



कर्मचारी राज्य बीमा निगम  
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)

**Employees' State Insurance Corporation**  
(Ministry of Labour & Employment,  
Govt. of India)



सत्यमेव जयते

चिकित्सा महाविद्यालय एवं अस्पताल  
एनएच-3, एनआईटी, फरीदाबाद-121001 (हरियाणा)

**Medical College & Hospital**

NH-3, NIT, Faridabad-121001(Haryana)

Phone No-129-2985080

Email: dean-faridabad@esic.nic.in

Website: www.esic.nic.in / www.esic.in

## **GENERAL INSTRUCTIONS FOR THE STUDENTS WHO ARE TAKING ADMISSION FOR SUPERSPECIALITY (DM/M.CH/DNBSS) COURSE 2024-25**

1. Students must report at Academic Block, Medical College Building for Superspeciality admission on or before date indicated on their selection letter issued by the MCC.
2. If any student fails to report before last date, his/her admission will stand cancelled and the same will be intimated to concerned authorities.
3. The admission process may take more than one day. Outstation candidates are requested to make their own staying arrangements accordingly. No TA/DA is applicable.
4. The admission offered to a candidate will be only provisional. DMER & UHSR are final authorities for admission approval.
5. The original documents will be sent to Pt B.D.Sharma University of Health Sciences, Rohtak for admission approval. The students are instructed to keep scanned copies & at least 2 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 TRANSPARENT FILE FOLDER FOR THEIR ORIGINAL DOCUMENTS.
7. **Each candidate must submit the original certificates listed in the checklist, as applicable, along with two sets of self-attested copies. The documents should be arranged in the prescribed sequence.**
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 originals.**
9. Reporting timings : Monday to Friday **09.00 am to 04:00 pm**  
Saturday **09:00 am to 01:00 pm**



क.रा.बी.नि.  
ESIC

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**DOCUMENT CHECK LIST**  
**FOR SUPERSPECIALITY (DM/M.CH/DNBSS) ADMISSION (SESSION 2024-25)**

Name of **SS Course** Selected For : .....

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

QUOTA : All India ..... CATEGORY : ..... D.O.B. : .....

The candidates, at the time of admission must bring the following Original Certificate/Documents along with **One Sets** of duly self-attested photocopies of these in a Transparent File Folder

S.N	Documents to be submitted at the time of Reporting	Original / Photocopy	Mark (Yes or No)
1	Provisional Seat Allotment Letter issued by MCC-2024	Original	
2	Admit Card issued by NBE-2024	Original	
3	Result/Rank Letter issued by NBE-2024	Original	
4	MBBS Degree Certificate / provisional certificate	Original	
5	All MBBS Prof Mark sheets	Original	
6	Internship Completion Certificate	Original	
7	ALL MD/MS /DNB Marksheet	Original	
8	MD/MS/DNB Degree Certificate in the concerned Specialty	Original	
9	Permanent Registration Certificate on MBBS/MS/DNB issued by MCI or NBE/State Medical Council Students who have completed/are completing post-graduation.	Original	
10	Academic Bank Of Credits ID (ABC ID)	Original	
11	High School/Higher Secondary Certificate/Birth Certificate as proof of date or birth.	Original	
12	Recent Passport Size Color Photograph - 4 Nos	Original	
13	Certificate of ExSM (if applicable)	Original	
14	College Fee Paid Challan / Demand Draft	Original	
15	SS Bond on minimum Rs.100 stamp paper (As per Performa)	Original	
16	10 <sup>th</sup> Marksheet & Passing Certificate	Original	
17	12 <sup>th</sup> Marksheet & Passing Certificate	Original	
18	Foreign Medical Graduate Exam Scorecard (if applicable)	Original	
19	Character Certificate of the Head of Institution last attended	Original	
20	Migration Certificate (if applicable)	Original	
21	Caste / EWS Certificate..... (if applicable) <b>Income Certificate for EWS/BC-A/BC-B candidates (As per State Govt. Notification)</b>	Original	
22	Affidavit by Parent for OBC/BC-A/BC-B (Non-Creamy Layer)	Original	
23	Certificate for Bench Mark Disabilities (If Applicable)	Original	
24	Certificate of Dependent of Freedom Fighter (if applicable)	Original	
25	Certificate of ExSM (if applicable)	Original	
26	Other, if any .....		

