



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



क. रा. बी. नि. चिकित्सा महाविद्यालय एवं अस्पताल,
बिहटा, पटना- 801103
ESIC Medical College & Hospital,
Bihta, Patna- 801103.
ई मेल/ Email: dean-bihta.bh@esic.nic.in

GENERAL INSTRUCTIONS FOR THE STUDENTS FOR MBBS ADMISSION 2023-24 AT ESIC MEDICAL COLLEGE, BIHTA.

1. All Students are advised to go through the information bulletin regarding UG MBBS Admission 2023 uploaded on the mcc.nic.in website.
2. Admission Notice by ESIC Headquarters office, New Delhi Vide F.No. L-11/12/3/UG Admission/2023-24/MEC, Dated:02.05.2023 for admission of "Ward Of Insured Person"(Ips) in UG Course (MBBS/BDS) in ESIC Medical/Dental & Some Government Medical Colleges under 'Seat Allocated for Ward of Insured Person' (Ips) for Academic Session 2023-24.
3. (A) Students of AIQ/IP Quota must report in Admission Cell, Office of Academic Registrar, Ground Floor, Medical College Building for MBBS admission on or before, the date indicated on their selection/admission letter issued by MCC-New Delhi by 09:30 am.
(B) Students of State Quota must report in BCECEB, Patna for MBBS admission on or before, the date indicated on their selection/admission letter issued by BCECEB-Patna 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.
4. 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.
5. The admission process may take more than one day, outstation candidates are requested to make their own staying arrangements accordingly, guest house(in campus) accommodation is available on "First Book First Allotment Basis" for booking contact Mr. Vijay Kumar-whats app no-7011334742 with full details. Payment can be made at guest house itself.
6. The original documents will be kept in student section ESIC Medical College, Bihta/Aryabhatta knowledge University, Patna/Bihar University of Health Science, Patna for admission approval. So the students are instructed to keep at least 03 xerox copies of original documents with themselves for future use.
7. 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 studentsectionesibihta@gmail.com.
8. In case of AIQ/ESIC Ward of IP-NEET seats-seat surrender procedure will be duly followed as per MCC, New Delhi.
9. Kindly generate the online seat surrender receipt and contact the admission counter of ESIC Medical College, Bihta after seat surrendering.
10. Each candidate must submit the UG MBBS Service Bond (To be executed on Rs.100/- Stamp Paper with duly notarized).
11. All Students and/ or Guardians will be required the register their details (Valid Phono no, Address, Email id, Whats app no etc.) before proceeding for confirmation of admission at Student Section, ESIC Medical College, Bihta.

अध्यक्ष/DEAN
क. रा. बी. नि. चिकित्सा महाविद्यालय एवं अस्पताल, बिहटा पटना,
ESIC MEDICAL COLLEGE & HOSPITAL, BIHTA, PATNA

CHECKLIST FOR MBBS ADMISSION 2023-24

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/BCECEB	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)																			
11.	<u>The Candidate should also bring the following certificate, if applicable:</u> i. SC/ ST Certificate ii. OBC A/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.	6 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>ESIC IP Quota</th></tr> </thead> <tbody> <tr> <td>Annual Tuition Fee</td><td>Rs. 1,00,000/- (Rupees One Lakh only) OR Can be paid in Two Equal half yearly installments: i) Rs. 50, 000/- at the time of admission. ii) Rs. 50, 000/- in the month of the same academic year.</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>Rs. 5,000/- (Rupees Five Thousand only)</td><td></td></tr> <tr> <td>Annual Seat Rent Hostel</td><td>Rs. 10,000/- (Rupees Four Thousand Two Hundred only)</td><td></td></tr> <tr> <td>Hostel Security</td><td>Rs. 10,000/- (Rupees Ten Thousand only)</td><td></td></tr> <tr> <td>SWF (Student Welfare Fund)</td><td>5,000/- (Rupees five thousand only) Demand Drafts shall be drawn from any Nationalized Bank in favour of ESIC Medical College Student Welfare Fund, Bihta payable at Bihta, Patna.</td><td></td></tr> </tbody> </table>	PARAMETER	AIQ/ SQ	ESIC IP Quota	Annual Tuition Fee	Rs. 1,00,000/- (Rupees One Lakh only) OR Can be paid in Two Equal half yearly installments: i) Rs. 50, 000/- at the time of admission. ii) Rs. 50, 000/- in the month of the same academic year.	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)		SWF (Student Welfare Fund)	5,000/- (Rupees five thousand only) Demand Drafts shall be drawn from any Nationalized Bank in favour of ESIC Medical College Student Welfare Fund, Bihta payable at Bihta, Patna.		Demand Drafts shall be drawn from any Nationalized Bank in favour of ESI FUND ACCOUNT NO. 2 , payable at BIHTA, PATNA. (individual draft for different Fee Head) Yes/No Yes/No Yes/No Yes/No
PARAMETER	AIQ/ SQ	ESIC IP Quota																		
Annual Tuition Fee	Rs. 1,00,000/- (Rupees One Lakh only) OR Can be paid in Two Equal half yearly installments: i) Rs. 50, 000/- at the time of admission. ii) Rs. 50, 000/- in the month of the same academic year.	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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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.	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/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 studentsectionesibihta@gmail.com before arriving for admission, Students are advised to bring the soft copy in pen drive.	Yes/No																		

