



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)
वेबसाइट/ Website: www.esic.gov.in



क. रा. बी. नि. चिकित्सा महाविद्यालय एवं अस्पताल,
पाण्डेयपुर, वाराणसी, - 221002
ESIC Medical College & Hospital,
Pandeypur, Varanasi- 221002.
मेल/ Email: dean-varanasi.up@esic.gov.in

GENERAL INSTRUCTIONS FOR THE STUDENTS FOR MBBS ADMISSION 2025-26 AT ESIC MEDICAL COLLEGE AND HOSPITAL, VARANASI.

1. (A) Students of AIQ/IP State Quota must report in Admission Cell, Office of Academic Registrar, Second Floor, Medical College Building for MBBS admission on or before, the date indicated on their selection/admission letter issued by MCC/UPNEET UG Counselling by 09:30 am.
If any student fails to report before last date indicated in the selection/admission letter, his/her admission will stand cancelled by admission authority.
2. One of the Parent/Guardian must accompany the student, at the time of admission or when surrendering of seat is done, as some of the documents are to be signed by student & parent/guardian.
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 student will be only provisional basis subject to original documents verification from **Atal Bihari Vajpayee university, Lucknow, U.P.** So the students are Instructed to keep at least 03 xerox copies of original documents with themselves for future use.
5. Each candidate must submit the original certificates shown in the check list as applicable along with 01 sets of self-attested copies. The originals and Xerox must be produced in the prescribed sequence. Students are instructed to scan the all documents and arrange in prescribed sequence separately (in pdf format) and his/her photograph and signature (in JPEG Format) and may be forwarded to this office email reg: dean-varanasi.up@esic.gov.in
6. In case of AIQ/ESIC Ward of IP-NEET seats-seat surrender procedure will be duly followed as per MCC, New Delhi.
7. Kindly generate the online seat surrender receipt and contact the admission counter of ESIC Medical College, Varanasi after seat surrendering.
8. All Students and/ or Guardians will be required the register their details (Valid Phone no, Address, Email id, Whatsapp no etc.) before proceeding for confirmation of admission at Student Section, ESIC Medical College, Varanasi.
9. Hostel for Boys : Rooms for Boys & Girls are available on sharing basis.

CHECK LIST FOR MBBS ADMISSION 2025-26

Sl. No.	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/UPNEET UG Counselling.	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.	Part A&B of online application form of UGMAC (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.	<u>The Candidate should also bring the following certificate,if applicable:</u> i. SC/ST Certificate ii. OBCA/B Certificate iii. Physically Challenged Certificate iv. 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.	<table border="1"> <thead> <tr> <th>PARAMETER</th><th>AIQ/ SQ</th><th>ESICIPQuota</th></tr> </thead> <tbody> <tr> <td>Annual Tuition Fee</td><td>Rs. 1,00,000/- (Rupees One Lakh only) *Would be payable as a single installment at the time of admission (yearly)</td><td>Rs. 24,000/- (Rupees Twenty Four Thousand only) *Would be payable as a single installment at the time of admission (yearly)</td></tr> <tr> <td>Annual Caution Money</td><td colspan="2">Rs.5,000/-(Rupees Five Thousand only)</td></tr> <tr> <td>Annual Seat Rent Hostel</td><td colspan="2">Rs.10,000/-(Rupees Four Thousand Two Hundred only)</td></tr> <tr> <td>Hostel Security</td><td colspan="2">Rs.10,000/-(Rupees Ten Thousand only)</td></tr> </tbody> </table>	PARAMETER	AIQ/ SQ	ESICIPQuota	Annual Tuition Fee	Rs. 1,00,000/- (Rupees One Lakh only) *Would be payable as a single installment at the time of admission (yearly)	Rs. 24,000/- (Rupees Twenty Four Thousand only) *Would be payable as a single installment at the time of admission (yearly)	Annual Caution Money	Rs.5,000/- (Rupees Five Thousand only)		Annual Seat Rent Hostel	Rs.10,000/- (Rupees Four Thousand Two Hundred only)		Hostel Security	Rs.10,000/- (Rupees Ten Thousand only)		Demand Drafts shall be drawn from any Nationalized Bank in favour of ESI FUND ACCOUNT NO.2 , payable at Varanasi (individual draft For different Fee Head)
PARAMETER	AIQ/ SQ	ESICIPQuota															
Annual Tuition Fee	Rs. 1,00,000/- (Rupees One Lakh only) *Would be payable as a single installment at the time of admission (yearly)	Rs. 24,000/- (Rupees Twenty Four Thousand only) *Would be payable as a single installment at the time of admission (yearly)															
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Annual Seat Rent Hostel	Rs.10,000/- (Rupees Four Thousand Two Hundred only)																
Hostel Security	Rs.10,000/- (Rupees Ten 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 Varanasi 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 RD/SROI/c has been designated as the Competent authority to issue the certificate)	Yes/No															
18.	Affidavit by candidate as per Annexure-4 Affidavit by P as per Annexure-5	Only for ESIC Quota Female Candidates															
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 reg: dean-varanasi.up@esic.gov.in before arriving for admission, Students are advised to bring the soft copy in pen drive.	Yes/No															



