



कर्मचारी बाङ्ग्या बीमा निगम
(श्रम आङ्क निर्योग मङ्गलान्न, लाबत छबकाब)
कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)
Guwahati-781022, ASSAM



क.रा.बी.नि.-मेडिकल कलेज आङ्क चिकित्सालय, बेलतला
गुवाहाटी-781022, असम
क. रा. बी. नि मेडिकल कॉलेज और अस्पताल, बेलतला
गुवाहाटी-781022 असम
ESIC Medical College and Hospital, Beltola
Guwahati-781022, Assam
फोन: Tel (0361)2364111,
ईमेल: Email: dean-guwahati.as@esic.gov.in
Website: www.esic.gov.in

GENERAL INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING ADMISSION FOR MBBS COURSE 2026-27

1. Students must report at Office of the Dean 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 kept in the institute and may require to send to affiliated University 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. **Candidates must carry scanned copies of all their original documents (in a soft copy format) to be submitted at the time of admission along with the physical originals.**
9. Reporting timings : Monday to Friday **09.00 am to 04:00 pm**
Saturday **09:00 am to 01:00 pm**



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(শ্ৰম আৰু নিয়োগ মন্ত্ৰালয়, ভাৰত চৰকাৰ)
কর্মচাৰী ৰাজ্য বীমা নিগম
(শ্ৰম আৰু বৰ্ত্তন মন্ত্ৰালয়, ভাৰত চৰকাৰ)
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ক.ৰা.বী.নি.-মেডিকেল কলেজ আৰু চিকিৎসালয়, বেলতলা
গুৱাহাটী-৭৮১০২২, অসম
ক.ৰা.বী.নি মেডিকেল কলেজ আৰু অস্পতাল, বেলতলা
গুৱাহাটী-৭৮১০২২ অসম
ESIC Medical College and Hospital, Beltola
Guwahati-781022, Assam
ফোন/টেল (০৩৬১)২৩৬৪১১১,
ইমেইল:dean-guwahati.as@esic.gov.in
Website: www.esic.gov.in

ESIC Medical College & Hospital, Beltola, Guwahati

Sl. No.

Name of the candidate:

NEET Roll No.:

NEET Rank :

DOB :

Parent's Email.ID:

Ph. No :

Quota:

Religion:

Category: ST/ SC/ OBC/EWS/ UR/ PH

Parent's Ph. No:

