



**ADMISSION LETTER**

The Institution is pleased to provisionally admit you to ESIC Medical College Gulbarga, subject to submission of bond and all documents approved by RGUHS.

All original documents which have been collected from the candidate shall be returned after the approval of admission by RGUHS and apex body Medical Council of India.

The Detail of candidate is as under

Name:


S/D/O: \_\_\_\_\_

DOB:D/M/Y. \_\_\_\_\_

Name of PUC Board. \_\_\_\_\_

PUC Registration No. \_\_\_\_\_

Date of Admission \_\_\_\_\_

Blood Group. ....

Category: SC/ST/OBC/GEN. Tick in box

SC		ST		OBC		GEN	
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CET/AIQ/ESIC/Rank \_\_\_\_\_ CET No. \_\_\_\_\_

Marks Obtained in PUC-II-

Physics		Chemistry		Biology		English	
Marks	Out of	Marks	Out of	Marks	Out of	Marks	Out of

CET Marks-

Physics	Out of	Chemistry	Out of	Biology	Out of

Address:


Mob No.


PHOTO
Signature.

Dean  
 ESIC MC



**EMPLOYEES' STATE INSURANCE CORPORATION**  
**MEDICAL COLLEGE**  
Ministry of Labour & Employment, Govt. Of India  
**SEDAM ROAD, GULBARGA-585106**



Tel. No. : 08472-265546/47/48

Fax No.: 08472-265545

NAME -  
D.O.B. -  
FATHER NAME -  
MOTHER NAME -  
SEX -  
RELIGION -  
MOTHER TONGUE -  
CASTE -  
NATIOANLITY -  
CATEGORY -  
SEAT TYPE - CET / ESIC / AIQ  
AIQ RANK -  
CET RANK -  
QUALIFYING EXAM -  
STUDENT ADDRESS -  
MOBILE NO. -

**SIGNATURE OF CANDIDATE**

U.G BOND PROFORMA

BOND

(Total Value of Rs. 100/- Stamp Paper\*)  
(FOR MBBS STUDENTS)

WHEREAS the Bounden.....has been selected to Undergo MBBS in Corporation Medical College in the merit quota for the duration of the course as prescribed by Medical Council of India.

AND WHEREAS, the Corporation have agreed to incur the expenses on condition that after Successful completion of the course of study within the prescribed period the bounden shall serve the ESI Corporation/ESI Scheme for a period of five years in any institution of the Corporation/Scheme anywhere in India, if the Corporation requires and also subject to the terms and conditions hereinafter appearing and the bounden and the sureties have agreed to the same.

NOW the condition of the above written obligation is that in the event the Bounden after successful completion of the Graduate course of study to which he/she was selected fails to serve. The Corporation for period of five years, if required by the Corporation, the Bounden and sureties shall forthwith pay to the Corporation for violation of conditions, on demand the total amount of Rs. 7,50,000/- (Rupees Seven lakh fifty thousand only) the amount spent by the Corporation for their studies along with 15% interest as fixed by the Corporation. On the quantum of amount payable by the Bounden and the sureties, the decision of the Corporation shall be final and legally binding on the bounden and sureties and upon the payment of such sum the above written obligation shall be discharged.

PROVIDED further that the bounden and the sureties do hereby agree that if the Bounden fails to serve the Corporation for a period of five years, if Corporation requires, it may be construed as 'professional misconduct' and the fact reported to the Medical Council of India for suitable action including cancellation of registration by the Council.

PROVIDED further that the bounden and the surety 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.

The liabilities of the sureties under this Bond 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  
Shri/Smt. ....

Signature

In the presence of Witness\*

- 1.....  
(Name & Address with Official seal)
- 2.....  
Name & Address)

1. Signed by bounden (Name & Address)

2. Signed by Shri/Smt.....(The  
Surety )(Residential Address with proof is compulsory)

II<sup>nd</sup> PARTY - DEAN, ESIC MEDICAL COLLEGE,  
GULBARGA

## CHECK LIST FOR ADMISSION

I have submitted following documents (Original and 3 Sets of attested photocopies) at the time admission.

