

दिशानिर्देश (Instructions)

ESIC UG Bond 2025 & Anti-Ragging affidavit

1. **ESIC UG Bond** निर्धारित Proforma में **Rs. 500/-** रुपए धर्त 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** आवश्यक हैं जिसमें एक छात्र द्वारा और दूसरा माता-पिता/अभिभावक द्वारा। प्रत्येक एंटी-रैगिंग हलफनामा केवल 50 रुपये के न्यूनतम मूल्य के भारतीय गैर-न्यायिक स्टाम्प पेपर पर तैयार किया जाना चाहिए और विधिवत नोटरीकृत 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 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).

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)

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

2. Signature (Name & Address)

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 _____
 _____ th 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 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 behavior 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 _____ 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 regulations 3 and 4 of the said regulations and have fully understood what constitutes —raggingl.

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 regulations 3 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: