



कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)

**Employees' State Insurance Corporation**  
(Ministry of Labour & Employment,  
Govt. of India)



सत्यमेव जयते

चिकित्सा महाविद्यालय एवं अस्पताल  
एनएच-3, एनआईटी, फरीदाबाद-121001 (हरियाणा)

**Medical College & Hospital**

NH-3, NIT, Faridabad-121001(Haryana)

Phone No-129-2985080

Email: dean-faridabad@esic.nic.in

Website: www.esic.nic.in / www.esic.in

## **GENERAL INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING ADMISSION FOR MBBS COURSE 2024-25**

1. Students must report at Academic Block, Medical College Building for MBBS admission on or before date indicated on their selection letter issued by MCC/UHSR. If any student fails to report before last date, his/her admission will stand cancelled and the same will be intimated to concerned authorities.
2. One of the parent / guardian must accompany student at the time of admission or when surrendering of seat is done as some documents are to be signed by them. Parent/Guardian must carry two ID Proofs of self.
3. The admission process may take more than one day. Outstation candidates are requested to make their own staying arrangements accordingly.
4. The admission offered to a candidate will be only provisional. DME & UHSR are final authorities for admission approval.
5. The original documents will be sent to Pt B.D.Sharma University of Health Sciences, Rohtak for admission approval. The students are instructed to keep at least 3 Xerox copies of original documents with themselves for future use
6. Each Candidate must submit the following original certificate shown in the check list as applicable along with one set of self-attested copies. The originals and Xerox must be produced in the prescribed sequence.  
**CANDIDATE MUST PROVIDE ONE FILE FOLDER AND A4 POSTAL ENVELOPE FOR THEIR ORIGINAL DOCUMENTS.**
7. In case of AIQ/ESIC Ward of IP-NEET seats-seat surrender procedure will be duly followed.
8. Kindly generate the online seat surrender receipt and contact the Admission Counter of ESIC Medical College, Faridabad after surrendering the seat.
9. Reporting timings : Monday to Friday **09.00 am to 04:00 pm**  
Saturday **09:00 am to 01:00 pm**



कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
**Employees' State Insurance Corporation**  
(Ministry of Labour & Employment,  
Govt. of India)



चिकित्सा महाविद्यालय एवं अस्पताल  
एनएच-3, एनआईटी, फरीदाबाद-121001 (हरियाणा)  
**Medical College & Hospital**  
NH-3, NIT, Faridabad-121001(Haryana)  
Phone No-129-2985080  
Email: dean-faridabad@esic.nic.in  
Website: www.esic.nic.in / www.esic.in

## **DOCUMENT CHECK LIST** **FOR MBBS ADMISSION (SESSION 2024-25)**

NAME : ..... FATHER'S NAME .....

QUOTA : AIQ / State / IP CATEGORY : ..... D.O.B. : .....

The candidates, at the time of admission must bring the following **Original Certificate/Documents** along with **One Set** of duly self-attested photocopies of these in a File Folder.

S.N	Documents to be submitted by all New Admission Students	Mark (Yes or No)
1	Seat Allotment Letter	
2	Hall Ticket / Admit Card of NEET-UG 2024-25	
3	NEET - Score Card	
4	UG Bond (As per Performa)	
5	College Fee Paid Challan / Demand Draft	
6	Passport Size Photo – 4 No.s	
7	10 <sup>th</sup> / Matriculation Marks Sheet	
8	10+2 / Sr. Secondary Marks Sheet	
9	10+2 / Sr. Secondary Passing Certificate	
10	Transfer Certificate & Migration Certificate	
11	Gap Certificate (If Applicable)	
12	Character Certificate	
13	Caste.....Certificate (if applicable)	
14	EWS Certificate (if applicable)	
15	Anti-Ragging Declaration (Affidavit) (Student)	
16	Anti-Ragging Declaration (Affidavit) (Father/Mother)	
17	Undertaking at the Time of Reporting (As per Performa)	
18	Certificate for Bench Mark Disabilities (If Applicable)	
19	Certificate of Dependent of Freedom Fighter (if applicable)	
20	Certificate of Ex SM (if applicable)	
21	Aadhaar Card (Student)	
22	Aadhaar Card (Father & Mother)	
23	Printout of Application Form	

<i>Additional Documents to be submitted by "State Quota" Students in addition to above</i>		
24	Provisional Admission Letter	
25	Haryana Domicile / Residence Certificate	
26	Income Certificate in case of BC-A / BC-B	
27	Parivar Pehchan Patra (Family ID)	

<i>Additional Documents to be submitted by "IP Quota" Students in addition to above</i>		
24	ESIC Pehchan Card	
25	Ward of IP Certificate	
26	Declaration (Affidavit) by the Female Student	
27	Declaration (Affidavit) by the IP (Parent) of Female Student	
28	Any Other Declaration	

Name & Signature of the Student

Name & Signature of the Parent/Guardian

Signature of Reporting Officer

Signature of Nodal Officer



कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)