**(Note: Clearly Scanned Soft Copies of all the above said documents (with the name of the respective document) should be submitted in the Pen drive at the time of document verification in college (in & .pdf formats).**

Name & Signature of the Student

Name & Signature of the Parent/Guardian

Signature of Reporting Officer

Signature of Nodal Officer



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## **FEE STRUCTURE**

### **FOR SUPERSPECIALITY (DM/M.CH/DNBSS)** **ADMISSION 2024-25**

<b>ANNUAL FEE</b>			
<b>S.N.</b>	<b>FEE HEAD (Annual)</b>	<b>FEE TO PAY</b>	<b>Remarks</b>
1	Tuition Fee (per year)	250000/-	Fee can be paid through online SBI portal which can be avail at the time document verification. (By means of Internet banking)

<b>S.N.</b>	<b>FEE HEAD</b>	<b>FEE TO PAY</b>	<b>Remarks</b>
1	Students Welfare Fund (per year)	20000/-	Fee can be paid through UPI QR Code at the Time of Admission.
2	University Registration Fee (One Time)	4400/-	
	<b>TOTAL :</b>	<b>24400/-</b>	

7.5 Lakh Bank Guarantee	At the time of start of 2 <sup>nd</sup> Year of SS Course
7.5 Lakh Bank Guarantee	At the time of start of 3 <sup>rd</sup> Year of SS Course

Bond: 2 Years Service Bond to be served in allocated ESIC institution.

Rs.15 Lacs BankGuarantee to be deposited as per schedule below:

**DECLARATION TO BE FURNISHED BY THE CANDIDATES SELECTED FOR  
ADMISSION TO Super Specialist DEGREE / DIPLOMA COURSES FOR THE  
YEAR:**

**From  
Dr.**

To  
The Dean  
ESIC Medical College & Hospital,  
Faridabad -121002

I Dr. .... S/D/o ..... With Neet SS Roll No. ....is selected in department ..... at ESIC Medical College and Hospital, Faridabad hereby declare as under:

1. I am not presently a Super Specialist student in any Degree or Diploma Course in any Medical College.
2. I have not already passed any Super Specialist Degree or Diploma in any subject.
3. I have not discontinued studies in any Super Specialist Degree or Diploma Course in the previous years.
4. I am aware that in case any of the above information is found to be false later I shall forfeit the seat allotted to me and render myself liable for civil and criminal action as per selection rules.

Signature of the Candidate,

Place: Faridabad

Name:

Department:

Date:

NOTE: In case of Candidates who have passed Super Specialist Diploma course and now selected for Degree courses in the specialty, item No.2 of the above declaration to be striked out.

**DECLARATION**

To  
The Dean  
**ESIC Medical College & Hospital,**  
**Faridabad -121002**

**Sub:** Declaration for submission of Bank Guarantee in respect of Super Specialist Students – Reg.

Sir,

I, Dr.....joined the post graduate course in .....on ....., I am aware and very well known about the SS Bond Conditions of ESIC Medical College and Hospital, Faridabad & I agree to submit the Bank Guarantee issued by any nationalized bank, as and when claimed by the institution without fail as detailed below:

**Bond Conditions:**

1. 2 Years Service Bond to be served in allocated ESIC institution.
2. Rs. 15 Lacs BankGuarantee to be deposited as per schedule below:

<b>7.5 Lakh Bank Guarantee</b>	<b>At the time of start of 2<sup>nd</sup> Year of SS Course</b>
<b>7.5 Lakh Bank Guarantee</b>	<b>At the time of start of 3<sup>rd</sup> Year of SS Course</b>

