable at INDORE. (individual draft for different Fee Head)
	Annual Tuition Fee	Rs. 1,00,000/- (Rupees One Lakh only) *Would be payable as a single installment at the time of admission (yearly)	Rs. 24,000/- (Rupees Twenty-Four Thousand only) *Would be payable as a single installment at the time of admission (yearly)	
	Annual Caution Money	Rs. 5,000/- (Rupees Five Thousand only)		
	Annual Seat Rent Hostel	Rs. 10,000/- (Rupees Four Thousand Two Hundred only)		
	Hostel Security	Rs. 10,000/- (Rupees Ten Thousand only)		
	SWF (Student Welfare Fund)	5,000/- (Rupees five thousand only) Demand Drafts shall be drawn from any Nationalized Bank in favour of		

		ESIC Medical College Student Welfare Fund, Indore payable at Indore.		
16.	Original Ward of IP Certificate and Pehchan Card (for ESIC Ward of IP Quota)			
17.	Copy of Address Proof (Student’s and Parent’s)			
18.	Scanned copies of all documents submitted including Photo in PEN DRIVE			
19.	Filled Application Form submitted (Yes/No)			
20.	Domicile Certificate			
21.	Gap Certificate (If Applicable)			

Name & Signature of the Student

Name & Signature of the Parent/Guardian

Signature of Reporting Officer

Signature of Nodal Officer

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

Personal Details

- Name of the Student (as per 10th):
- Quota of Admission:
- 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

: _____
: _____
: _____

PIN CODE:

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Affix Recent
Passport Size
Photo

Qualification Details:

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

Description	Maximum Marks	Marks obtained
English		
Physics*		
Chemistry*		
Biology*		
Total (English + Physics + Chemistry + Biology)		
Total of Physics, Chemistry, Biology		
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 DME 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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FEE STRUCTURE

FOR MBBS ADMISSION 2025-26

“IP QUOTA” STUDENTS FEE			
S.N.	FEE HEAD (Annual)	FEE TO PAY	DD in favour of
1	Tuition Fee	24000/-	Demand Drafts shall be drawn from any Nationalized Bank in favour of ESI FUND ACCOUNT NO. 2 , payable at INDORE .
2	Annual Caution Deposit	5000/-	
3	Hostel Fee (Annual seat rent)	10000/-	
4	Hostel Security Deposit	10000/-	
5	SWF (Student Welfare Fund)	5,000/-	
	TOTAL:	54,000/-	

“STATE & ALL INDIA QUOTA” STUDENTS FEE			
S.N.	FEE HEAD (Annual)	STATE & AIQ	DD in favour of
1	Tuition Fee	100000/-	Demand Drafts shall be drawn from any Nationalized Bank in favour of ESI FUND ACCOUNT NO. 2 , payable at INDORE .
2	Annual Caution Deposit	5000/-	
3	Hostel Fee (Annual seat rent)	10000/-	
4	Hostel Security Deposit	10000/-	
5	SWF (Student Welfare Fund)	5,000/-	
	TOTAL :	1,30,000/-	

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 M.P.

1st Party: Student's name

2nd Party: The Dean, ESIC Medical College & Hospital, Indore.

ANNEXURE- I

AFFIDAVIT BY THE STUDENT

1. I, _____(full name of the student 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/- e-stamp/bond from Govt of M.P.

1st Party: Student's name

2nd Party: The Dean, ESIC Medical College & Hospital, Indore.

ANNEXURE II

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent /guardian /father /mother/guardian of _____ (full name of student with admission/registration/enrolment number), 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

OATH COMMISSIONER

Bond value: Rs. 100/- e-stamp/bond from Govt of M.P.

1st Party: Student's name

2nd Party: The Dean, ESIC Medical College & Hospital, Indore.

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 fulfil the obligation / for violation of the condition herein after 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, Indore, M.P. -452011 (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 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 indigence 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. 100/- e-stamp/bond from Govt of M.P.

1st Party: Student's name

2nd Party: The Dean, ESIC Medical College & Hospital, Indore.

FORMAT OF SEAT LEAVING 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)

(For candidates admitted to MBBS or BDS courses through State Quota or All India Quota/IP in Medical/Dental Colleges)

To be duly signed (Bond amount equivalent to 0.5% of the total bond amount)

I, son/daughter/wife of Shri,
resident of, am a candidate for admission to the undergraduate course
at a medical college of Madhya Pradesh for the academic session

I have read and understood the *Madhya Pradesh Medical Education Admission Rules, 2018*,
as amended by the *19 June 2019, 5 October 2021, 26 July 2022, and 11 May 2023*.

I agree to abide by all the terms, conditions, and obligations prescribed therein.

a. After obtaining admission in the undergraduate course in medicine/dental science,
I shall remain enrolled and complete the entire course of study.

b. I understand that if, before completing the course, I resign from the seat or discontinue
my studies for any reason, I shall be liable to pay a Seat Leaving Bond amount of ₹5,00,000 (five
lakh) to the concerned Government Medical/Dental College as per
the approval of the institution's competent committee.

c. I understand that unless and until the Seat Leaving Bond amount is paid,
the original documents deposited by me in the college will not be returned.

Place:

Date:

Signature of Candidate:

.....

.....

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

1st Party: Student's name

2nd Party: The Dean, ESIC Medical College & Hospital, Indore.

ANNEXURE – V

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, 2025.

DEPONENT

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

1st Party: Student's name

2nd Party: The Dean, ESIC Medical College & Hospital, Indore.

ANNEXURE – VI

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, 2025.

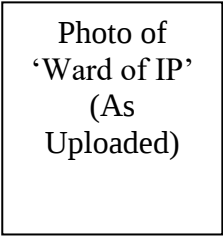
DEPONENT

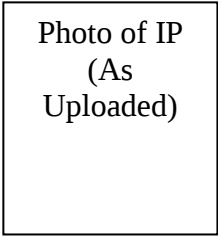
CERTIFICATES FORMAT

‘WARD of IP’ CERTIFICATE (2025 - 2026)

Certificate No.....

NEET Roll No.....


 Photo of
‘Ward of IP’
(As
Uploaded)


 Photo of IP
(As
Uploaded)
‘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 2025 - 2026.

DATE:**PLACE:****REGIONAL DIRECTOR / SRO I/C**

‘WARD of IP’ CERTIFICATE (2025 - 2026)

Certificate No.....

NEET Roll No.....

Photo of
‘Ward of IP’
(As
Uploaded)

Photo of IP
(As
Uploaded)

‘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 2025 - 2026.

DATE:**PLACE:****REGIONAL DIRECTOR / SRO I/C**

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

-EWS/OBC-NCL/SC & ST Certificates should be issued by Appropriate/ Competent Authority and as per the Format/Proforma of UG NEET-2025 BULLETIN.

- PwD Certificate should be issued by Designated Centres and as per the Format/Proforma of UG NEET 2025 BULLETIN.

For State/DME 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.