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FEE STRUCTURE

FOR MBBS ADMISSION 2025-26

“IP QUOTA” STUDENTS FEE			
S.N.	FEE HEAD (Annual)	FEE TO PAY	DD in favour of
1	Tuition Fee	24000/-	Demand Drafts shall be drawn from any Nationalized Bank in favour of ESI FUND ACCOUNT NO. 2 , payable at VARANASI . (individual draft for different Fee Head)
2	Annual Caution Deposit	5000/-	
3	Hostel Fee (Annual seat rent)	10000/-	
4	Hostel Security Deposit	10000/-	
	TOTAL:	49,000/-	

“STATE & ALL INDIA QUOTA” STUDENTS FEE			
S.N.	FEE HEAD (Annual)	STATE & AIQ	DD in favour of
1	Tuition Fee	100000/-	Demand Drafts shall be drawn from any Nationalized Bank in favour of ESI FUND ACCOUNT NO. 2 , payable at VARANASI . (individual draft for different Fee Head)
2	Annual Caution Deposit	5000/-	
3	Hostel Fee (Annual seat rent)	10000/-	
4	Hostel Security Deposit	10000/-	
	TOTAL:	1,25,000/-	



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

Application Form for UG-MBBS Admission: 2025-26

(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/- or Rs.24000/-)			
02	Caution Deposit of Tuition Fee			5000/-
03	Hostel Fee			10000/-
04	Hostel Deposit			10000/-
GRAND TOTAL				

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. 20/- e-stamp/bond from Govt of U.P.

1st Party: Students Name

2nd Party: The Dean, ESIC Medical College and Hospital, Varanasi

FORM I

[Seesub-clause(a) of clause(i) and sub-clause(a) of clause(ii) of sub-regulation(2) of regulation 7]

FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____ (Full Name in Block Letters) Son/Daughter of Mr./Mrs./Ms. _____ (Full Name in Block Letters) admitted to the course of _____ (Name of Course) at _____ (Name of College/Institution) affiliated to _____ (Name of University) have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said regulations).
2. I have carefully read and fully understood the provisions in the said regulations.
3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes ragging.
4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
5. I hereby undertake that—
 - (i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulation 3 of the said regulations;
 - (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations;
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false my admission is liable to be cancelled/withdrawn.

Signed on this the _____ day of _____ month of _____ year.

Signature

Name:

Address:

Tel/Mobile No:

Signature of Witness

1: (Name of Witness 1):

Address:

Signature of Witness 2:

(Name of Witness 2):

Address:

Bond value: Rs. 20/- e-stamp/bond from Govt of Uttar Pradesh

1st Party: Parents/Guardian name

2nd Party: The Dean, ESIC Medical College and hospital Varanasi

FORM II

[Seesub-clause(b)ofclause(i)and sub-clause(b)ofclause(ii)ofsub-regulation(2)ofregulation7]

FORMAT OF UNDERTAKING BY PARENT/GUARDIAN OF THE CANDIDATE/STUDENT

1.I _____(Full Name in Block Letters)Father / Mother/ Guardian of Mr./Mrs./Ms. _____(Full Name of Student in Block Letters) admitted to the course of _____(Name of Course)at _____(Name of College/Institution) affiliated to _____(Name of University) hereby declare that I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021(hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations

3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes-ragging.

4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against my son/ daughter/ward in case he /she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that my son/daughter/ ward—

a. Will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulations 3 and 4 of the said regulations;

b. Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulations 3 and 4 of the said regulations;

c. Will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be punished as per the provisions of the said regulations or as per the applicable law for the time being in force.

7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is in correct or false, his/her admission is liable to be cancelled/withdrawn.

Signed on this the _____day of _____ month of _____year.....

Signature

Name:

Address:

Tel/ Mobile No.

