ਕਰਮਚਾਰੀ ਰਾਜ ਬੀਮਾ ਨਿਗਮ
(ਕਿਰਤ ਅਤੇ ਰੁਜ਼ਗਾਰ ਮੰਤਰਾਲਾ, ਭਾਰਤ ਸਰਕਾਰ)
कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
Employees' State Insurance Corporation
(Ministry of Labour & Employment,
Govt. of India)
Website: https://ludhianahospital.esic.gov.in
क.रा.बी.नि.
E.S.I.C.

सत्यमेव जयते

ਮੈਡੀਕਲ ਕਾਲਜ ਅਤੇ ਹਸਪਤਾਲ, ਭਾਰਤ ਨਗਰ, ਲੁਧਿਆਣਾ
आयुर्विज्ञान महाविद्यालय एवं अस्पताल, भारत नगर, लुधियाना
Medical College & Hospital, Bharat Nagar, Ludhiana
Phone: 0161-2772435/2775539
Email: dean-ludhiana.pb@esic.gov.in

GENERAL INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING ADMISSION FOR MBBS COURSE 2025-26

1. Students must report at Academic Block, Medical College Building (4th Floor) for MBBS admission on or before the date indicated on their selection letter issued by MCC/BFUHS. If any student fails to report before last date, his/her admission will stand cancelled and the same will be intimated to concerned authorities.
2. At least one of the parent / guardian must accompany student at the time of admission or when surrendering of seats, as some documents are to be signed by them. Parent/Guardian must carry two ID Proofs of self.
3. The admission process may take more than one day. Outstation candidates are requested to make their own arrangements for stay accordingly.
4. The admission offered to a candidate will be only provisional. BFUHS and NMC are final authorities for the approval of admission.
5. The original documents will be sent to Baba Farid University of Health Sciences, Faridkot for admission approval. The students are instructed to keep at least 3 Xerox copies of original documents with themselves for future use.
6. Each Candidate must submit the following original certificate shown in the check list as applicable along with two sets of self-attested copies. The originals and Xerox must be produced in the prescribed sequence. **CANDIDATE MUST PROVIDE ONE FILE FOLDER AND A4 POSTAL ENVELOPE FOR THEIR ORIGINAL DOCUMENTS.**
7. In case of seat surrender by AIQ/ESIC Ward of IP-NEET seats- due procedure for seat surrender as per MCC portal/university portal will be followed.
8. **Candidates must carry** scanned copies of all their original documents **(in a** soft copy format**) to be submitted at the time of admission along with the physical original**.
9. **Reporting timings:** **Monday to Friday** **09.00 am to 02:00 pm**
   Saturday **09:00 am to 11:00 pm**

ਕਰਮਚਾਰੀ ਰਾਜ ਬੀਮਾ ਨਿਗਮ
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Application Form for UG-MBBS Admission 2025-26

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

PERSONAL DETAILS

Affix Recent Passport Size Photo

Name of the Student (as per class10):																		

- Quota of Admission: (AIQ/State/IP)
- 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 2) Student
- Student Aadhaar Card Number:

- Father's Aadhaar Card Number:

- Mother's Aadhaar Card Number.

- E-mail id:
- Belongs to Urban/Rural Area:
- Blood group:

- Address for Communication:

															PIN CODE								

Qualification Details:

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

Description	**Maximum Marks**	**Marks Obtained**
English		
Physics		
Chemistry		
Biology		
Total of Physics, Chemistry, Biology		
PCB Percentage		

NEET (UG)- 2025 Details:

- NEET Application Number:
- NEET Roll Number:
- Merit Number/Rank in NEET(A.I.R):
- Category-wise rank(AIR/STATE):
- NEET Entrance Examination Score(outof720):
- NEET Entrance Percentile:

FOR OFFICE USE ONLY

Admission Details:

Date of Admission (DD/MM/YYYY): _____

Quota under which selected (AIQ/Convenor/IP): _____

Student Category: _____

Selected Category: _____

S. No.	TYPE OF FEES	BANK NAME	DD	AMOUNT(Rs.)
01	Tuition Fee (Rs.1,00,000/- for state Quota & AIQ) and 24000 for IP Quota			
02	Caution Deposit of Tuition			5,000/-
03	Hostel Fee			10,000/-
04	Hostel Deposit			10,000/-
05	Student Welfare Fund			5,000/-
GRAND TOTAL				

Certificates (If any) not submitted: -

Date: _____ **(Signature of DA)** **(Signature of the OS)**

Recommendation of Admission Committee:

Signatures:

1) _____ 2) _____

ADMISSION: APPROVED/NOT APPROVED

NODAL OFFICER (UG) **BRANCH OFFICER**

ਕਰਮਚਾਰੀ ਰਾਜ ਬੀਮਾ ਨਿਗਮ
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FEE STRUCTURE FOR MBBS ADMISSION

