कर्मचारी राज्य बीमा निगम
Employee State Insurance Corporation
(श्रमएवरोजगारमंत्रालय, भारतसरकार)
(Ministry of Labour & Employment, Govt of India)

सत्यमेव जयते

क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल, बसईदारापुर
ESIC Medical College & Hospital, Basaidarapur
रिंग रोड/Ring Road, दिल्ली/Delhi-110015
फोन/Phone – 011-25100664,
deanpgi-basai.dl@esic.nic.in

Name of UG Student: _____ Roll No. _____

S. No.	Original Documents to be submitted by all candidates	Mark	
		Yes	No
1.	Admit Card NEET 2025		
2.	MCC Admission Allotment Letter		
3.	Score/Rank Card NEET 2025		
4.	Admission Form for UG		
5.	10th class Marksheet/Certificate for proof of date of birth		
6.	12th Standard Marks Statement/ Certificate		
7.	Transfer Certificate (if applicable) & Migration Certificate		
8.	Character Certificate		
9.	Gap Certificate (If Applicable)		
10.	EWS/OBC/ST/SC certificate, if applicable.		
11.	Domicile/Residence Certificates (For State Quota Seats)		
12.	Address Proof & Identity Proof (Passport/AADHAAR Card/PAN Card/Voter ID/Driving License)		
13.	ESIC Discontinuation & Service Bond of Rs. 5,00,000/- on Rs. 100/- Non-judicial Stamp paper (Notarized in Delhi)		
14.	Anti-Ragging affidavit on a Rs. 50/- Non-judicial Stamp paper (Notarized in Delhi)		
15.	Two Sets of all xerox copies of all original documents/certificates		
16.	08 Passport size photographs		
17.	Soft copies of all original documents loaded in a pen drive		
18.	One plastic folder for securing original documents		
19.	Rs. 1,00,000/- Bank Name_____Dated_____DD No._____in favour of 'ESI Savings Fund Account No. 2.' Payable At New Delhi.		
20.	Rs. 30,500 /- Bank Name_____Dated_____DD No._____in favour of 'ESI Savings Fund Account No. 2.' Payable At New Delhi (University Charges)		
21.	Rs. 10,000/- Bank Name_____Dated_____DD No._____in favour of 'ESI Savings Fund Account No. 2.' Payable At New Delhi (Annual Hostel Fee)		
22.	Rs. 10,000/- Bank Name_____Dated_____DD No._____in favour of 'ESI Savings Fund Account No. 2.' Payable At New Delhi (Hostel Security Deposit)		
23.	Rs. 5,000/- Bank Name_____Dated_____DD No._____in favour of 'ESI Savings Fund Account No. 2.' Payable At New Delhi (Caution Money)		
24.	Undertaking for Hostel Facility		
25.	Undertaking for Upgradation		

It is certified that the above mentioned candidate has submitted all the above mentioned documents in original.

Scrutiny Members: (signature with name)

1. **2.** **3.** **4.**

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फोन/Phone – 011-25970822, 25970889
Email: deanpgi-bsai.dl@esic.nic.in

Application Form for UG-MBBS Admission 2025-26

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

(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): _____ Gender (M/F) : _____
- Religion and Mother Tongue: _____ Nationality) : _____
- Category (OBC/UR/SC/ST): _____ PwD (Yes/No) : _____
- Contact Number:

  1)Parent No. _____

  2) Student No. _____
- Student Aadhar Card Number: _____
  - APAR ID: _____
- 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: _____
  - APAR/ABC ID No._____

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:

Sl. No.	Type of Fees	Bank Name	DD No & Date	Amount (Rs.)
1.	Tuition Fee			Rs.1,00,000/- (for State Quota & AIQ) or, Rs.24,000/- (for ESIC-IP Quota)
2.	Caution Deposit of Tuition Fee			Rs. 5000/-
3.	Hostel Fee (only accomodation)			Rs. 10,000/-
4.	Hostel Security Deposit			Rs. 10,000/-
5.	University Charges			Rs. 28,500/-
6.	Alumni Contribution Fund (one time payment)			Rs. 2,000/-

GRAND TOTAL	**Rs. 1,55,500/-** (for AIQ and State Quota Students) **Rs. 79,500/-** (ESIC IP Quota Students)

1. I hereby solemnly and sincerely affirm that the statements made and information given by me in the application form is true and correct.
2. I agree to abide by the Rules, Regulations and Procedures of this Institute.
3. I agree to submit all the required original certificates at the time of my selection during admission process as per the rules, failing which my claim for selection shall not be granted.
4. I have not concealed any material information. However, if any information submitted herein is fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution and I also agree to forgo my seat in ESIC Medical College & Hospital, Basaidarapur. I understand that the selection and admission to the course is also liable to be cancelled.

