



ಕಾರ್ಮಿಕರ ರಾಜ್ಯೀಮನಿಗಮ
ಕಾರ್ಮಿಕಮತ್ತು ಉದ್ಯೋಗಸಚಿವಾಲಯ
ಭಾರತಸರ್ಕಾರ
ಕರ್ಮಚಾರಿರಾಜ್ಯಬೀಮಾನಿಗಮ
(ಶ್ರಮಎಂಪ್ಲೊಯಮೆಂಟ್, ಭಾರತಸರ್ಕಾರ)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt of
India)



ವೈದ್ಯಕೀಯಕಾಲೇಜು,
ಪಿ.ಜಿ.ಐ.ಎಂ.ಎಸ್.ಆರ್ಮೆಡ್‌ಮಾದರಿಲಸ್‌ಪತ್ರೆ,
ರಾಜಾಜಿನಗರ, ಬೆಂಗಳೂರು-560010
ಚಿಕಿತ್ಸಾಮಹಾವಿದ್ಯಾಲಯ, ಪಿಜಿಐಎಮ್‌ಎಸ್‌ಆರ್‌ಎಲ್‌ಆದರ್ಶಾಸ್ಪತ್ರೆ
ರಾಜಾಜಿನಗರ560010-ಬೆಂಗಳೂರು,
ESIC Medical College, PGIMS & Model Hospital,
Rajajinagar, Bengaluru-560010
ದೂರಭಾಷೆ /Phone 080-23125571/23125572
EMAIL- esipgi.rajbblr@gmail.com
Website:esic.gov.in

1. Students must report at the, Admission Hall, New Academic Block, ESIC MEDICAL COLLEGE, 2ND BLOCK, RAJAJINAGAR, BENGALURU-560010, for Admission on or before the date stipulated/mentioned on their Admission allotment letter issued by the MCC-NEW DELHI (for All India Quota and ESIC I.P Quota Seats) and KEA (for State Quota Seats) by 9:30 A.M, Students who fails to report for Admission as per the Admission letter of the Counseling Authorities (MCC/KEA) his/her Admission will Stand Cancelled and the same may be intimated to the Counseling Authorities Concerned.
2. Reporting Time will be 9:30 A.M to 12:30 P.M.
3. One of the Parents must accompany to the Student at the time of Admission and during seat surrendering process if any.
4. IN CASE OF ESIC (I.P QUOTA) Insured person (ESIC CARD HOLDER) must be accompany with the Student at the time of Admission and seat surrendering process if any.
5. The Admission process may take more than One day, Outstation Students are requested to make their own accommodation arrangements accordingly.
6. The Admission Offered to a Student will be only provisional basis, subject to the final approval of (RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES-BANGALORE,KARNATAKA)
7. Students are instructed to keep at least 01 set of photo copies of all the relevant certificates/documents with them for future reference.
8. Students are instructed to scan the all documents separately (in pdf format Size: 100KB to150KB) and his/her Photograph (in JPEG format) and submit the same soft copies in PEN DRIVE.
9. Students pertains to (CBSE, ICSE & OTHER STATES) must obtained Eligibility certificate from the (RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES-BANGALORE,KARNATAKA) <https://rguhs.karnataka.gov.in/rguhsEC/>
- 10 Student must provide ONE LEGAL SIZE PLASTING ENVELOPE FOLDER to preserve their Original Documents.
- 11 Original documents will be issued only after the completion of MBBS bond obligations. Requests for issuance during the course will not be entertained.
- 12 Admission related Bonds are to be made as per Govt. of Karnataka Bonds only.
- 13 In case of AIQ/ESIC Ward of IP NEET seats- seat surrender procedure will be duly followed.
- 14 KindlygeneratetheonlineseatssurrenderreceiptandcontacttheAdmissionCounterof ESIC Medical College Rajajinagar after seat surrendering.
- 15 Kindly come on working days and & try to take note of Bank & Court holiday schedules. SUNDAY WILL BE HOLIDAY & on any other national holiday, Bank & Court will remain closed