2025-26

"IP QUOTA" STUDENTS FEE

S.No.	FEE HEAD(Annual)	FEE TO PAY
1	Tuition Fee	24000/-
2	Caution Deposit	5000/-
3	Hostel Fee*	10000/-
4	Hostel Security Deposit*	10000/-
	TOTAL:	**49000/-**

Fee to paid by demand draft to ESI Fund Account No. 2 payable at Ludhiana

S.N.	FEE HEAD (Annual)	FEE TO PAY
1	Students Welfare Fund	5000/-
2	University Registration Fee	5900/- for General category, **2950/- for SC category**
	TOTAL:	**10900/-**

Fee to paid by a separate demand draft to ESI Fund Account No. 2 payable at Ludhiana

"ALL INDIA & STATE QUOTA" STUDENTS FEE

S.No.	FEEHEAD(Annual)	FEE TO PAY
1	Tuition Fee	100000/-
2	Caution Deposit	5000/-
3	Hostel Fee*	10000/-
4	Hostel Security Deposit*	10000/-
	TOTAL:	**125000/-**

Fee to paid by demand draft to ESI Fund Account No. 2 payable at Ludhiana (For State Quota Students: if Tuition fee paid at university, then no need to Pay tuition fee at ESIC MCH, **Ludhiana**)

S.No.	FEEHEAD (Annual)	FEE TO PAY
1	Students Welfare Fund	5000/-
2	University Registration Fee	5900/- for General category, 2950/- for SC category
	TOTAL:	**10900/-**

Fee to paid by a separate demand draft to ESI Fund Account No. 2 payable at Ludhiana

***Hostel Fee & Hostel Security Deposit are payable for those who want to opt for Hostel Facility. Those who don't want to opt for Hostel may exclude both fee from the total fee to be paid.**

Transport charges and Mess Fee will be charged separately

DOCUMENT CHECKLIST

FOR MBBS ADMISSION (SESSION 2025-26)

NAME: .....**FATHER'S NAME:** .....

QUOTA: AIQ/State/IP **CATEGORY:** ..... **D.O.B.:** .....

The candidates, at the time of admission must bring the following Original Certificate/Documents along with Two Set of duly self-attested photocopies of these in a File Folder.

S. No.	Original Documents to be submitted by all New Students at the time of Admission along with 2 set of Photo-copy.	Mark (Yes or No)
1	Seat Allotment Letter	
2	Hall Ticket/Admit Card of NEET-UG 2025-26	
3	NEET-Score Card/ Rank letter	
4	Relieving Letter from previous institution **(If applicable in original)**	
5	Medical Certificate from Registered Medical Practitioner (In Original) **Blank format attached below**	
6	Demand Draft of College Fee	
7	Passport Size Photo – 8 in Nos, same as on application form	
8	10th/ Matriculation Marks Sheet +Passing Certificate	
9	10+2 / Sr. Secondary Marks Sheet + Passing Certificate	
10	Migration Certificate	
11	Gap Certificate (If Applicable)	
12	Character Certificate	
13	Category Certificate (if applicable)	
14	Undertakings by student as per **Annexure1 & 2**	
15	Anti-Ragging Declaration/Affidavit on 50Rs. Or above Stamp Paper by Student as per **Annexure 3**	
16	Anti-Ragging Declaration/Affidavit on 50Rs. Or above Stamp Paper by Father/Mother of student as per **Annexure 4**	
17	UG Bond on 100 Rs. Stamp Paper as per **Annexure 5**	
18	Certificate for Bench Mark Disabilities (If Applicable)	
19	Certificate of Dependent of Freedom Fighter (if applicable)	
20	Certificate of Ex SM (if applicable)	
21	Aadhaar Card (Student)	
22	Aadhaar Card (Father & Mother)	
23	Printout of Application Form	
24	***Clearly Scanned Soft Copies of all the above said documents (with the name of the respective document) to be mailed to dean-ludhiana.pb@esic.gov.in before arriving for admission and submitted in the Pen drive at the time of document verification in college (in JPG or PDF formats).***	

Additional Documents to be submitted by "IP Quota" Students in addition to above		
25	ESIC Pehchan Card	
26	Ward of IP Certificate [Annexure – 3(A) or 3(B) (the RD/SRO I/c has been designated as the Competent authority to issue the certificate)	
27	Declaration/Affidavit on 20 Rs. Stamp Paper by the Female Student (**Annexure 6**)	
28	Declaration/Affidavit on 20 Rs. Stamp Paper by the IP (Parent) of Female Student (**Annexure 7**)	

Additional Documents to be submitted by "State Quota" Students in addition to above		
29	Punjab Domicile/ Residence Certificate	
30	Income Certificate in case of BC-A/BC-B	
31	Parivar Pehchan Patra (Family ID)	
32	Undertaking of not applying college in any other college **(Annexure 8)**	

Name & Signature of the Student

Name & Signature of the Parent / Guardian

Signature of Reporting Officer

Bond value: Rs.100/- e-stamp / bond;

1st Party: Student's Name

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

Annexure 1

UNDERTAKING AT THE TIME OF JOINING

(All admitted candidates and their parents will give the following undertaking at the time of joining)

I , …… S/D/o Sh. …… admitted to MBBS

Course session 2025-26 do hereby undertake that:

I. After joining the course I will abide by the rules regulations of University, Institution and Hostel.
I have not concealed any fact.

