E.S.I.C.
क॰रा॰बी॰नि॰

कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
Employees' State Insurance Corporation

Ministry of Labour & Employment, Govt. of India

सत्यमेव जयते

कर्मचारी राज्य बीमा निगम चिकित्सा महाविद्यालय एवं अस्पताल
लक्ष्मी नगर, अजमेर रोड, जयपुर- 302006

E.S.I.C. Medical College & Hospital
Laxmi Nagar, Ajmer Road, Jaipur-302006

Email- dean-jaipur.rj@esic.gov.in
Telephone- 0141-2228040

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

****

1. Students must report in Admission Counter, Office of Academic Registrar, 1st Floor, Medical College Building for MBBS admission on or before, the date indicated on their selection/admission letter issued by DME/ MCC-New Delhi by 10-00 am. If any student failsto report before last date indicated in the selection/admission letter, his / her admission will stand cancelled by the concerned Counselling 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 Rajasthan, Rajasthan University of Health Sciences, Jaipur are the final authorities.

5. The students are instructed to keep at least 3 Xerox copies of original documents

with themselves for future use.

6. **Reporting timings: 10:00AMto01:00 PM and 2:00 PM to 4:00P**M.

7. Each candidate must submit the original certificates shown in the check list as applicable along with **03 sets of self-attested copies (3 BLACK AND WHITE)**. The originals and Xerox must be produced in the prescribed sequence.

8. In case of AIQ/ESIC Ward of IP/Management-NEET seats- seat surrender procedure will be duly followed.

9. Kindly generate the online seat surrender receipt and contact the Admission Counter of ESIC Medical College & Hospital, Jaipur after seat surrendering.

10. 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.

11. Transfer Certificate/ School Leaving Certificate/ Relieving letter from last Leaving College/University/Institute is mandatory.

12. The bonds are to be made only in the Govt. of Rajasthan Bonds.

13. **Attendance & other Eligibility Conditions required for MBBS Degree Course:**

As per existing Rules & Regulations inforce, National Medical Commission-NewDelhi & Rajasthan University of Health Sciences, Jaipur

17. **Anti-Ragging Policy for MBBS Students:**

As per directions of Hon'ble Supreme Court of India, National Medical Commission & RUHS Jaipur, this institute has banned ragging completely in any form inside and outside of the campus and the institute authorities are determined not to allow any form of the ragging. In this regard, at the time of admission every student and parent/guardian shall be required to sign a Notarized Affidavit.

DOCUMENTS CHECKLIST

FOR MBBS ADMISSION (SESSION 2025-26)

NAME: ……**FATHER'S NAME**……

QUOTA: ALL INDIA/STATE/IP……..**CATEGORY**:……

DOB: ……**AADHAR NO:** ……..

At the time of admission candidates must bring the following original certificates/documents along with 02 (two) set of duly attested photocopies of these in a 02 file folder.

S. No.	**Original Documents to be submitted by selected students**	**Mark (YES/NO)**
1.	10th/Matriculation Mark Sheet **(in Original)**	
2.	11th Mark Sheet**(in Original)**	
3.	10+2/12th/Sr. Secondary Mark Sheet/Certificate **(in Original)**	
4.	NEET (UG)-2025 Admit card/Hall Ticket issued by NTA	
5.	NEET(UG)-2025 Score Card/Rank Letter issued by NTA	
6.	MBBS Seat Allotment Letter issued by MCC/SMSMC	
7.	Caste Certificate (OBC/SC/ST/MBC) if applicable	
8.	Domicile Certificate/Residence Certificate if applicable	
9.	EWS Income Certificate if applicable	
10.	Migration Certificate & Transfer Certificate	
11.	Gap Certificate (if applicable)	
12.	Character Certificate	
13.	ESIC UG Bond (As per Performa attached) **(Annexure-6A)**	
14.	Anti-Ragging Affidavit by Student **(NMC Format attached)**	
15.	Anti-Ragging Affidavit by Parent/Guardian **(NMC Format attached)**	
16.	Undertaking by both student & Parents	
17.	Medical College Fee paid Demand Draft/ Challan	
18.	Proof of Address & Proof of Identity Documents: **(Passport/AADHAAR Card/ PAN Card/ Voter ID/Driving License)**	
19.	08 Passport size photographs same as affixed on Application Form	
20.	Certificate of Person with benchmark disabilities **(if applicable)**	
21.	Certificate of Ex-SM **(if applicable)**	
22.	Certificate of Dependent of freedom fighter **(if applicable)**	
23.	Print Out of NEET (UG)-2025ApplicationForm	

Documents to be submitted by "ESIC IP QUOTA "students in addition to above		
24.	ESIC e-pehchan card/IP Card	
25.	Ward of IP certificate (2025-26) issued by ESIC Competent Authority– **ANNEXURE-3(A)or 3(B)**	
26.	Affidavit by the female Candidate Only–**ANNEXURE-4**	
27.	Affidavit by IP (only in case of female Candidate)– **ANNEXURE-5**	
28.	Any Other Documents if Required	

Signature of Student **Signature of Parent/ Guardian**

Signature of Academic Officer (OS/BO, ESICMC&H, JAIPUR

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Telephone -0141-2228040

FEE STRUCTURE

For MBBS ADMISSIONS A/Y 2025-26

For " IP Quota" Students

"IPQUOTA" STUDENTS FEE					
S.N.	**FEE HEAD**	**FEE TO PAY**	**S.N.**	**FEE HEAD (Annual)**	**FEE TO PAY**
1.	Tuition Fee (Annual)	₹24,000/-	1.	Student Welfare Fund	₹ 10,000/-
2.	Caution Deposit (Refundable)	₹ 5,000/-	Demand draft of Rs. ₹ 10,000/- shall be drawn from any Nationalized Bank in favour of "**STUDENT WELFARE FUND ACCOUNT , ESIC, JAIPUR"** payable at Jaipur.		
3.	Hostel Fee* (Annual)	₹ 10,000/-			
4.	Hostel Security Deposit* (Refundable)	₹ 10,000/-			
5.	Mess Charges	As per actual			
	TOTAL	**₹ 49,000/-**			
Demand draft of ₹ 49,000/- shall be drawn from any Nationalized Bank in favour of "**ESIC FUND ACCOUNT NO -2**" payable at Jaipur.					

For "All Innia & State Government Quota" students

"ALL INDIA & STATE GOVERNMENT QUOTA" STUDENT FEE					
S.N.	**FEE HEAD**	**FEE TO PAY**	**S.N.**	**FEE HEAD (Annual)**	**FEE TO PAY**
1.	Tuition Fee (Annual)	₹ 1,00,000/-	1.	Student Welfare Fund	₹ 10,000/-
2.	Caution Deposit (Refundable)	₹ 5,000/-	Demand draft of Rs. ₹ 10,000/- shall be drawn from any Nationalized Bank in favour of "**STUDENT WELFARE FUND ACCOUNT, ESIC,JAIPUR**" payable at Jaipur.		
3.	Hostel Fee* (Annual)	₹ 10,000/-			
4.	Hostel Security Deposit * (Refundable)	₹ 10,000/-			
5	Mess Charges	As per actual			
	TOTAL	**1,25,000/-**			
Demand draft of ₹1,25,000/-shall be drawn from any Nationalized Bank in favour of "**ESIC FUND ACCOUNT NO-2**"payable at Jaipur.					

***For students opting for the hostel facility, payment of both the Hostel Fee and Hostel Security Deposit is required. Those choosing not to utilize the hostel services may exclude both of these fees from their payment obligations. Hostel facility available in twin sharing basis in campus.**

(Dean)

दिशानिर्देश (Instructions)

ESIC UG Bond 2025 & Anti-Ragging affidavit

1. **ESIC UG Bond** निर्धारित प्रोफॉर्मा में **Rs. 500/-** रुपए मात्र के **INDIA NON-JUDICIAL STAMP PAPER** पर बना हुआ होना चाहिए और Notary द्वारा सत्यापित होना चाहिए।

   The ESIC UG Bond must be prepared on an Indian Non-Judicial Stamp Paper worth Rs. 500/- only, in the prescribed format, and must be duly notarized.

2. **02 Anti-Ragging affidavit** जिसमे से **एक विध्यार्थी द्वारा एवं दूसरा माता/पिता/संरक्षक द्वारा बना हुआ होना चाहिए।** प्रत्येक anti-ragging एफ़िडेविट न्यूनतम रुपए 50/- मात्र के **INDIA NON-JUDICIAL STAMP PAPER** पर बने हुए होने चाहिए और Notary द्वारा सत्यापित होना चाहिए।

   Two Anti-Ragging affidavits are required – one by the student and the other by the parent/guardian. Each Anti-Ragging affidavit must be prepared on an Indian Non-Judicial Stamp Paper of minimum value Rs. 50/- only and must be duly notarized.

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 1 Year 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.

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 _____ Son/ Daughter of Mr./Mrs./Ms._____ _____ admitted to the course of _____ _____ith Admission No. _____ at _____ 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 regulations3and 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 regulation3of 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, _____ Father / Mother/ Guardian of _____ admitted to the course of _____ with Admission _____ No.____at_____affiliated to_____ _____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

8. I have particularly perused the provisions of regulations3and 4 of the said regulations and have fully understood what constitutes "ragging".

9. 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.

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

(i) will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulations3 and 4 of the said regulations;

(ii) 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;

(iii) will not hurt anyone physically or psychologically or cause any other harm.

11. 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.

12. 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:

Undertaking by Student

I……., son/ daughter of ----------currently enrolled in MBBS Batch 2025-26, at ESIC Medical College &Hospital, Jaipur, hereby solemnly affirm and undertake the following:

1.That all the documents submitted by me to the ESIC Medical College &Hospital, Jaipur for the purpose of admission/verification are authentic, original and legally valid.

2.That I have not submitted any forged or misleading documents. I take full responsibility for the geniuness of the documents provided including academic certificates, Identity proof, domicile, residential certificate, caste certificate, IP Quota certificate and any other supporting documents.

3. I understand and accept that if any document found to be forged /misleading at any stage of admission /registration shall be liable to be cancelled without notice, and I may be subject to disciplinary or legal action as per applicable Laws.

4. I hereby, sign the undertaking in good faith and full awareness of its implications.

Date:

Place: Signature of the student

Application No

(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

E.S.I.C. क.रा.बी.नि.	कर्मचारी राज्य बीमा निगम (श्रम एवं रोजगार मंत्रालय, भारत सरकार) Employees' State Insurance Corporation Ministry of Labour & Employment Government of India	सत्यमेव जयते	कर्मचारी राज्य बीमा निगम चिकित्सा महाविद्यालय एवं अस्पताल लक्ष्मी नगर, अजमेर रोड, जयपुर- 302006 E.S.I.C. Medical College & Hospital Laxmi Nagar, Ajmer Road, Jaipur-302006 Email- dean-jaipur.rj@esic.gov.in Telephone- 0141-2228040

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			10,000/-
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**

E.S.I.C.
क.रा.बी.नि.

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(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
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E.S.I.C. Medical College & Hospital
Laxmi Nagar, Ajmer Road, Jaipur-302006

Email- dean-jaipur.rj@esic.gov.in
Telephone- 0141-2228040

Date: / /2025

FITNESS CERTIFICATE

I do hereby certify that I have examined Mr/Miss ----------
Son/ Daughter/ of Shri/Mr. /Dr. ----------is a candidate for admission in ESIC Medical College and Hospital, Jaipur for MBBS (academic session 2025-26), cannot discover that he/she has any disease (Communicable or otherwise), constitutional affection or bodily Infirmity or otherwise except ----------

I do not consider this a disqualification for joining MBBS Course in the Institution.

Mark of Identification: 1) ----------

2) ----------

Signature &L.H.T.I. of the candidate
(R.H.T.I. in case of female candidate)

Place: ----------
Date: ----------

Signature of MO (Medicine) **Signature of M.O (Ortho)** **Signature of M.O (Surgery)**

Signature of MO (Gynae) **Signature of M.O (EYE)** **Signature of M.O (ENT)**
(In case of Female candidate)

*Strike out which is not applicable.

Note:- Photograph of the candidate may be verified by HOD of Medicine with their seal and sign, which may be paste right side to the top.

CERTIFICATE STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his oral examined and must sign the declaration appended thereto. His/her attention is specially directed the warning contained in the note below:

1.	State Your Name in full (Block letters)	
2.	State your age and place of birth	
3.	a) Have you ever had small pox, intermittent or any other fever, enlargement of suppuration of gland, spitting of blood, asthma, heart disease, fainting attacks, rheumatism appendicitis. b) Any other disease or accident requiring confinement to bad and medical or surgical for treatment.	
4.	When were you last vaccinated	
5.	Have you suffered from any form of nervousness due to overwork of any other cause.	
6.	Have you or any of your near relation been affiliated with consumption, scrofula, bout asthma, fits epilepsy or insanity	
7.	Furnish the following particulars	
8	Have you been examined and declared unfit by medical officer/ Board within the last three years	

Father's age if living & state of health	If fathers' is death, age at death & cause	No. of Brothers' as if living & state of health health	If Brothers' is death, age at death & cause
Mother's age if living & state of health	If Mother's is death, age at death & cause	No. of Sisters' as if living & state of health	If Sisters' is death, age at death & cause

I declare all the above answer to be to the best of my knowledge true and correct, I also solemnly a firm that have not received a disease certificate/pension on account of any disease or other condition.

Signature of the Candidate

Signature of Medical Officer

Note- The candidate will be held responsible for the statement by fully supposing information to will Incur the risk of losing the appointment. If appointment forfeiting, all claims to superannuation allowances or gratuity be forfeited.

Date: / /2025

MEDICAL EXAMINATION BY STANDING MEDICAL BOARD

NEET UG 2025 Roll No.: ----------

Application No.: ----------

NEET UG 2025 Combined Merit Rank: ----------

Name: ----------

Age: ----------

Date of Birth: ----------

Father s Name: ----------

Address: ----------

Photo ID: PAN/DL/Other No: ----------**/ Authority** ----------

Signature of the candidate

1. Medical:

a) Measurement: Height: ---------- Weight: ----------

i. Chest: ---------- B.P: ----------

b) Clinical Examination: Heart: ---------- Lung: ----------

Abdomen: ---------- Others: ----------

c) Chest X-Ray……

2. Gynae (In case of Female Candidate):

a) NAD: ----------

b) L.M.P.: ----------

3. Ortho/Surgery:

a) Gait: ----------

b) Spine: ----------

c) Upper Limbs: ----------

d) Lower Limbs: ----------

e) Any Congenital Abnormalities: ----------

f) Hernial sites: ----------

g) Varicose Veins: ----------

4. Ophthalmology/ ENT

a) Vision: R/EYE:---------- L/EYE:----------

b) Near Vision: R/EYE:---------- L/EYE:----------

c) Colour Vision:

d) Ear: Rt…… Lt…….

Note: Concern Doctor may please put their signature after medical examination.

List of Department Location:

S.No	Name of Department	Floor	Block	Room No.
01	Medicine	First	C	114
02	Eye	Second	B	224
03	Gynae	First	B	136
04	Ortho	First	A	142
05	Surgery	First	A	147
06	X-Ray	Ground	B	22