- 16 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 for providing the address proof for above purpose.
- 17 Transfer Certificate/ School Leaving Certificate from last Leaving College/University/Institute is mandatory.
- 18 In Case of Seat up-gradation during NEET UG 2025 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.
- 19 Name & DOB of the candidate in Aadhar card should match with details in their SSLC/HSC/TC. In case of mismatch, students are advised to make necessary correction.
- 20 The bond surety must be the father/mother and must be present at the time of admission.
- 21 Proof of online declaration (during Admission) on anti-ragging policy (at <https://www.antiragging.in/>) should be submitted.
- 22 **Attendance & other Eligibility Conditions required for MBBS Degree Course:** As per existing Rules & Regulations in force, National Medical Commission-New Delhi & Rajiv Gandhi University of Health Sciences, Karnataka.
- 23 **Anti-Ragging Policy for MBBS Students:**

As per directions of Hon'ble Supreme Court of India, National Medical Commission & RGUHS-Karnataka, 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 Notarized Affidavit. Further details of Prohibition and Punishment for Ragging Activity are mentioned in.

- 24 Charges to be levied for Up gradation/ Surrender/ Resignation/Withdrawal/Cancellation of MBBS Seat from UG NEET Counseling

Parameter	Charges levied (Rs.)	Time Limit
Amount of fee to be deducted on re-allocation of seat/ up gradation of seat to the candidates in 2 nd /3 rd Round of Counseling	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/KEA .

25. Filling the Google Form is mandatory during admission process, with the link provided below (If link not opened on clicking copy and paste it into Google chrome)

https://docs.google.com/forms/d/e/1FAIpQLSe63pIkVjR9Z0ahqUbiaJQJvc_Dklsn_yn9LjmxOfn8pkaDuQ/viewform?usp=header



ಕ.ಸ.ಬಿ.ನಿ.
E.S.I.C.

ಕಾರ್ಮಿಕರಾಜ್ಯವಿಮನಿಗಮ
ಕಾರ್ಮಿಕಮತ್ತುಉದ್ಯೋಗಸಚಿವಾಲಯ
ಭಾರತಸರ್ಕಾರ
ಕರ್ಮಚಾರಿರಾಜ್ಯವಿಮಾನಿಗಮ

(ಶ್ರಮಎಂಪ್ಲೊಯ್‌ಮೆಂಟ್‌ನಿಗಮ, ಭಾರತಸರ್ಕಾರ)
EMPLOYEES' STATE INSURANCE
CORPORATION
(Ministry of Labour & Employment, Govt of
India)



सत्यमेव जयते

ವೈದ್ಯಕೀಯಕಾಲೇಜು,
ಪಿ.ಜಿ.ಐ.ಎಂ.ಎಸ್.ಆರ್.ಮಾಧವರಾವ್‌ನಗರ,
ರಾಜಾಜಿನಗರ, ಬೆಂಗಳೂರು-560010
ವಿಕಿತ್ಸಾಮಹಾವಿದ್ಯಾಲಯ, ಪಿಜಿಆರ್‌ಎಮ್‌ಎಸ್‌ಆರ್‌ಎಲ್‌ಆರ್‌ಆಸ್ಪತ್ರೆ
ರಾಜಾಜಿನಗರ560010-ಬೆಂಗಳೂರು,
ESIC Medical College, PGIMSR & Model
Hospital, Rajajinagar, Bengaluru-560010
ದೂರವಾಣಿ /Phone 080-23125571/23125572
EMAIL- esipgi.rajblr@gmail.com
Website:esic.gov.in

FEE PARTICULARS OF MBBS ADMISSION-2025-26

FEE STRUCTURE			
Sl. No.	ADMISSION QUOTA	FEE HEAD (PER ANNUM)	AMOUNT
1	ALL INDIA QUOTA & STATE QUOTA (KEA)	TUITION FEE	1,00,000
2		CAUTION DEPOSIT	5,000
3		UNIVERSITY FEE (RGUHS)	9,350
4		HOSTEL FEE (Subject to Revision)	10,000
5		HOSTEL SECURITY DEPOSIT	10,000
		GRAND TOTAL	1,34,350
Sl. No.	ADMISSION QUOTA	FEE HEAD (PER ANNUM)	AMOUNT
1	ESIC (I.P QUOTA)	TUITION FEE	24,000
2		CAUTION DEPOSIT	5,000
3		UNIVERSITY FEE (RGUHS)	9,350
4		HOSTEL FEE (Subject to Revision)	10,000
5		HOSTEL SECURITY DEPOSIT	10,000
		GRAND TOTAL	58,350
MODE OF PAYMENT: PAYMENT OF FEE THROUGH: UPI, RUPAY DEBIT CARD ONLY, ALL TYPES OF CREDIT CARDS AND NET BANKING (WILL BE COLLECTED VIA SBI COLLECT MECHANISM OF THE COLLEGE) IN THE COLLEGE (ANNEXURE VI)			
NOTE: STUDENTS WHO WISH TO PARTICIPATE FOR UPGRADATION ROUNDS OF COUNSELLING SHOULD MAKE PAYMENT VIA DEMAND DRAFT IN FAVOUR OF "ESIC FUND A/C NO.1" PAYABLE AT BENGALURU. IF MADE PAYMENT THROUGH SBI COLLECT, SUCH REFUNDS WILL TAKE A MINIMUM OF 3 MONTHS TO PROCESS.			



ಕ.ಸ.ಬಿ.ನಿ.
E.S.I.C.

ಕಾರ್ಮಿಕರಾಜ್ಯವಿಮನಿಗಮ
ಕಾರ್ಮಿಕಮತ್ತುಉದ್ಯೋಗಸಚಿವಾಲಯ
ಭಾರತಸರ್ಕಾರ
ಕರ್ಮಚಾರಿರಾಜ್ಯವಿಮಾನಿಗಮ
(ಶ್ರಮಎವಂರೋಜಗಾರಮಂತ್ರಾಲಯ, ಭಾರತಸರ್ಕಾರ)
EMPLOYEES' STATE INSURANCE
CORPORATION
(Ministry of Labour & Employment, Govt of
India)



ವೈದ್ಯಕೀಯಕಾಲೇಜು,
ಪಿ.ಜಿ.ಐ.ಎಂ.ಎಸ್.ಆರ್ಮತ್ತುಮಾದರಿಆಸ್ಪತ್ರೆ,
ರಾಜಾಜಿನಗರ, ಬೆಂಗಳೂರು-560010
ವಿಕಿತ್ಸಾಮಹಾವಿದ್ಯಾಲಯ, ಪಿಜಿआईಎಮ್‌ಎಸ್‌ಆರ್‌ಎವ್‌ಆದರ್ಶಾಸ್ಪತ್ಯಾಲ
ರಾಜಾಜಿನಗರ560010-ಬೆಂಗಳೂರು,
ESIC Medical College, PGIMSR & Model Hospita,
Rajajinagar, Bengaluru-560010
ದೂರಭಾಷೆ /Phone 080-23125571/23125572
EMAIL- esipgi.rajblr@gmail.com
Website: esic.gov.in

FIRST YEAR MBBS (2025-26) ADMISSIONACKNOWLEDGEMENT

Mr./Ms. _____ S/o/D/o _____ with
NEET Roll No. _____ has been Allotted MBBS seat through State
(KEA)/ All India (AIQ) / ESIC -IP Quota under the Category _____ in ESIC
Medical College & PGIMSR, Rajajinagar, Bangalore - 560010.

The following original documents have been received from the candidate:-

Sl. No.	List of Documents Verified	Documents submitted or not
1	NEET-2025 AdmitCard& Score Card	
2	NEET-2025 Allotment Order (AIQ/State/ESIC-IP)	
3	SSLC/10 th Marks Card/Matriculation	
4	II PUC/10+2 Marks Card/Sr. Secondary Certificate.	
5	Transfer Certificate	
6	Migration Certificate (other states, ICSE & CBSE Board Candidates only)	
7	Study/Conduct/ Character Certificate	
8	SC/ ST/ OBC/ EWS/PH certificate in the prescribed format from the 'Appropriate Authority' as per NEET 2023 Brochure	
9	Income certificate/Caste Certificate	
10	Eligibility Certificate (from RGUHS) other states, ICSE & CBSE Board Candidates only	
11	ESIC e-Pehchan Card (ESIC QUOTA STUDENTS)	
12	"Ward of IP Certificate" from the Competent Authority	
13	Affidavit at Annexure IV & V (Only for ESIC-IP Quota Female Candidates)	
14	Domicile Certificate (Hyderabad - Karnataka Quota)	
15	1. ESIC-UG Bond Affidavit at Annexure III 2. Online Anti ragging 3. Anti-ragging bond Affidavit at Annexure I & II	

