



**EMPLOYEES' STATE INSURANCE CORPORATION  
MEDICAL COLLEGE, GULBARGA**

Ministry of Labour & Employment, Govt. Of India

SEDAM ROAD GULBARGA-585106

Email: [deanmc-gb.kar@esic.nic.in](mailto:deanmc-gb.kar@esic.nic.in)

**Ph. No. 08472-265546/47/48**

**Fax No. 08472-265545**

**No.532/L/11/12/UG Admissions/2019-20/MEB**

**GENERAL INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING  
ADMISSION FOR 1<sup>st</sup>-MBBS COURSE.**

1. Students must report in Admission Counter, Office of Academic Registrar, 1<sup>st</sup> Floor, Medical College Building for MBBS admission on or before date indicated on their selection letter issued by KEA/ AIQ/ESIC Ward of IP by 9-30 am. If any student fails to report before last date indicated in the office letter, 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.
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 & RGUHS are final authorities.
5. The original documents will be sent to Rajiv Gandhi University of Health Sciences, Bangalore 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 certificates shown in the check list as applicable along with three sets of self-attested copies. The originals and Xerox must be produced in the prescribed sequence. CANDIDATES MUST PROVIDE ONE FILE, ONE FOLDER AND ONE 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, Kalaburagi after seat surrendering
9. Reporting timings: 09.30 am to 01.00 pm and 02:00 pm to 04:00 pm.



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## CHECK LIST FOR ORIGINAL DOCUMENTS FOR 1<sup>st</sup> YEAR UG-MBBS ADMISSION

Sl No.	Description	Submitted	Remarks
1. *	NEET -2020 Admission Ticket		
2. *	KEA/ AIPMEE Admission Order		
3. *	Score Card NEET -2020 with Rank Position i.e. All India Rank		
4. *	SSLC / 10 <sup>th</sup> Standard Marks Statement , which must bear Date of Birth		
5. *	Sr. Secondary/Intermediate /12 <sup>th</sup> Standard Marks Statement		
6.	Application for Eligibility Certificate (for the students of CBSE/ICSE/Other States) and Payment Details		
7.	OBC/SC /ST/PH Caste Certificate as applicable; and in the format as per NEET-2020 Bulletin/ Broacher EWS Certificate by Appropriate Authority		
8.	Transfer Certificate (10 +2)		
9.	Study Certificate / Character & Conduct Certificate/ Migration Certificate ( if applicable)		
10.	Undertaking for Anti-ragging (by Student)		
11.	Undertaking for Anti-ragging (by Parent)		
12.	Affidavit for ESIC UG MBBS Service bond		
13.	For Female Candidates only ❖ Affidavit by candidate as per Annexure -4 ❖ Affidavit by IP as per Annexure-5		
14.	371 J Eligibility Certificate if Applicable		
15.	Recent Passport size Photograph (04)		
16.	<b>Fees Paid</b> 1)At KEA 2) At College		
17.	Original Ward of IP Certificate and Pehchan Card for ESIC Ward of IP Quota		
18.	Copy of Address Proof (Student and Parent)		
19.	CD / DVD of scanned copies of all documents submitted including photo		

**Note: \* Marked Original Documents may be separately submitted in A4 Postal Envelope.**

I/ We, understand that I have to submit a Bank Guarantee of Rs.500000/- (Rupees Five Lakh only) after commencement of my Internship. I have submitted the UG-MBBS Service bond accordingly after understanding that it is an essential condition for My/My ward(s) admission(s). I/ We also accept that our Admission to 1<sup>st</sup> Year UG-MBBS course is Provisional and Subject to Approval from RGUHS-Karnataka, Bangalore, NMC, New Delhi.

Signature of the Student

Signature of the Parent or Guardian



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**Application Form for UG-MBBS Admission: 2020-21**

**(Fill the Details in Block Letters only)**

**Personal Details**

- Name of the Student (as per 10<sup>th</sup>):
- Father's Name:
- Mother's Name:
- Date of Birth (DD/MM/YYYY):
- Religion and Mother Tongue:
- Category (OBC/UR/SC/ST):
- Contact Number: 1.
- Aadhar Card Number:
- Belongs to Urban/ Rural Area:
- Address for Communication : \_\_\_\_\_

Gender (M/F):

Nationality:

PH (Yes/No):

2.

E-mail id:

Blood group:

Affix Recent  
Passport Size  
Photo

PIN CODE:

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**Qualification Details:**

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

Description	Maximum Marks	Marks obtained
Biology		
Chemistry		
Physics		
English		
Total		
PCB Total		
PCB Percentage		

**NEET Details:**

- Hall Ticket/Admit Card Number:
  - Roll Number:
  - Merit Number/Rank in NEET (A.I.R):
  - NEET Entrance Examination Score (out of 720):
  - NEET Entrance Percentile:
- Category-wise rank (AIR/STATE): .....  
/720 and Percentage (%) \_\_\_\_\_

**Admission Details:**

- Date of Admission (DD/MM/YYYY):
- Quota under which (State/ A.I.Q. /IP-ESIC):
  - ✓ If State Quota, mention the caste category:

All the entries made above are true to best of my knowledge and I am directly responsible for any fallacies.