II. That I will abide by the rules/ law/ instructions issued by the institution from time to time.

III. That I will abide by the dress/uniform code.

IV. That I will not purchase, sell, store, consume or propagate any addictive substance/ INTOXICANTS.

V. That I have read the relevant instructions/regulations against ragging, as well as punishment. I will comply the instructions/ regulations and in case I found guilty at any stage, disciplinary action as per above guidelines may be taken against me including penal action.

VI. That I will maintain discipline in the institutional premises /area and will not be involved in any anti-social activity.

VII. That I, by availing the hostel facility, accept to utilize mess services. If decide to do otherwise, I accept to pay the monthly administrative charges of the mess UNCONDITIONALLY.

VIII. That I will use only the official vehicle for transportation from Hostel to college and vice-versa. On using any other transport, I will be solely responsible.

Signature of the Candidate

Address:

I, …… Father / Guardian of Mr. / Ms . ..... Gone Through / have read the relevant instructions about the rules and regulations against ragging as well as punishment. My ward will abide by all the rules regulations of College & Hostel .In case my ward has been found guilty I have no objection for initiated any disciplinary action against my ward.

Signature of the Father/Guardian
Address:
Mobile No:

(Annexure 2)

DECLARATION

I, ……, S/D/o……, reporting for MBBS admission for the academic year 2025-26 at ESIC Medical College and Hospital, Ludhiana, with NEET UG Roll No …… on dated……,
hereby declare as follows:

I am aware and very well known about the MBBS Bond Conditions of ESIC Medical College and Hospital, Ludhiana & I agree to submit the Bank Guarantee issued by any nationalized bank, as and when claimed by the institution without fail as detailed below:

In the 10th Month of Internship year: Rs.5 Lakh for a period of 14 months.

Place: Ludhiana **Signature of the Candidate,**

Date: **Name:**

ANNEXURE- 3

AFFIDAVIT BY THE CANDIDATE / STUDENT

1. I, (Mr./ Mrs./ Ms.) _____
   Son / daughter/ wife of_____have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central / State Government in this Regard.

2. I have received a copy of the MCI Regulations on curbing the Menace of Ragging in High Educational Institutions 2009.

3. I hereby undertake that
   - I will not indulge in any behaviour or act that may come under the definition of ragging.
   - I will not participate in or abet or propagate ragging in any form.
   - I will not hurt anyone physically or cause any other harm.

4. I hereby agree that if found guilty of any aspects of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above and / or as per the law in force.

Signed on _____day of _____month of _____Year

Signature

(Name & Address)

Witnesses:

1.

2.

ANNEXURE- 4

AFFIDAVIT BY THE PARENT/GUARDIAN

1. I,_____ Father/ Mother/ Guardian/ Husband of _____have carefully and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/ State Government in this regard as well as the MCI Regulations on curbing the Menace of Ragging in High Educational Institutions 2009.

2. I assure you that my ward will not indulge in any act of ragging.

3. I hereby agree that if he found guilty of any aspects of ragging, he may be punished as per the provisions of the MCI Regulations mentioned above and / or as per the law in force.

Signed on _____day of _____month of _____Year

Signature of the Parent/ Guardian

(Name & Address)

Witnesses:

1.

2.

ANNEXURE- 5

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)
2. Signature (Name & Address)

1. Signature of BOUNDEN (Name & Address**, Photo ID No.)
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 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 (Mr./Mrs./Ms.) ..... and surety / sureties Shri / Smt .....

Signature

In the presence of witness*:

1. Signature (Name & Address with official seal)
2. Signature (Name & Address)

1. Signature of BOUNDEN (Name & Address**, Photo ID No.)
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.

Annexure-6

AFFIDAVIT (BY FEMALE CANDIDATE ONLY)

1. That deponent Ms._____aged_____years, is the daughter of, Shri/Smt_____

2. Shri/Smt._____is employed with the factory/establishment, viz _____covered under ESI Act vide Code No._____

3. The father/mother of the deponent is beneficiary under the ESI Act having Insurance No. _____

4. The deponent is unmarried and wholly dependent on the earnings of the Insured Person.

5. The deponent hereby declares that aforesaid facts are correct on the basis of the record and if the aforesaid declaration are found to be incorrect and contrary to the records, the admission sought shall be declared to be illegal and liable to be cancelled.

6. The deponent further declares that if the information submitted by the deponent is found to be incorrect the deponent would be liable to be prosecuted in accordance with law.

DEPONENT

VERIFICATION

I swear by this Affidavit that the contents of my above affidavit are true and correct to my knowledge and belief. No part of it is false and nothing relevant has been concealed therein.

Verified at _____on this _____day of _____month of _____Year

DEPONENT

(Annexure-7)

AFFIDAVIT (BY IP - ONLY IN CASE OF A FEMALE CANDIDATE)

1. That deponent is an employee with the factory/establishment viz._____ covered under ESI Act vide Code No._____.The deponent is a beneficiary under ESI Act, having Insurance No._____

2. The deponent has got Daughter(Name:_____)is _____Years of age.

3. The Daughter (Name:_____) of the deponent is unmarried and wholly dependent on the earnings of Insured Person.

4. The deponent hereby declares that aforesaid facts are correct on the basis of the record and if the aforesaid declaration are found to be incorrect and contrary to the records, the admission sought shall be declared to be illegal and liable to be cancelled.

5. The deponent further declares that if the information submitted by the deponent is found to be incorrect the deponent would be liable to be prosecuted and face the consequential action which the ESI Corporation may deem fit and proper.

DEPONENT

VERIFICATION

I swear by this Affidavit that the contents of my above affidavit are true and correct to my knowledge and belief. No part of it is false and nothing relevant has been concealed therein.

Verified at _____on this _____day of _____month of _____Year

DEPONENT

Annexure 8

Compulsory For All Candidates

Sworn Declaration of the Parents/Guardian (in case of minor child)

Certified that I_____ Father/Mother/Guardian of Miss/Mr._____

resident of _____

(full address to be given)

do hereby undertake that:

1. That I am a citizen of India.

2. That Date of Birth of my child/ward is _____.

3. That my child/ward has not applied and will not apply to seek admission to MBBS/BDS Courses, session 2025 under State Quota seats of any other State (other than state of Punjab) and has sought the benefit of State of Punjab only in the State Quota counseling.

Verification:

That the above said information is true to the best of my knowledge and nothing is concealed therein. If at any stage, the information provided is found false/wrong, the admission of my Son/Daughter/Ward is liable to be cancelled.

Signature of Parent/Guardian

Compulsory For All Candidates

Sworn Declaration of Student (in case of major child)

Certified that I_____ son/daughter of Miss/Mr._____

resident of _____

(full address to be given)

do hereby undertake that:

1. That I am a citizen of India.

2. That my Date of Birth is _____.

3. That I have not applied and will not apply to seek admission to MBBS/BDS Courses, session 2025 under State Quota seats of any other State (other than state of Punjab) and has sought the benefit of State of Punjab only in the State Quota counseling.

Verification:

That the above said information is true to the best of my knowledge and nothing is concealed therein. If at any stage, the information provided is found false/wrong, my admission is liable to be cancelled.

Signature of the Student

Medical Certificate for NEET UG 2025 qualified candidates

NEET 2025 Roll No.....

Application No .....

NEET UG 2025 combined merit rank .....

(Candidate to paste recent passport Size photograph on which Medical practitioner has to attest)

I, Dr ..... have examined Sri/Smt. ..... Son/daughter of ....., residing at ..... [Verified from Aadhaar card/passport/voter card/school or college ID card], a candidate for admission into the Medical/ Dental UG degree Colleges in West Bengal for 2025- 26 admission session and observed as follows:-

1. Personal mark of identification.....

2. Apparent age..... years

3. Any history of Pulmonary Tuberculosis ..... yes/no (put tick to appropriate one)

4. Chest measurement:-

a. Normal respiration ..... cm

b. In Full inspiration ..... cm

c. In Full expiration ..... cm

5. Height ..... cm

6. Weight .....Kg

7. BMI .....

8. Eye sight visual acuity:

a. Right eye .....

b. Left eye .....

c. Colour blindness ..... Present/Absent (put tick to appropriate one)

9. Immunization status..... (whether up to date as per latest National Immunization Schedule)

10. General physique . . . . . .

11. Heart . . . . . .

12. Lungs . . . . . .

13. Abdominal viscera.....

14. Blood Group.....

15. Any neurological deficits.....

16. Any orthopedic disability.....

I do hereby certify that I cannot discover that he/she has any disease Physical and or mental that makes him/her unsuitable to continue studying UG Medical / Dental course. I consider the above candidate FIT / UNFIT to join his/her Medical or Dental UG institution.

Date..... Place.....

……

Signature of Registered Medical Practitioner Registration No _____

Council of registration……..

Contact No.....

SEAL