CHECK LIST FOR MBBS ADMISSION FOR 2026 – 27

S/N	Documents				Enclosed
1.	Admit Card of Exam issued by NTA				Yes/No
2.	Rank Letter/ Result issued by NTA				Yes/No
3.	Provisional allotment letter generated online by MCC/Assam State Counselling Committee				Yes/No
4.	Relieving Letter from previous Institution. (if applicable, in original)				Yes/No
5.	Biometric Identification Report (in original – for State Quota)				Yes/No
6.	Online application form of State quota (in original – for State Quota)				Yes/No
7.	Medical Certificate from Registered Medical Practitioner. (In original)				Yes/No
8.	Matriculation Certificate, Admit Card & Marks Sheet (In original)				Yes/No
9.	10+ 2 Certificate, Admit Card, Marks Sheet & Migration (In original)				Yes/No
10.	Character Certificate, CLC, Transfer Certificate in last Studied Institute (In original)				Yes/No
11.	The Candidate should also bring the following certificate, if applicable: SC/ ST Certificate /OBC A/B Certificate/Physically Challenged Certificate/EWS Certificate				Yes/No
12.	Domicile Certificate issued by SDO/Revenue Officer (in original – for State Quota)				Yes/No
13.	8 Passport size photographs, same as affixed on the application form.				Yes/No
14.	PARAMETER	AIQ/ State Quota	ESIC IP Quota	Demand Drafts shall be drawn from any Nationalized Bank in favour of “ESI FUND ACCOUNT NO. 2”, payable at Guwahati, Assam (Individual draft for different Fee Head)	Yes/No
	Annual Tuition Fee	Rs.1,00,000/-	Rs.24,000/-		Yes/No
	Annual Caution Money	Rs.5,000/-	Rs.5,000/-		Yes/No
	Annual Seat Rent Hostel	Rs.10,000/-	Rs.10,000/-		Yes/No
	Hostel Security	Rs.10,000/-	Rs.10,000/-		Yes/No
	Bus Charges	Rs.17,000/-	Rs.17,000/-		Yes/No
	Total	Rs.1,42,000/- (Rupees One Lakh forty-two thousand only only)	Rs.66,000/- (Rupees Sixty-six Thousand only)		
15.	ESIC Discontinuation & Service Bond of 1 Year - Notarised Bond of Rs.5,00,000/- (Rupees Five Lakhs) on a Non-Judicial Bond paper of Rs. 100/- (Rupees Hundred Only) in prescribed format from Assam Jurisdiction				Yes/No
16.	Photo copy of ID& Address proof for both (PAN/ Voter ID/ ADHAAR card/ Passport/ Driving License) of the Surety (Parents/ Legal Guardian) and bounden in respect of Notarised Bond				Yes/No
17.	‘Ward of Insured Person’ Certificate under Group-I/II/III as applicable from Competent Authority [Annexure – 3(A) or 3(B) (the RO/SRO I/c has been designated as the Competent authority to issue the certificate)]				Yes/No
18.	Affidavit by candidate as per Annexure – 4 } Only for ESIC Quota Female Candidates Affidavit by IP as per Annexure – 5 }				Yes/No
19.	Anti-Ragging Affidavit (Printout) duly signed to be submitted both by candidate & guardian on the day of admission.				Yes/No
20.	E-Pahchaan Card only for ESIC Quota Candidates				Yes/No
21.	Gap Certificate (if applicable)				Yes/No
22.	Scanned copies of all documents submitted including photo/signature to be mailed to studentsectionbeltola@gmail.com before arriving for admission. Students are advised to bring the soft copy in pen drive.				Yes/No

The ticked Document No. -----

----- are submitted by candidate and received in original.

Signature of student

DA

Signature of parent

Reporting/Nodal Officer



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FEE STRUCTURE

FOR MBBS ADMISSION: 2026 – 2027

FOR STUDENTS OF IP (WARD OF ESIC INSURED PERSON) QUOTA			
Sl. No.	Type of Fees	Fee Head	Amount (Rs.)
01	Annual Tuition Fee	Rs.24000/-	Demand Drafts shall be drawn from any Nationalized Bank in favour of “ ESI FUND ACCOUNT NO. 2 ”, payable at Guwahati, Assam (Individual draft for different Fee Head)
02	Annual Caution Money	Rs. 5000/-	
03	Annual Seat Rent Hostel	Rs. 10000/-	
04	Hostel Security	Rs. 10000/-	
05	Bus Charges	Rs. 17000/-	
Total		Rs.66000/-	

FOR STUDENTS OF AIQ / STATE QUOTA			
Sl. No.	Type of Fees	Fee Head	Amount (Rs.)
01	Annual Tuition Fee	Rs.1,00,000/-	Demand Drafts shall be drawn from any Nationalized Bank in favour of “ ESI FUND ACCOUNT NO. 2 ”, payable at Guwahati, Assam (Individual draft for different Fee Head)
02	Annual Caution Money	Rs. 5000/-	
03	Annual Seat Rent Hostel	Rs. 10000/-	
04	Hostel Security	Rs. 10000/-	
05	Bus Charges	Rs. 17000/-	
Total		Rs.1,42,000/-	



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Website: www.esic.gov.in

QUOTA OF ADMISSION (AIQ/STATE/ESIC WARD OF IP):