(Signature of the Candidate)

Signature of Parent or Guardian

Date:

(Signature of Reporting Official)



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### **1<sup>ST</sup> YEAR UG-MBBS FEE PARTICULARS, ACADEMIC YEAR 2020-21**

Annual Fees Payable: Demand Drafts shall be drawn from any Nationalized Bank in favour of  
**“ESI Corporation” Payable at Gulbarga** as follows:

Sl. No.	Fees	Amount (in Rs.)	Remarks
1	Tuition Fee (AIQ/ State Quota)	1,00,000/-	D. D. Mode of Payment (Write the name , mobile number and NEET SCORE at the back side of Demand Draft)
2	Tuition Fee (ESIC Ward of IP Management Quota)	24000/-	
3	Caution Deposit of Tuition Fee	5000/-	
4	Hostel Deposit	10,000/-	
5	Hostel Fee	1,800/-	
6	University Fees ((First year only)	9,350/-	To be deposited to ESIC Medical College Collection Account, A/c No: 33873430683, SBI , Sedam Road Branch.
7	Mess Deposit	5000/-	To be paid to In-Charge of Mess
8	Payment for fee Eligibility Certificate	As applicable	<a href="https://www.rguhs.ac.in/StudentWelfare/EC%20Applications.htm">https://www.rguhs.ac.in/StudentWelfare/EC%20Applications.htm</a>

**Note: Eligibility Certificate is applicable for the students of CBSE/ICSE/Other States**

If Paid at KEA: Details of the Payment:

Date of Payment: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Reference Number: \_\_\_\_\_

**The above Fee Structure may vary from time to time as per Headquarters office as well as Competent Authority Directions.**

# BOND FORMATS

**Bond value: Rs. 20/- e-stamp/bond;**

**1<sup>ST</sup> Party: Student's name**

**2<sup>ND</sup> Party: ESIC Medical College,  
Gulbarga**

## **ANNEXURE**

### **AFFIDAVIT BY THE STUDENT**

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, KALABURAGI, 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 misstated therein.

Verified at \_\_\_\_\_ (place) 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**

**Bond value: Rs. 20/- e-stamp/bond;**

**1<sup>st</sup> Party: Parent's/Guardian name**

**2<sup>nd</sup> Party: ESIC Medical College, Gulbarga.**

## **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 ESIC MEDICAL COLLEGE, KALABURAGI, 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 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 the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_( year). Reading the content of this affidavit

Signature of the Deponent

**OATH COMMISSIONER**



**ANNEXURE-3(A)**

**'WARD of IP' CERTIFICATE (2020-21)**

Certificate No.....

NEET Roll No. ....

**'Ward of Insured Person' (IP) – CERTIFICATE (To  
be issued on OFFICIAL LETTER HEAD)**

**Photo of  
'Ward of IP'  
(As  
Uploaded)**

**Photo of IP  
(As  
Uploaded)**

**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  
(2020-21) for admission to MBBS course under 'Insured persons' Quota' in ESIC Medical College.

**2.** This certificate is being issued on the basis of Verification of records by Shri/Smt.  
\_\_\_\_\_ (designation) \_\_\_\_\_ at  
Regional/SRO Office \_\_\_\_\_ for eligibility under "Insured Persons  
Quota" for admission to Undergraduate course, i.e. MBBS in ESIC Medical Colleges for the  
Academic Session 2020-21

**DATE:**

**PLACE:**

**REGIONAL DIRECTOR/SRO I/c**

**(Duly stamped)**

**'WARD of IP CERTIFICATE' (2020-21)**

Certificate No.....

NEET Roll No. ....

**(To be issued on OFFICIAL LETTERHEAD)**

**Photo of  
'Ward of IP'  
(As  
Uploaded)**

**Photo of IP  
(As  
Uploaded)**

**'Ward of Insured Person' (IP) – CERTIFICATE for (Delete whatever is not applicable)****i. Ward of IPs in receipt of Dependents' Benefit****OR****ii. IPs in receipt of PDB for**

- 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 'Insured persons' Quota' to MBBS course in ESIC Medical College.

**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 (2020-21) for admission to MBBS course under 'Insured persons' Quota' in ESIC Medical College.

**\*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 "Insured Persons Quota" for admission to Undergraduate course, i.e. MBBS in ESIC Medical College for the Academic Session 2020-21

**DATE:****PLACE:****REGIONAL DIRECTOR /SRO I/c****(Duly stamped)**

**Bond value: Rs. 20/- e-stamp/bond;**  
**1<sup>st</sup> Party: Student Name**  
**2<sup>nd</sup> Party: ESIC Medical College, Gulbarga.**

**ANNEXURE - 4**

**AFFIDAVIT (By Female Candidate only)**

1. That deponent Ms....., age .....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....., 2020.

**DEPONENT**

[To be duly Notarized]

**Bond value: Rs. 20/- e-stamp/bond;**  
**1<sup>st</sup> Party: Student Name**  
**2<sup>nd</sup> Party: ESIC Medical College, Gulbarga.**

## **ANNEXURE – 5**

### **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 has got Daughter (Name:.....), ..... 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 are 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 with 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..... 2020

**DEPONENT**

[To be duly Notarized]

**Bond value: Rs. 100/- e-stamp/bond;**  
**1<sup>st</sup> Party: Student Name**  
**2<sup>nd</sup> Party: ESIC Medical College, Gulbarga**

**ANNEXURE – 6A**

**FORMAT OF BOND**

**(FOR UG –MEDICAL STUDENT 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. \_\_\_\_\_ (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 here-in-after mentioned.  
The bounden and sureties shall furnish Bank Guarantee\*\* amounting to Rs 5,00,000 (Rupees Five  
lakh only) in favour of the Dean of the ESIC Institution in lieu of the amount within 03 months of  
internship year. The total obligation amount would not exceed Rs. 05 lakhs at any stage. The original  
documents of the student would be retained by the Corporation pending the submission of Bank  
Guarantee.

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  
UG-MBBS. (here enter the name of the course of study) on the basis of merit Central/State/Stake  
Holder in ESIC Medical College, Gulbarga, Karnataka-585106 for a period of 04 Years and 06 Months  
Followed by 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 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.