Signature of Witness1:

(Name of Witness 1):

Address:

Signature of Witness2:

(Name of Witness 2):

Address:

Bond value: Rs. 20/- e-stamp/bond from Govt of U.P.

1st Party: Students Name

2nd Party: The Dean, ESIC Medical College and Hospital, Varanasi

FORM I

[Seesub-clause(a) ofclause(i)andsub-clause(a)ofclause(ii)ofsub-regulation(2)ofregulation7]

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

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.

OBC-NCL Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)* APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kum** _____ Son/
 Daughter** of Shri/Smt.** _____ of Village/
 Town** _____ District/Division** _____ in
 the State/Union Territory _____ belongs to the
 _____ community that is recognized as a backward class
 under Government of India***, Ministry of Social Justice and Empowerment's Resolution No.
 _____ dated _____ ****

Shri/Smt./Kum. _____ and/or _____
 his/her family ordinarily reside(s) in the _____ District/Division
 of the _____ State/Union Territory. This is also to certify that
he/she does NOT belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the
 Schedule to the Government of India, Department of Personnel & Training O.M. No.
 36012/22/93- Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004
 Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated
 14/10/2008, again further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and
 again further modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /
 Deputy Commissioner /
 Any other Competent Authority

Dated:

Seal

* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.

** Please delete the word(s) which are not applicable.

*** As listed in the Annexure (for FORM-OBC-NCL)

**** The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar' and
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides
 - (v) Certificate issued by any other authority will be rejected

ANNEXURE for FORM-OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12019/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014
23	No. 12011/04/2014-BC-II	14.01.2015
24	No. 12011/7/2014-BC-II	23.01.2015
25	No. 12011/1/2015-BC-II	27.05.2015
26	No. 12015/05/2011-BC-II	14.07.2015
27	No. 12011/06/2014-BC-II	09.09.2015
28	No. 12011/13/2016-BC-II	25.05.2016
29	No. 12011/14/2016-BC-II	13.06.2016
30	No. 12011/15/2016-BC-II	30.06.2016
31	No. 12011/4/2014-BC-II	11.08.2016
32	No. 12011/6/2014-BC-II	06.12.2016
33	No. 12011/13/2016-BC-II	22.12.2016
34	No. 20012/1/2017-BC-II	18.01.2017
35	No. 12011/7/2017-BC-II	28.07.2017
36	No. 36033/1/2013-Estt. (Res.)	13.09.2017
37	No. 36033/2/2018-Estt. (Res.)	08.06.2018



APPLICATION FORM FOR THE ALLOTMENT OF BOYS/OLD GIRLS HOSTEL/ NEW GIRLS HOSTEL AT ESIC MEDICAL COLLEGE & HOSPITAL, PANDEY PUR, VARANASI



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/ Old Girls Hostel's/ New Girls Hostel's
room no.....w.e.f.....vide receipt of hostel rental fee of
Rs..... demand draft no.....dt.....

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** :

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms
..... who is desirous of admission to Health Science Courses.

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.

Certified that he/she fulfills the following criteria.

- (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.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical. He/ She is fit for MBBS course.

1.
2.
3.

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

PREScribed PROFORMAE

Performa-I

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This is to certify that Shri/Shrimati/Kumari*.....
son/daughter* of of village/town*
..... in District/Division* of the
State/Union Territory* belongs to the..... caste/tribe* which is
recognised as a Scheduled Caste/Scheduled Tribe* under:—

- @ The Constitution (Scheduled Castes) Order, 1950
- @ The Constitution (Scheduled Tribes) Order, 1950
- @ The Constitution (Scheduled Castes) Union Territories Order, 1951
- @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
- @ The Constitution (Nagaland) Scheduled Tribes Order, 1970
- @ The Constitution (Sikkim) Scheduled Castes Order, 1978
- @ The Constitution (Sikkim) Scheduled Tribes Order, 1978
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati*..... Father/Mother of Shri/Shrimati/Kumari of village/town* in District/Division*..... of the State/Union Territory*..... who belongs to the caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of issued by the dated

% 3. Shri/Shrimati/Kumari*..... and/or* his/her* family ordinarily resides in village/town*..... of..... District/Division* of the State/Union Territory* of.....

Signature.....
**Designation.....

(With Seal of Office)
State/Union Territory*

Place:

Date:

*Please delete the words which are not applicable.

@Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term “ordinarily reside (s)” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
†(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

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, 2024.

DEPONENT

[To be duly Notarized]

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 2024.

DEPONENT

[To be duly Notarized]