Application Form for UG-MBBS Admission: 2026-27

(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 (UR/OBC/SC/ST/EWS): _____ PH (Yes/No): _____
- Student's Contact Number: 1. _____ 2. Parent's Contact No. _____
- Student Aadhar Card Number: _____
- Father's Aadhar Card Number: _____
- Mother's Aadhar Card Number: _____
- Student's E-mail id: _____ Parent's E-mail id: _____
- Blood group: _____
- Address for Communication : _____

Affix Recent
Passport Size
Photo

PIN CODE:

--	--	--	--	--	--

- Permanent Address : _____

PIN CODE:

--	--	--	--	--	--

Qualification Details:

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

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

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/ A.I.Q. /ESIC Ward of IP): ☐ ☒ If State Quota, mention the caste category:

Fee Payment Details

Sl. No.	Type of Fees	Bank Name	DD No & Date	Amount (Rs.)
01	Tuition Fee			(Rs.100000/- for AIQ & State Quota and Rs.24000/- for IP Quota)
02	Caution Deposit of Tuition Fee			Rs. 5000/-
03	Hostel Fee			Rs. 10000/-
04	Hostel Deposit			Rs. 10000/-
05	Bus Charges			Rs. 17000/-
Total				(Rs.142000/- for AIQ & State Quota and Rs.66000/- for IP Quota)

I hereby solemnly and sincerely affirm that the statements made and information given by me in the application form is true and correct.

I agree to abide by the Rules, Regulations and procedure of this Institute.

I agree to submit all required original certificate at the time of my selection during admission process as per the rules, failing which my claim for selection shall not be granted.

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.

Name of the Candidate

Name of the Parent or Guardian

Signature of the Candidate

Signature of Parent or Guardian

Date:

Bond value: Rs.100/- e-stamp/bond
1stParty: Student Name
2nd Party: The Dean, ESIC Medical College &
Hospital, Beltola, Guwahati

ANNEXURE – 6A

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 fulfil 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 (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.)

**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 Coextensive 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.

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____ Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.



**APPLICATION FORM FOR THE ALLOTMENT OF BOYS/GIRLS HOSTEL AT ESIC
MEDICAL COLLEGE & HOSPITAL, BELTOLA, GUWAHATI**



Sl.	Description					Photo	
01	Name of the student						
02	Date of Birth						
03	Gender						
04	Nationality						
05	Religion						
06	Father's Name						
07	Mother's Name						
08	Academic Session						
09	Roll No.						
10	Registration No.						
11	Date of Admission						
12	Aadhar Card No.						
13	PAN No.						
14	Marital Status						
15	Quota	All India		State		ESI	
16	Category	UR	OBC	SC	ST	EWS	OTHER
17	Applicant's Mobile No.						
18	Applicant's Email-Id						
19	Parent's Mobile No.						
20	Parent's Email-Id						
21	Permanent Address						
22	Family Details (Brothers & Sisters)						
23	Local Guardian (if any) Name, Contact No. & Address						

DECLARATION: I will abide by the rules and regulations of the hostel committee of the college and maintain strict discipline and will not indulge in any form of illegal activities failing which I will be punishable as per decision of the college authority. I will not involve in any ragging activities as per Supreme Court directives.

Date :

Place :

Signature of the Applicant

(FOR OFFICE USE ONLY)

Shri/Smt., student of session, Year
..... of professional Internship is allotted in Boys/Girls Hostel's Room No.,
w.e.f., vide receipt of hostel rental fee of Rs. demand draft No.
..... dated

CERTIFICATE OF MEDICAL FITNESS

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/ auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

1.
2.
3.

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date :	

ANNEXURE-III

AFFIDAVIT (BY IP - ONLY IN CASE OF A 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: _____) 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 are found to be incorrect and contrary to the records, the admission sought shall be declared to be 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 _____ month of _____ Year

DEPONENT

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 the Insured Person.
5. 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 to be 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 _____ month of _____ Year

DEPONENT

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.