Signature of the Candidate,

Place : Faridabad

Name :

Department:

Date:

**FORMAT OF BOND**

**(FOR DM - SUPER SPECIALTY-MEDICAL STUDENTS)**

**(To be executed on Stamp Paper of value as applicable under Stamp Duty Act. Duty Notarized)**

KNOW ALL MEN BY THESE PRESENTS THAT We (1) Dr.(Mr./Mrs./Ms.) \_\_\_\_\_ (herein-after called the Bounden) son/daughter/wife of \_\_\_\_\_ residing at (Residential Address) and (2) Shri / Smt. \_\_\_\_\_ (hereinafter called 'the surety / sureties') son/daughter/wife of \_\_\_\_\_ residing at (Here enter address) \_\_\_\_\_ do hereby bind ourselves and each of us & our respective heirs, executors & administrators jointly and severally to pay to the Employees' State Insurance Corporation (hereinafter referred to as 'the Corporation') on demand the total amount of Rs 15,00,000 (Rupees Fifteen 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 15,00,000 (Rupees Ten lakh only) in favour of the Dean of the ESIC Institution in lieu of the total in phases (Rs. 7.5 lakh at the beginning of 2<sup>nd</sup> academic year and Rs. 7.5 lakh at the beginning of 3<sup>rd</sup> academic year respectively) so that the amount of bank guarantee furnished and the balance amount does not exceed the total obligation amount (Rs. 15 lakh) at any stage. The original documents of the student trainee would be retained by the Corporation pending the submission of Bank Guarantee.

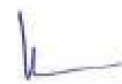
Signed this ..... Day of .....in the year..... by the Bounden Dr.(Mr./Mrs./Ms.)..... and Surety / Surety / sureties Shri / Smt .....

Signature

In the presence of Witness\*:

- |   |  |
|---|--|
| 1. Signature<br>(Name & Address with official seal) | 1. Signature of BOUNDEN<br>(Name & Address**; Photo ID No.)                    |
| 2. Signature<br>(Name & Address)                    | 2. Signature of SURETY / SURETY / SURETIES<br>(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 Dr.(Mr./Mrs.) ..... has been selected to undergo..... (here enter the name of the course of study) on the basis of merit Central/State/Stake Holder in ESIC Medical Education Institution (Name of the Institution) \_\_\_\_\_ for a period of \_\_\_\_\_(duration of Course).

AND WHEREAS the Corporation have agreed to incur the expenses on condition that after successful completion of the course of study the bounden shall serve any of the institution, of the Corporation or of ESI Scheme of the State Government, as the case may be, for a period of two years anywhere in India and also subject to the terms and conditions hereinafter appearing and the bounden and the surety/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/surety / sureties shall forthwith pay to the Corporation on demand the total amount of Rs 15, 00,000 (Rupees Fifteen lakh only); or after completion of the DM 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. 15 lakh
b) 01 year to less than 02 years	Rs. 7.5 lakh

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

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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 11 (7<sup>th</sup> CPC) or as decided by the Corporation from time to time.

Provided further that it is not necessary for the Corporation to sue the bond holder before taking action on the surety / sureties, under this bond and the liabilities of the surety / sureties is Co-extensive with that of the Bounden and shall not be affected by the Corporation giving time or any other indulgence to the bounden or by the Corporation varying of the terms and conditions herein contained.

Signed this ..... Day of .....in the year..... by the Bounden Dr.(Mr./Mrs./Ms.) ..... and surety / sureties Shri / Smt.....

Signature

In the presence of Witness\*:

- |   |   |
|---|---|
| 1. Signature<br>(Name & Address with official seal) | 1. Signature of BOUNDEN<br>(Name & Address**; Photo ID No.)           |
| 2. Signature<br>(Name & Address)                    | 2. Signature of SURETY / SURETIES<br>(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 / Surety / sureties is to be obtained.





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

**1<sup>st</sup> Party: Student's Name**

2<sup>nd</sup> Party: The Dean, ESIC Medical College and Hospital, Faridabad