Name & Signature of the Candidate) (Name &Signature of Parent or Guardian)

Date:

Place:

FORMAT OF BOND

(FOR UG —MEDICAL STUDENTS)

(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. _____(hereinafter called the Surety/Sureties') son/daughter/wife of_____ residing at (Here enter address) _____ do hereby bind ourselves and each of us & our respective heirs, executors & administrators jointly and severally to pay to the Employees' State Insurance Corporation (hereinafter 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 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 ……..

In the presence of Witness*:

1. Signature of Dean:
Name:…….
Address:……
……

(With official Seal)

2. Signature of BOUNDEN**
Name:……
Address:……..
……

1. Signature (Witness)**
Name:…….
Address:……
……

2. Signature of SURETY***
Name:……
Address:……..
……

**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 and Hospital Basaidarapur, New Delhi-110015** for a period of 4 Years 06 Months and 01 Year compulsory Rotatory Internship .

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 (1) **have the right to invoke the Bank Guarantee so furnished by the Bounden and sureties**; OR (**ii) retain original documents till Bond amount is paid in lieu.**

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 (i) **invocation of Bank Guarantee** OR (ii) **payment of Bond amount**; 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 on …….. Day of ……in the year…… by the bounden (Mr./Mrs./Ms.)…… and Surety/Sureties Shri / Smt ……..

In the presence of Witness*:

1. Signature of Dean:

Name:……

Address:……

……

(With official Seal)

2. Signature of BOUNDEN**

Name:……

Address:……..

……

1. Signature (Witness)**

Name:……

Address:……

……

2. Signature of SURETY***

Name:……

Address:……..

……

*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.
***Surety documents;- Address Proof, PAN Card & Income Tax Returns (ITR/form 16)
Bond Value: 100/- e-stamp
1st Party: Student
2nd Party: The Dean, ESIC Medical College & Hospital, Basaidarapur

ANNEXURE-1

UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

1. I, _____ (full name of the student with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms._____ having been admitted to **ESIC Medical College and Hospital Basaidarapur** , 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 5 and clause 6.1 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, 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 on 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

ANNEXURE-1

UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING

1. I, Mr./Mrs./Ms,_____(full name of parent /guardian /father /mother/guardian of_____ (full name of student with admission/registration/enrolment umber), having been admitted to **ESIC Medical College and Hospital Basaidarapur**, 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 5 and clause 6.1of 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) My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of the Regulations.
   b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force
6. I hereby declare that my ward has 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, the admission of my ward 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

कर्मचारी राज्य बीमा निगम
Employee State Insurance Corporation
(श्रमएवंरोजगारमंत्रालय, भारतसरकार)
(Ministry of Labour & Employment, Govt of India)

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फोन/Phone – 011-25100664,
deanpgi-basai.dl@esic.nic.in

Undertaking for Hostel Facility

I, _____, son/daughter of _____, residing at _____, do hereby solemnly declare and undertake as follows:

1. That I have taken admission to the MBBS Course in ESIC Medical College and Hospital, Basaidarapur for the academic year _____.
2. That I hereby state my choice regarding hostel accommodation (tick whichever is applicable):

	I do not require hostel accommodation and shall make my own arrangement for residence during the course of study.
	I wish to avail hostel accommodation in the college hostel and have paid all the requisite hostel fees and charges as prescribed by the institution.

3. That I undertake to abide by all hostel rules, regulations, and disciplinary provisions of the college/institution, if I avail hostel facilities.
4. That I understand the hostel facility is subject to availability and institutional norms, and in case of any violation of rules, the hostel accommodation may be withdrawn by the authorities.
5. That the information furnished by me above is true to the best of my knowledge and belief.

Declared on this ____ day of _____, 20__ at _____.

Signature of Candidate

Name: _____

NEET-UG Roll No: _____

NEET-UG Rank: _____

Mobile No: _____

Signature of Parent/Guardian

Name: _____

Relationship: _____

Mobile No: _____

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deanpgi-basai.dl@esic.nic.in

UNDERTAKING

For NEET-UG Candidate taking Admission in MBBS at ESIC Medical College & Hospital, Basaidarapur.

Name of Candidate: _____

Father's/Mother's Name: _____

NEET-UG Roll No.: _____

All India Rank: _____

Category: _____

Contact No.: _____

Email ID: _____

I hereby undertake that:

1. I have been allotted a seat in MBBS at **ESIC Medical College & Hospital, Basaidarapur** through NEET-UG Counselling 2025.

2. I have taken admission on _____ (date) after submitting necessary documents and fees.

3. I understand the rules of counselling and admission as per MCC/ESIC.

4. My decision regarding further counselling:

☐ I wish to continue with this MBBS seat and will not participate in further rounds of counselling.

☐ I wish to participate in the next round(s) of counselling and understand that this seat will be forfeited if another seat is allotted.

5. I shall abide by all rules and regulations of the competent authorities.

6. I declare that all the information provided is true and correct.

Date: _____

Place: _____

Signature of candidate

Name of Candidate: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____