2



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FEE STRUCTURE

FOR MBBS ADMISSION 2023-24

"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 ESIC FUND ACCOUNT NO. 2 , payable at BIHTA, PATNA. (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 ESIC FUND ACCOUNT NO. 2 , payable at BIHTA, PATNA. (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/-	

In addition to above all students will also pay the following fee mandatorily:

FEE PAID BY ALL STUDNETS			
S.N.	FEE HEAD (Annual)	All Students	DD in favour of
5	SWF (Student Welfare Fund)	5,000/-	Demand Drafts shall be drawn from any Nationalized Bank in favour of ESIC Medical College Student Welfare Fund, Bihta payable at Bihta, Patna.

2



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ई मेल/ Email: dean-bihta.bh@esic.nic.in

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

Application Form for UG-MBBS Admission: 2023-24

(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): _____
- Contact Number: 1. _____ 2. _____
- Student Aadhar Card Number: _____
- Father's Aadhar Card Number: _____
- Mother's Aadhar Card Number: _____
- 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			

2

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/-
05	Student Welfare Fund			5000/-
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 Procedures of this Institute.

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, Bihta, Patna. I understand that the selection and admission to the course is also liable to be cancelled.

Name of the Candidate

Name of the Parent or Guardian

Signature of the Candidate

Signature of Parent or Guardian

Date:

91

ANNEXURE-3 (A)**'WARD of IP' CERTIFICATE (2023-24)**

Certificate No.....

NEET Roll No.....



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



**Photo of
IP (As
Uploaded)**

'Ward of Insured Person' (IP) – CERTIFICATE

1. This is to certify that _____ Son / Daughter / Ward of Shri / Smt. _____ Insurance No: _____ is 'Ward of Insured person' as per records; and satisfies the eligibility criteria as in the Admission Policy for admission to MBBS / BDS course under 'Seats allocated for wards of insured persons (IPs)' in ESIC Medical / Dental Colleges and some other Govt. Medical Colleges.
2. This Certificate is being issued on the basis of Verification of records by Shri / Smt. _____ (designation) _____ at Regional / SRO Office _____ for eligibility under 'Seats allocated for wards of insured persons (IPs)' for admission to Undergraduate course, i.e. MBBS / BDS Courses in ESIC Medical / Dental Colleges and some other Govt. Medical Colleges for the Academic Session 2023-24.

DATE**REGIONAL DIRECTOR/SRO I/C****PLACE**


ANNEXURE-3(B)

'WARD of IP CERTIFICATE' (2023-24)

Certificate No.....

NEET Roll No.....

Photo of
'Ward of
IP' (As
Uploaded)

Photo of
IP (As
Uploaded)

'Ward of Insured Person' (IP) – CERTIFICATE for (Delete whatever is not applicable)

i. Ward of IPs in receipt of Dependents' Benefit

OR

ii. IPs in receipt of PDB (Permanent Disability Benefit) for

1. *This is to certify that _____ Son / Daughter / Ward of Late Shri / Smt. _____ Insurance No _____ is in receipt of Dependents' Benefit and is eligible 'Ward of IP' for the benefit of admissions under 'Seats allocated for wards of insured persons (IPs)' to MBBS / BDS course in ESIC Medical / Dental Colleges and some other Govt. Medical Colleges.

OR

2. *Shri/Smt. _____ Insurance No: _____ is in receipt of Permanent Disablement Benefit (PDB) w.e.f. _____. His / Her ward; Name _____ satisfies the eligibility criteria as in the Admission Policy for admission to MBBS / BDS course under 'Seats allocated for wards of insured persons (IPs)' in ESIC Medical / Dental Colleges and some other Govt. Medical Colleges.

***Strike out (1) or (2) as applicable**

3. This certificate is being issued on the basis of Verification of records by Shri/Smt. _____ (designation) _____ at Regional / SRO Office _____ for eligibility under 'Seats allocated for wards of insured persons (IPs)' for admission to undergraduate course, i.e. MBBS/BDS in ESIC Medical / Dental Colleges and some other Govt. Medical Colleges for the Academic Session 2023-24.

DATE:

REGIONAL DIRECTOR/SRO I/c

PLACE:

ANNEXURE-4

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 , 2023.

DEPONENT

[To be duly Notarized]

2

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 2023.

DEPONENT

[To be duly Notarized]

Q

Bond Value: Rs.100/- e-stamp/bond

1st Party:- Student Name

2nd Party:- The Dean, ESIC Medical College, Bihta

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 fulfill 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).

2

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 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 ofin 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)

2. Signature of BOUNDEN

(Name & Address**, Photo ID No.)

3. Signature

(Name & Address)

4. 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



FORM I

[See sub-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

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) _____ with Admission No. _____
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 behaviour 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:

FORM II

[See sub-clause (b) of clause (i) and sub-clause (b) of clause (ii) of sub-regulation (2) of regulation 7]

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

- 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) _____ with Admission
No. _____ 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 behaviour 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 incorrect 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 Witness 1:

(Name of Witness 1):

Address:

Signature of Witness 2:

(Name of Witness 2):

-----Address: