



ಕಾರ್ಮಿಕರ ರಾಜ್ಯ ವಿಮಾ ನಿಗಮ  
ಕಾರ್ಮಿಕ ಮತ್ತು ಉದ್ಯೋಗ ಸಚಿವಾಲಯ, ಭಾರತ ಸರ್ಕಾರ  
ಕರ್ಮಚಾರಿ ರಾಜ್ಯ ಬಿಮಾ ನಿಗಮ  
ಶ್ರಮ एवं रोजगार मंत्रालय, भारत सरकार  
**EMPLOYEES' STATE INSURANCE CORPORATION**  
Ministry of Labour & Employment, Govt. of India  
website: [www.esic.gov.in](http://www.esic.gov.in)



ವೈದ್ಯಕೀಯ ಕಾಲೇಜು, ಪಿ.ಜಿ.ಐ.ಎಂ.ಎಸ್.ಆರ್ ಮತ್ತು ಆಸ್ಪತ್ರೆ  
ಸೇಡಂ ರಸ್ತೆ, ಕಲಬುರಗಿ, ಕರ್ನಾಟಕ- 585106  
चिकित्सा महाविद्यालय, पीजीआईएमएसआर और अस्पताल  
सेडम रोड, कलबुर्गी, कर्नाटक - 585106  
**MEDICAL COLLEGE, PGIMSR & HOSPITAL**  
SEDAM ROAD, KALABURAGI, KARNATAKA-585106  
Phone No: 08472-265546/47/48  
email: [deanmc-gb.kar@esic.nic.in](mailto:deanmc-gb.kar@esic.nic.in)

## **GENERAL INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING ADMISSION FOR PG COURSE ACADEMIC YEAR 2024-25**

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1. Students must report in Admission Counter, Office of Academic Registrar, 1st Floor, Medical College Building for PG Medical MD/MS admission on or before, the date indicated on their selection/admission letter issued by KEA/ MCC-New Delhi by 9-30 am. If any student fails to report before last date indicated in the selection/admission letter, his / her admission will stand cancelled by counseling 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. **Insured Person presence is mandatory for ESIC Ward of IP Quota Admission.**
3. The admission process may take more than one day. Outstation candidates are requested to make their own Lodging/Boarding arrangements accordingly.
4. The admission offered to a candidate will be only provisional. Directorate of Medical Education-Karnataka & RGUHS-Karnataka are the final authorities.
5. The students are instructed to keep at least 3 Xerox copies of original documents with themselves for future use. As the original documents will be sent to Rajiv Gandhi University of Health Sciences, Bangalore for admission approval.
6. **Reporting timings: 9:30AM to 01:00 PM and 2:00PM to 4:00PM.**
7. Each candidate must submit the original certificates shown in the check list as applicable along with **03 sets of self-attested copies**. The originals and Xerox must be produced in the prescribed sequence.  
**CANDIDATES MUST PROVIDE ONE FILE, ONE FOLDERS AND ONE A4 POSTAL ENVELOPE FOR THEIR ORIGINAL DOCUMENTS.**
8. Students are instructed to scan the all documents separately (in pdf format Size:100KB to 150KB) and his/her Photograph (in JPEG format) and submit the same soft copies in PEN DRIVE .

9. In case of AIQ/ESIC Ward of IP/Management-NEET seats- seat surrender procedure will be duly followed.
10. Kindly generate the online seat surrender receipt and contact the Admission Counter of ESIC Medical College, Kalaburagi after seat surrendering.
11. Kindly try to come on working day and take a note of Bank & Court schedules. SUNDAY WILL BE HOLIDAY & on any other national holiday, Bank & Court will remain closed
12. This college shall not provide any address proof for opening a Bank Account, applying for Passport/ Driving License/ PAN Card/ Voter ID etc., as required. The admitted student shall be responsible to provide the address proof for above purpose.
13. Transfer Certificate/ School Leaving Certificate from last Leaving College/University/Institute is mandatory.
14. The bonds are to be made only in the Govt. of Karnataka Bonds.
15. In Case of Seat upgradation during NEET UG 2024 counseling, those students, who have paid RGUHS University Fee or Excess Payment of Same, to this college, will be refunded after completion of all rounds of counseling only. Students' cooperation in this regard is solicited.



