

Format of Bond

(FOR PG [MD/MS]-MEDICAL STUDENTS)

(To be executed on ₹100/- Non-Judicial Stamp Paper and duly notarized in Delhi)

Know all men by these presents that we (1) Dr.(Mr./Mrs/Ms.).....
(here-in-after called the Bounden) son/daughter/wife ofresiding
at..... (Residential address) and (2)
Shri/Smt..... **(here-in-after called the surety/sureties)**
son/daughter/wife of.....residing at (Here enter
address).....

do hereby bond 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.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 2nd academic year and Rs.5 Lakh at the beginning of 3rd 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.....

In the presence of Witness*:

1. Signature* (Dean)

Name:-.....

Address :-.....

.....

(With official seal)

2. Signature of BOUNDEN**

Name:-.....

Address :-

.....

1. Signature (Witness)**

Name:-.....

Address :-.....

.....

2. Signature of SURETY***

Name:-.....

Address -

.....

Whereas the Bounden Dr.(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 College and Hospital, Basaidarapur** for a period of **3 years**.

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, the Bounden and surety/sureties shall forthwith pay to the Corporation on demand the total amount of Rs. 10,00,000/- (Rupees Ten lakh only) or after completion of the PG 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 (7th 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.....

In the presence of Witness*:

1. Signature* (Dean)

Name:-.....

Address :-.....

.....
(With official seal)

2. Signature of BOUNDEN**

Name:-.....

Address :-

.....

1. Signature (Witness)**

Name:-.....

Address :-.....

.....

2. Signature of SURETY***

Name:-.....

Address -

.....

- ✓ Dean/Administrative Officer of ESIC Medical Education Institution will sign as witness.
- ✓ Bounden Documents:-Copy of Address Proof
- ✓ Witness Documents:- Copy of Address Proof
- ✓ Surety documents:- Copy of Address Proof, PAN Card & Income Tax Returns (ITR/form 16)
- ✓ 2nd party must be Dean, ESIC Medical College and Hospital, Basaidarapur, New Delhi

UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

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 and Hospital Basaidarapur**, 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 5 and clause 6.1 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 on 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

UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING

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 and Hospital Basaidarapur**, 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 5 and clause 6.1 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) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ___ day of _____ month of _____ year.

Signature of Deponent

Name :

Address:

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

	<p>कर्मचारी राज्य बीमा निगम Employee State Insurance Corporation (श्रमएवंरोजगारमंत्रालय, भारतसरकार) (Ministry of Labour & Employment, Govt of India)</p>	 सत्यमेव जयते	क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल, बसईदारापुर ESIC Medical College & Hospital, Basaidarapur रिंग रोड/Ring Road, दिल्ली/Delhi-110015 फोन/Phone – 011-25100664, deanpgi-basai.dl@esic.nic.in
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GENERAL INSRUCTIONS FOR POST-GRADUATE ADMISSION 2025

1. Students must report to the Dean's Office, Room No. 511, 5th Floor, A-Block, for PG admission as per the schedule announced by MCC. Failure to report on or before the last date will result in the cancellation of admission. One parent/guardian must accompany the student at the time of admission or, seat surrender.
2. The admission process may take one or more days to complete. Outstation candidates are advised to make their own accommodation arrangements.
3. The admission will be provisional, subject to confirmation by MCC and GGSIPU.
4. Original documents will be forwarded to GGSIPU for registration. Students are advised to keep three photocopies of all their original documents for future reference.
5. Candidates must submit all requisite documents (as per the checklist provided) in original, along with a self-attested copy of each.
6. Candidates must bring two plastic folders to submit their original documents.
7. Candidates are instructed to submit soft copies all the documents in a pendrive.
8. The seat surrender procedure will be carried out as per MCC rules and guidelines
9. Each candidate must submit the Service Bond on a Rs. 100/- stamp paper duly notarized in Delhi.
10. Report Timing:
 - **9:00AM- 1:00PM**
 - **2:00PM- 5:00PM**
11. Fee Details:
 - **Tution Fee: Rs. 2,50,000/- (annually)**
 - **University Fee: Rs. 28,500/- (annually) + Rs. 2000/- (Alumni contribution fund- one time)**
 - **Security Amount : Rs. 5000/- (refundable)**

*Payment shall be made through Demand Drafts only.
*Demand Draft must be made in favour of 'ESI SAVINGS FUND ACCOUNT NO. 2'

*****Important for Bond:**

- Witness and Surety can not be parents/siblings of the candidate.
- Bounden/Witness require documents:-Address Proof (self attested)
- Surety require documents;- Address Proof, PAN Card & Income Tax Returns (ITR/form 16) {self attested}

	<p>कर्मचारी राज्य बीमा निगम Employee State Insurance Corporation (श्रमएवंरोजगारमंत्रालय, भारतसरकार) (Ministry of Labour & Employment, Govt of India)</p>	 सत्यमेव जयते	<p>क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल, बसईदारापुर ESIC Medical College & Hospital, Basaidarapur रिंग रोड/Ring Road, दिल्ली/Delhi-110015 फोन/Phone – 011-25100664, deanpgi-basai.dl@esic.nic.in</p>
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Name of PG Student : _____ Contact No. : _____
Rank : _____ Date of Birth : _____
Course applied for : _____ Email ID : _____
Dated : _____

Following documents in original needs to be submitted by each candidate at the time of reporting:

- Admit Card
- Allotment Letter
- Score/Rank Card
- 10th class Marksheet/Certificate for proof of date of birth
- 12th class Marksheet/Certificate
- MBBS Degree/Provisional
- MBBS Marksheet (All)/Consolidated Marksheet
- State/MCI Registration Certificate/copy/acknowledgement/provisional
- Internship Certificates/Provisional
- Anti-Ragging Undertaking on Rs. 50/- stamp paper (Notarized in Delhi)
- If from the reserved category, EWS/OBC/ST/SC certificate.
- Surety Bond of Rs. 10 Lacs (Notarized in Delhi)
- Undertaking
- Rs. 2,50,000/- Bank Name _____ Dated _____ DD No. _____ in favour of 'ESI Savings Fund Account No. 2.'
- Rs. 30,500/- Bank Name _____ Dated _____ DD No. _____ in favour of 'ESI Savings Fund Account No. 2.'
- Rs. 5,000/- Bank Name _____ Dated _____ DD No. _____ in favour of 'ESI Savings Fund Account No. 2.'

Note: The surety should either be a business man or class II rank government officer × who is regularly filing income tax returns. Also please enclose the copy of pan card and last year form 16 of surety mentioned. The bond should be on Rs 100 stamp paper with the notary of Delhi. Further, ID proof of witness is to be enclosed.

It is certified that the above mentioned candidate has submitted all the above mentioned documents in original.

Sign of Candidate
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Office Superintendent
Estt- 1

Joint Director(Estt.-1)
Academic Section

Dean/Academic Registrar

	<p>कर्मचारी राज्य बीमा निगम Employee State Insurance Corporation (श्रमएवंरोजगारमंत्रालय, भारतसरकार) (Ministry of Labour & Employment, Govt of India)</p>	 <p>सत्यमेव जयते</p>	<p>क.रा.बी.नि. चिकित्सा महाविद्यालय एवं अस्पताल, बसईदारापुर ESIC Medical College & Hospital, Basaidarapur रिंग रोड/Ring Road, दिल्ली/Delhi-110015 फोन/Phone – 011-25100664, deanpgi-basai.dl@esic.nic.in</p>
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Undertaking from the candidates opting PG seats in ESIC Medical College and Hospital, Basaidarapur regarding knowledge about Bond condition and annual fees in Broad Specialty at ESIC Medical College and Hospital, Basaidarapur, Basaidarapur, New Delhi

I, Dr. _____ s/o,d/o _____ NEET PG Roll No. _____ NEET PG Rank _____ selected in PG Course _____ at ESIC Medical College and Hospital, Basaidarapur, New Delhi in _____ Round of counseling, hereby undertake as below:

1. I am aware regarding tuition & university fee amounting to Rs.2,50,000/- & Rs. 28,500/- respectively per academic session.
2. I have gone through carefully the contents of the ESI Surety Bond and agree to be abiding by the same.
3. I am aware that I have to furnish Bank Guarantee amounting to Rs. 10,00,000/- in favour of the Dean, ESIC Medical College and Hospital, Basaidarapur, New Delhi as part of the ESI Surety Bond Condition. Total Amount will be submitted in 2 phases (Rs.5,00,000/- at the beginning of 2nd Academic Year and Rs.5,00,000/- at the beginning of 3rd Academic year respectively) which will be returned, if I successfully complete 02 years bond service after completion of PG course as detailed in the Bond.
4. In case of default in timely payment of fees, appropriate action may be taken against me including deduction from my salary/stipend & notification to affiliating university.
5. In case of default of Bond conditions, ESIC Medical College and Hospital, Basaidarapur reserves full right to take any appropriate action it deems fit to recover bond amount from me.

Signature of Guardian _____

Contact No. _____

Signature _____

Name of Student _____

Contact No. _____