**Employees' State Insurance Corporation**  
(Ministry of Labour & Employment,  
Govt. of India)



सत्यमेव जयते

चिकित्सा महाविद्यालय एवं अस्पताल  
एनएच-3, एनआईटी, फरीदाबाद-121001 (हरियाणा)

**Medical College & Hospital**  
NH-3, NIT, Faridabad-121001(Haryana)  
Phone No-129-2985080  
Email: dean-faridabad@esic.nic.in  
Website: www.esic.nic.in / www.esic.in

## **FEE STRUCTURE**

### **FOR MBBS ADMISSION**

**2024-25**

#### **For "IP Quota" Students :**

<b>"IP QUOTA" STUDENTS FEE</b>					
S.N.	FEE HEAD (Annual)	FEE TO PAY	S.N.	FEE HEAD (Annual)	FEE TO PAY
1	Tuition Fee	24000/-	1	Students Welfare Fund	5000/-
2	Caution Deposit	5000/-	2	University Registration Fee	3940/-
3	Hostel Fee*	10000/-		<b>TOTAL :</b>	<b>8940/-</b>
4	Hostel Security Deposit*	10000/-	Payment of Rs.8940/- may be made through any UPI App at the time of reporting in college.		
	<b>TOTAL :</b>	<b>49000/-</b>			
Fee can be paid through online SBI portal which can be avail at the time document verification. (By means of Internet banking, Credit/Debit card etc.)					

#### **For "All India & State Quota" Students :**

<b>"ALL INDIA &amp; STATE QUOTA" STUDENTS FEE</b>					
S.N.	FEE HEAD (Annual)	FEE TO PAY	S.N.	FEE HEAD (Annual)	FEE TO PAY
1	Tuition Fee	100000/-	1	Students Welfare Fund	5000/-
2	Caution Deposit	5000/-	2	University Registration Fee	3940/-
3	Hostel Fee*	10000/-		<b>TOTAL :</b>	<b>8940/-</b>
4	Hostel Security Deposit*	10000/-	Payment of Rs.8940/- may be made through any UPI App at the time of reporting in college.		
	<b>TOTAL :</b>	<b>125000/-</b>			
Fee can be paid through online SBI portal which can be avail at the time document verification. (By means of Internet banking, Credit/Debit card etc.) (For State Quota Students: if Tuition fee paid at university, then no need to pay tuition fee at ESIC MCH, Faridabad)					

\*Hostel Fee & Hostel Security Deposit are payable for those who want to opt for Hostel Facility. Those who don't want to opt for Hostel may exclude the both fee from the total fee to prepare DD.

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

1<sup>st</sup> Party: Student's Name

2<sup>nd</sup> Party: The Dean, ESIC Medical College and Hospital, Faridabad

\*\*\*\*\*

**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 here-in-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<br>(Name & Address with official seal) | 1. Signature of BOUNDEN<br>(Name & Address**, Photo ID No.)           |
| 2. Signature<br>(Name & Address)                    | 2. Signature of SURETY / SURETIES<br>(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 Education Institution (Name of the Institution)\_\_\_\_\_for a period of \_\_\_\_\_ (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 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**

n the presence of witness\*:

- |   |   |
|---|---|
| 1. Signature<br>(Name & Address with official seal) | 2. Signature of BOUNDEN<br>(Name & Address**, Photo ID No.)           |
| 3. Signature<br>(Name & Address)                    | 4. Signature of SURETY / SURETIES<br>(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

**ANNEXURE-B**

**AFFIDAVIT BY THE CANDIDATE / STUDENT**

1. I, (Mr./Mrs./Ms.) \_\_\_\_\_  
Son /daughter/wife of \_\_\_\_\_ have carefully read and fully  
understood the law prohibiting ragging and the directions of the Supreme Court and the  
Central / State Government in this Regard.
2. I have received a copy of the MCI Regulations on curbing the Menace of Ragging in High  
Educational Institutions 2009.
3. I hereby undertake that
  - I will not indulge in any behavior or act that may come under the definition of ragging.
  - I will not participate in or abet or propagate ragging in any form.
  - I will not hurt anyone physically or cause any other harm.
4. I hereby agree that if found guilty of any aspects of ragging, I may be punished as per the  
provisions of the MCI Regulations mentioned above and / or as per the law in force.

Signed on \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ Year

Signature  
(Name & Address.)

**Witnesses:**

- 1.
- 2.

## **AFFIDAVIT BY THE PARENT/GUARDIAN**

1. I, \_\_\_\_\_ Father/ Mother/ Guardian/ Husband of \_\_\_\_\_ have carefully and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central / State Government in this Regard as well as the MCI Regulations on curbing the Menace of Ragging in High Educational Institutions 2009.
2. I assure you that my ward will not indulge in any act of ragging.
3. I hereby agree that if he found guilty of any aspects of ragging, he may be punished as per the provisions of the MCI Regulations mentioned above and / or as per the law in force.

Signed on \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ Year

Signature of the Parent/Guardian  
(Name & Address.)

Witnesses:

- 2.
- 2.