16	<p>FEE RECIEVD DETAILS:</p> <p>For (ALL INDIA QUOTA & KEA STATE QUOTA)</p> <p>01. TUITION FEE Rs.1,00,000</p> <p>02. CAUTION DEPOSIT: Rs.5,000/-</p> <p>03. UNIVERSITY FEE (RGUHS): Rs.9,350/-</p> <p>04. HOSTEL DEPOSIT : Rs.10,000/-</p> <p>05. HOSTEL FEE : Rs. 10,000/-</p> <p>FOR ESIC (I.P QUOTA SEAT)</p> <p>01. TUITION FEE : Rs.24,000</p> <p>02. CAUTION DEPOSIT: Rs.5,000/-</p> <p>03. UNIVERSITY FEE (RGUHS): Rs.9,350/-</p> <p>04. HOSTEL DEPOSIT : Rs.10,000/-</p> <p>05. HOSTEL FEE : Rs. 10,000/-</p>	
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The above said documents have been duly verified and sent for further admission process to the RGUHS.

DA

O.S

DD(ME)

Nodal Officer

DEAN



क.रा.बी.नि.
E.S.I.C.

ಕಾರ್ಮಿಕರ ರಾಜ್ಯ ವಿಮೆ ನಿಗಮ
ಕಾರ್ಮಿಕ ಮತ್ತು ಉದ್ಯೋಗ ಸಚಿವಾಲಯ
ಭಾರತ ಸರ್ಕಾರ
कर्मचारीराज्यबीमानिगम
(श्रमएवंरोजगारमंत्रालय, भारतसरकार)
EMPLOYEES' STATE INSURANCE
CORPORATION
(Ministry of Labour & Employment, Govt of
India)



ವೈದ್ಯಕೀಯ ಕಾಲೇಜು, ಪಿ.ಜಿ.ಐ.ಎಂ.ಎಸ್.ಆರ್ ಮತ್ತು
ಮಾದರಿ ಆಸ್ಪತ್ರೆ, ರಾಜಾಜಿನಗರ, ಬೆಂಗಳೂರು-560010
ಚಿಕಿತ್ಸಾಮಹಾವಿದ್ಯಾಲಯ, ಪಿಜಿआईಎಮ್‌ಎಸ್‌ಆರ್‌ ಆರ್‌ ಆದರ್ಶ‌ಆಸ್ಪತ್ರೆ
ರಾಜಾಜಿನಗರ-560010-ಬೆಂಗಳೂರು,
ESIC Medical College, PGIMSR & Model Hospital
ajajinagar, Bengaluru-560010
ದೂರಭಾಷೆ /Phone 080-23125571/23125572
EMAIL- esipgi.rajbhlr@gmail.com
Website: esic.gov.in

APPLICATION FORM FOR MBBS COURSE-2025-26

NAME OF THE STUDENT: _____
(IN BLOCK LETTERS AS PER 10TH MARKS CARD)

FATHER'S NAME: _____

MOTHER'S NAME: _____

DATE OF BIRTH: _____ (DD/MM/YYYY)

GENDER: MALE/FEMALE NATIONALITY: _____ MOTHER TONGUE: _____

RELIGION: _____ CASTE NAME: _____ CATEGORY BELONGS UR/EWS/OBC/SC/ST/PH

ADMISSION QUOTA: AIQ /STATE / ESIC-IP QUOTA, SEAT ALLOTTED CATEGORY: _____

PERMANENT ADDRESS: _____

_____ (URBAN/RURAL)

NEET ROLL No: _____ ESIC I.P No: _____ (FOR ESIC IP QUOTA STUDENTS)