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ಚಿಕಿತ್ಸಾ ಮಹಾವಿದ್ಯಾಲಯ, ಪಿಜಿआईಎಮ್‌ಎಸ್‌ಆರ್‌ ಆರ್‌ ಆಸ್ಪತ್ರೆ  
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### **CHECK LIST FOR PG MEDICAL (MD/MS) ADMISSION 2024-25**

Name: \_\_\_\_\_ Course: \_\_\_\_\_ Rank: \_\_\_\_\_

Sl. No.	Description	Submitted (Yes/No)	Remarks
1	Admission Ticket/ Hall Ticket of entrance exam PG NEET		
2	Allotment Order (KEA/A.I.Q)		KEA/A.I.Q:
3	Rank Letter of entrance exam		
4	SSLC/10 <sup>th</sup> Marks Card / Matriculation		
5	PUC/10 + 2 Marks Card/Sr. Secondary		
6	Degree Certificate		
7	All MBBS Marks Cards		
8	Internship Completion Certificate and Attempt Certificate		
9	<b>Karnataka State Medical Registration certificate (Mandatory)</b>		
10	Transfer Certificate		
11	Study and Character Certificate		
12	Caste cum Income Certificate		
13	Online Eligibility Certificate & Migration Certificate (Students apart from RGUHS University Bangalore)		
14	ID proof and Address proof of Student		
15	ID proof and Address proof of Surety( Parent/ Guardian)		
16	Bond for ESI (Rs.100/- Stamp Paper, Notarized)		
17	Ant ragging Bond by Student (Rs.50/-) with notarized		
18	Ant ragging Bond by Parent (Rs.50/-) with notarized		
19	Declaration (Rs. 100/- Stamp Paper, Notarized)		
20	Passport size photos (4)		
21	Admission Application Form & Attestation Form (Annexure 5)		
22	Disability Certificate issued by authorized Competent Govt. Authority (if applicable)		
23	The Student should submit the 2 set of Self attested Photocopies of the all certificates at the time of admission.		
24	Tuition fee & caution deposit Rs.2,55,000/-DD No Dt:		
25	University Fees Transfer to ESIC Medical College Collection Account 33873430683, Transaction No.: Payment Date:		

Name & Signature of the Student

Name & Signature of the Parent/Guardian

Signature of Reporting Officer

Signature of Nodal Officer



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Phone No: 08472-265546/47/48  
email: deanmc-gb.kar@esic.nic.in

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

Quota of Admission (AIQ/State Quota): \_\_\_\_\_

**Application Form for PG (MD/MS) Admission: 2024-25**

**(Fill the Details in Block Letters only & all the fields are mandatory to fill)**

**Personal Details**

- Name of the Student (as per 10<sup>th</sup>): \_\_\_\_\_
- Father 's Name: \_\_\_\_\_
- Mother's Name: \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Gender (M/F): \_\_\_\_\_
- Religion and Mother Tongue: \_\_\_\_\_ Nationality: \_\_\_\_\_
- Category (OBC/UR/SC/ST): \_\_\_\_\_ PwD (Yes/No): \_\_\_\_\_
- Contact Number: 1)Parent No. \_\_\_\_\_ 2) Student No. \_\_\_\_\_
- Student Aadhar Card Number: \_\_\_\_\_
- Father's Aadhar Card Number: \_\_\_\_\_
- Mother's Aadhar Card Number: \_\_\_\_\_
- E-mail id: \_\_\_\_\_
- Belongs to Urban/ Rural Area: \_\_\_\_\_
- Blood group: \_\_\_\_\_
- Address for Communication : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

PIN CODE:

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**Qualification Details:**

- Qualifying Exam: UG-MBBS,
- Name of the College:
- Name of the University:
- University Reg. No.:

Description	Maximum Marks	Marks obtained
UG-MBBS		

- Name of the Medical Council:
- Registration No. : MCI..... , State MC.....
- Whether pursuing PG Degree / Diploma Anywhere (YES/NO):.....
- Internship: Commencement (DD/MM/YYYY):....., Completion (DD/MM/YYYY):.....

**PG-NEET Details:**

- Application Number:
- Roll Number:
- Merit Number/Rank in PG-NEET (A.I.R):   Category-wise rank (AIR/STATE): .....
- PG-NEET Entrance Examination Score (out of 800):       /800 and Percentage (%)
- PG-NEET Entrance Percentile:

**Admission Details:**

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

(Name & Signature of the Candidate)

(Name &Signature of Parent or Guardian)

Date:

Place:

## **DECLARATION**

- I hereby solemnly and sincerely affirm that the statement made and information given by me in the application form is true and correct.
- I agree to abide by the Rules, Regulations and Procedures as contained in the information Brochure / Prospectus.
- At present, I have not taken admission in any medical MD/MS courses during the previous (3) year(s). I further declare that, if it is proved that I have secured admission for any of the PG Course earlier/ discontinued after taking admission, my current year's admission shall be cancelled.
- I agree to submit all the required original certificates 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, Gulbarga. I understand that the selection and admission to the course is also liable to be cancelled.

(Name & Signature of the Candidate)

Date:

Place:



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### **Fee Particulars For Post Graduate (MD/MS) Courses-2024-25**

Amount	Towards	Mode of Payment
Tuition Fee	Rs.2,50,000/-	Demand Draft in favour “ <b>ESI Corporation. Payable at Gulbarga</b> ” Single Demand Draft may be drawn
Caution Deposit (Refundable)	Rs.5,000/-	
Total (in Rs./-)	Rs. 2,55,000/-	
RGUHS Admission Fees (Deposit Slip to be submitted)	Rs. 13,400/-	Amount to be Deposited in ESIC Medical College Collection Account: A/C No. <b>33873430683</b> Branch: SBI, Sedam Road IFSC Code: SBIN0017792
RGUHS Online Eligibility Certificate	As Applicable	Link: <a href="https://rguhs.karnataka.gov.in/rguhsPGec/">https://rguhs.karnataka.gov.in/rguhsPGec/</a> Or Search RGUHS PG Eligibility certificate in Google

**Note: Eligibility Certificate online application along with fee payment details copies to be submitted at the time of admission.**

Sd/-  
Dean  
ESIC Medical College  
Kalaburagi

## **DECLARATION**

- I am not in receipt of any other Scholarship of concession from the college.
- I hereby agree to repay the excess amount if anything pointed out by the audit or superior authorities at later date.
- I am not employed anywhere
- I am not studying any Post Graduate course anywhere.

(Name & Signature of the Candidate)

Date:

Place:

**ATTESTATION FORM**

<p>Affix Signed Copy of recent Photograph (Size 5cms X 7cms)</p>	<p><b>Warning</b>  <b>1.</b> The furnishing of false information or suppression of any factual information in the Attestation form would be a disqualification and is likely to render the candidate unfit for employment under the Government.  <b>2.</b> If detained, convicted, debarred etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the UPSE / institute of Sectt. Trg. And Management or the Authority to whom the attestation form has been sent earlier, as the case may be, failing which it will be deemed to be a suppression of factual information.  <b>3.</b> If the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to notice at any time during the services of person his services would be liable to the terminated.</p>
<p>1) a).Name in full (in block capitals) (Please indicate if you have added or dropped in any stage any part of your name or surname).</p>	
<p>b) Aadhar Number:</p>	
<p>2) Present Address in full (i.e.. Village, Thana and District or House Number Lane / Street / Road &amp; Town)</p>	
<p>3) Home Address in full i.e., Village, Thana and District or House Number Lane/Street/Road and town and name of District Headquarters.</p>	

Particulars of places (With period of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 18 years should be given.

From	Date	Residential address in full (i.e., Village, Thana & District or house No. lane / Street / Road & town) with name of the jurisdictional Police Station	Name of the District Headquarters of the place mentioned in the preceding column)

Name (Name in full, alias if any)	Nationality Place(by birth & of domicile birth)	Occupation /Income [if employed given designation & official address)	Present postal address (if dead give last address)	Present Home Address	Aadhar card No.
i) Father PAN Card No:					
ii) Mother PAN Card No:					
iii) Wife / Husband PAN Card No:					
iv) Brother (S)					
v) Sister (S)					

5.

<b>(a) Information to be furnished with regard to son (s) and / or daughter (S) in case they are studying / living in a foreign country.</b>				
Name / Relationship	Nationality (by birth & / or by domicile)	Place of Birth	Country in which Studying	Date from which studying/living in the country mentioned in pervious col.