(Please Tick as per requirement)

S.L.No	DOCUMENTS	Yes	No
1	CET Admission Ticket/Hall Ticket.		
2	Allotment Order (KEA/A.I.Q)		
3	SSLC/10 <sup>th</sup> Marks Cards/Sr. Secondary		
4	II PUC/10+2Marks Cards/Sr. Secondary		
5	Bonds (Rs100/-Stamp paper,Notarized)		
6	Transfer Certificate		
7	Migration Certificate		
8	Study-Character Certificate		
9	Caste Curn Income Certificate		
10	Eligibility Certificate (CBSE/ICSE/Students from other states)		
11	Fees: Rs.24,000/-Tuition Fees+Rs.5,000/-Security Deposit (Refunable) Note:-Demand Draft should be drawn in Favor of "DEAN,ESIC MC Gulbarga.		
12	Hosts. Fee:if required Rs.1,800/- (Annual Charges)Rs.10,000/-Security Deposit) favor of "DEAN, ESIC MC Gulbarga payable at Gulbarga. Mess Charges- As per actual.		
13	ID proof and Address proof of surety.		
14	ESIC Board Submitted		

**I Declare that above documents submitted by me are true and best in my knowledge and if any documents submitted by me are found incorrect or false, then action may be taken me as per rules.**

Candidate Name:

signature

Date

Contact No:

Address:

we have verified above noted document with original and found correct and above candidate is a right person he is eligible for Admission for M.B.B.S Course in ESIC Medical College Gulbarga.

Verifying Officer Name:

Signature:

Date:



Instructions:

- (A) These proforma is to be submitted by all current students (who have not yet submitted at the time of registration.
- (B) Further, all new students joining the Institutes are also required to submit the same.
- (C) The proforma is to be submitted on a Non-Judicial stamp paper of Rs. 10/- and duly notarized.
- (D) Annexure-I is to be signed by the students while Annexure-II is to be signed by the Parent.

**Registrar**

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**ANNEXURE I**  
**AFFIDAVIT BY THE STUDENT**

- 1) I,----- (full name of 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 understood 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 behaviour 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:

**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 misstated therein.

Verified at \_\_\_\_\_ (place) on this the ---- (day) of \_\_\_\_\_ (month), ---- (year).

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year) after reading the contents of this affidavit.

**OATH COMMISSIONER**

*Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.*

**ANNEXURE II**  
**AFFIDAVIT BY PARENT/GUARDIAN**

- 1) 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 understood 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 my ward in case he/she is 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. a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
  - b. 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:  
Telephone/ 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 misstated therein. Verified at (place) on this the (day) of (month), (year).

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) of (month), (year) after reading the contents of this affidavit.

OATH COMMISSIONER

*Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.*

PROFORMA FOR MEDICAL CERTIFICATE OF FITNESS FROM MBBS QUALIFIED DOCTOR (ON HIS/HER  
LETTER HEAD OR LETTER HEAD OF THE HOSPITAL)

Name : .....  
Father's Name : .....  
Name of Doctor : .....

Medical History

a) Blood Group

b) Date of Vaccination: (i) Chicken Pox ..... (ii) Hepatitis B .....

c) Injuries in the Recent Past :

d) Allergies to drugs, medicines or any other thing like food item etc.

e) History of current medication (attach sheet if required)

f) Certificate by doctor to state that the student is free from any communicable disease and is not suffering from or ever suffered from diseases which need immediate medical attention like Congenial Heart disease, Rheumatic Septal Deficiency, Bronchial Asthma, Epileptic Fits, Diabetes Mellitus or Psychiatry related diseases etc.

**Note:** If so then the same must be mentioned / declared with the medical officer of the Institute immediately at the time of joining to enable quicker and suitable response in case of emergency

**Sign. of Student**

**Sign. of Parent**

**Sign. of Medical Officer**