NEET ALL INDIA RANK: _____ NEET OBTAINED MARKS : _____ **NEET MAX MARKS:720** PERCENTILE: _____

PUC (10+2) REGISTER/ROLL No: _____ YEAR OF PASSING: _____

PUC (10+2) OBTAINED MARKS: _____ MAXIMUM MARKS: _____ TOAL PERCENTAGE: _____ %

PUC (10+2) OBTAINED MARKS IN P.C.B: _____, P.C.B MAX.MARKS _____ & P.C.B _____ %, _____

ENGLISH OBTAINED MARKS: _____ ENGLISH MAX. MARKS: _____ ENGLISH _____ %

NAME OF THE (PUC/10+2) STUDIED COLLEGE: _____

NAME OF THE PRE UNIVERSITY/ BOARD: _____

CONTACT No. OF THE STUDENT: _____ CONTACT No. OF PARENTS: _____

STUDENT EMAIL I.D: _____ PARENTS EMAIL I.D: _____

STUDENT'S AADHAR NO: _____ FATHER'S AADHAR NO: _____

MOTHER'S AADHAR NO : _____

I HEREBY SOLEMLY & SINCERELY AFFIRM THAT THE STATEMENTS MADE & INFORMATION PROVIDED BY ME
IN THE APPLICATION IS TRUE & CORRECT.

DATE:

PLACE: BANGALORE

(STUDENT'S SIGNATURE)

(PARENTS/GAURDIAN'S SIGNATURE)

**RECENT
PASSPORT
PHOTO**

BOND FORMATS

ALL INDIA QUOTA, STATE QUOTA AND ESIC (I.P QUOTA)	1 ST PARTY : STUDENT NAME 2 ND PARTY: ESIC MC & PGIMSR, RAJAJINAGAR,BENGA LURU-10 FOR ALL BONDS	1) ESIC-UG BOND WITH CONSIDERATION AMOUNT MUST BE Rs. 5,00,000) (Rs.500 STAMP PAPER) 2) ANTI RAGING BOND (Rs. 100/- STAMP PAPER)	STAMP DUTY SHOULD BE PAID IN KARNATAKA
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***Each candidate must submit the UG MBBS Bond, which is to be signed in front of College authorities.**

AFFIDAVIT BY THE STUDENT

1. I, _____ (full name of the _____ with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms. _____ having read 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 ragging 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

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 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 ragging 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 penalty 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

**FORMAT OF BOND
(FOR UG – MEDICAL 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 here-inafter 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)

(Name & Address**, Photo ID No.)

2. Signature of SURETY / SURETIES

**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, Rajajinagar, Karnataka-560010 (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 ofin 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)
(Name & Address**, Photo ID No.) | 2. Signature of SURETY / SURETIES |

*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.

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

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

STEPS FOR ONLINE FEE PAYMENT THROUGH SB COLLECT PORTAL:

1. Visit URL <https://www.onlinesbi.sbi/sbicollect/> Read & Accept the terms and conditions to proceed for payment scroll down & and click on 'Educational Institution' in the Select Category.
2. Select "ESIC MEDICAL COLLEGE & Model Hospital Karnataka" in the Educational Institution Name and Submit to select category.
3. Select Payment Category as "MBBS ADMISSION 1st YEAR" and enter the required details to complete the payment. (Amount should be consolidated sum of fees i.e. Tuition Fees, College Caution Deposit, Hostel security Deposit (if applicable) and Hostel Fee (if applicable))
4. Payment may be made as per students' convenient payment options provided (Transaction / Service Charges applicable as per Bank Norms).
6. Generated e-Receipt should be saved at the student's end for reference and Hard copy should be submitted during admission.
7. **Hostel allotment preference will be given to non-Bengaluru students. Students whose Aadhar address is within Bangalore city are advised not to pay hostel-related fees.**

For All India Quota/ ESIC Ward of Insured Persons/ State Quota Admission

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

-PWD Certificate should be issued by Designated Centers and as per the Format/Performa of UG NEET 2025 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.