6) Nationality	
7) a) Date of Birth	
b) Present Age	
c) Age at Matriculation	
8) a) Place of Birth, Dist. & State in which situated.	
b) Dist. And State to which you belong	
c) Dist. And State to which your father originally belongs	
9) a) Yours religion	
b) Are you a member of a Schedule Caste / Scheduled Tribe? Answer Yes or No.	

10) Educational qualification showing places of education with years in schools and colleges since 15<sup>th</sup> year of age:

Name of School/College with full address	Date of Entering	Date of Leaving	Examination Passed

- a. Are you holding or have at any time held an appointment under the Central or State Govt., or a Semi-Govt. or a quasi – Govt. body, or an autonomous body or a public undertaking or a private firm or institution? If so, give full particulars with dates, or employment, up-to-date Govt. or a quasi – Govt. body, or an autonomous body or a public undertaking or a private firm or institution? If so, give full particulars with dates, or employment, up-to-date.

Period		Designation, Emoluments and natures of employments	Full name and address of employer	Reasons for leaving previous service

- b. If the previous employment was under the Govt., of India / State Govt., / an undertaking owned or controlled by the Govt., of India or a State Govt., / an autonomous body / University / Local Body. If you had left service giving a months' notice under rule 5 of the Central Civil Services (Temporary Service] Rules 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date, before your services actually terminated?
- c. Are you facing any disciplinary action or vigilance case in the Office / Organization you are presently serving? Yes / No.

12.

a) Have you ever been arrested?	YES/NO
b) Have you ever been prosecuted?	YES/NO
c) Have you ever been kept under detention	YES/NO
d) Have you ever been bound down?	YES/NO
e) Have you ever been fined by a court of law?	YES/NO
f) Have you ever been convicted by a Court of Law for any offence?	YES/NO
g) Have you ever been debarred from any examination or rusticated by any University or any other educational Authority / Institution	YES/NO
h) Have you ever been debarred / disqualified by any Public Service Commission of any of its examinations / Selections?	YES/NO
I) Is any case pending against you in any Court of Law at the time of filling up this Attestation Form?	YES/NO
j) Is any case pending against you in any University or any other education Authority / Institution at the time of Filling up this Attestation Form?	YES/NO

If the answer to any of the above mentioned question is "Yes" give full particulars of the case / arrest / detention / fine / conviction / sentence / punishment etc., and / or the nature of the case pending in the Court University / Education Authority etc., at the time of filling up this Form.

**Note:** i) Please also see the 'warning' at the top of this Attestation Form.

13. Name and addresses with contact No. of two responsible persons of your locality or two references to whom you are known.

i) \_\_\_\_\_

ii) \_\_\_\_\_

I certify that the foregoing information is correct and complete to the best of my knowledge and belief, I am not aware of any circumstances which might impair my fitness for employment under Government.

Name & Signature of the Candidate

Date:

Place:

**Bond value: Rs. 20/- e-stamp/bond from Govtof Karnataka**

**1<sup>st</sup> Party: Student'sname**

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

## **DECLARATION**

To,  
The Dean  
ESIC Medical College,  
Kalaburagi,  
Karnataka-585106.

Sir/Madam,

I, Dr..... joined the Post Graduate course in  
..... in ESIC Medical College, Gulbarga at my own risk.

I agree to pay Bank Guarantee as per ESIC Hqrs. Memorandum No. L-11/12/3/2018/Corp. Cell/MEC (PF) Dated: 28.07.2020 & ESIC Hqrs. Circular No. 532/L/11/12/PG-corres/ESIC-MC & PGIMSR/Estt. Dated:18.08.2020 to ESIC Medical College, Gulbarga as follows,

1. 1<sup>st</sup> Year --- Rs. Zero.
2. Beginning 2<sup>nd</sup> Year MD/MS--- Rs. 5,00,000/- (Rupees Five Lakh only)
3. Beginning 3<sup>rd</sup> Year MD/MS --- Rs. 5,00,000/- (Rupees Five Lakh only)

Name & Signature of the Candidate

Date:

Place:

Bond value: Rs. 100/- e-stamp/bond from Govt of Karnataka  
1st Party: Student's name  
2nd Party: Rajiv Gandhi University of Health Sciences, Bangalore

**Declaration to be furnished by the candidates selected  
for Admission to Post Graduate Degree / Diploma  
Courses for the year: 2024-25**

From  
Dr.....  
.....

To  
The Chairman,  
Selection Committee for Admission to  
Post Graduate Courses,  
Rajiv Gandhi University of Health Sciences,  
4<sup>th</sup> T Block, Jayanagar, Bangalore

Sir,

I, Dr. \_\_\_\_\_ am selected for admission to \_\_\_\_\_ course and  
allotted to ESIC Medical College and Hospital, Gulbarga hereby declare as under:

1. I am not presently a Post Graduate student in any Degree or Diploma Course in any Medical Colleges in Karnataka.
2. I have not already passed any post Graduate Degree or Diploma in any subject.
3. I have not discontinued studies in any post graduate Degree or Diploma Course in the previous years.

I am aware that in case any of the above information is found to be false later, I shall forfeit the seat allotted to me and render myself liable for civil and criminal action as per selection rules.

Name & Signature of the Candidate

Date:

Place:

Note: In case of Candidates who have passed post Graduate Diploma course and now selected for Degree courses in the specialty, item No.2 of the above declaration to be scored.

# Bond Formats

**Bond value: Rs. 20/- e-stamp/bond from Govtof Karnataka**

**1<sup>st</sup> Party: Student'sname**

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

**ANNEXURE- I**

**AFFIDAVIT BY THE STUDENT**

1. I, \_\_\_\_\_ (full name of \_\_\_\_\_  
With the student 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 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 miss stated therein.

Verified at \_\_\_\_\_ (Place) this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

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

Reading the content of this affidavit

Signature of the Deponent

**OATHCOMMISSIONER**

**Bond value: Rs. 20/- estamp/bond from Govt of  
Karnataka**  
**1<sup>st</sup> Party: Parent's/Guardian name**  
**2<sup>nd</sup> Party: ESIC Medical College, Gulbarga**

**ANNEXURE II**

**AFFIDAVIT BY PARENT/GUARDIAN**

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 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 miss stated therein.

Verified at \_\_\_\_\_ (Place) this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

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

Reading the content of this affidavit

Signature of the Deponent

**OATH COMMISSIONER**

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

### **ANNEXURE III**

**FORMAT OF BOND**  
**(FOR PG [MD/MS]-MEDICAL STUDENTS)**

**(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)  
Dr.(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 10, 00,000 (Rupees Ten  
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 10,00,000 (Rupees Ten lakh only) in favour of the Dean of  
the ESIC Institution in lieu of the total amount in phases (Rs. 5 lakh at the beginning of 2<sup>nd</sup>  
academic year and Rs. 5 lakh at the beginning of 3<sup>rd</sup> academic year respectively) so that the  
amount of bank guarantee furnished and the balance amount does not exceed the total  
obligation amount (Rs. 10 lakh) at any stage. The original documents of the student trainee  
would be retained by the Corporation pending the submission of Bank Guarantee.

Signed this ..... Day of .....in the year..... by the bounden  
Dr.(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 IDNo.)

2. Signature  
(Name & Address)

2. Signature of SURETY / SURETIES  
(Name & Address\*\*; Photo IDNo.)

\*\*The provision of Bank Guarantee is subject to final outcome in various Writ Petitions  
pending in the Hon'ble High Courts.

WHEREAS the Bounden Dr.(Mr./Mrs.) ..... 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 two years 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.

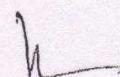
NOW the condition of the above written obligation is that in the event the Bounden discontinues the study or after completion of the MD/MS Course of study to which he/she was selected, fails to serve the Corporation for period of two years, the Corporation shall have the right to invoke the Bank Guarantee so furnished by the Bounden and sureties. In event of partial default, the amount payable to the Corporation would be based on the period of service rendered as mentioned hereunder :

Period of service rendered	Bond Amount payable in lieu
a) Less than 01 year	Full amount, i.e. Rs. 10 lakh
b) 01 year to less than 02 years	Rs. 5 lakh

The Corporation would invoke Bank Guarantee for an amount proportionate to the default.

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 the course, the Bounden shall be paid emoluments in Level 10 (7<sup>th</sup> CPC) 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 Dr.(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 IDNo.)

2. Signature  
(Name & Address)

2. Signature of SURETY / SURETIES  
(Name & Address\*\*; Photo IDNo.)

\*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.

