



કર્મચારી રાજ્ય વીમા નિગમ
શ્રમ અને રોજગાર મંત્રાલય, ભારત સરકાર
कर्मचारी राज्य बीमा निगम
(श्रम और रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



મેડિકલ કોલેજ અને હોસ્પિટલ / મેડિકલ કૉલેજ एवं अस्पताल /
Medical College & Hospital Naroda-Bapunagar
નરોડા રેલ્વે ક્રોસિંગ પાસે, હિમ્મતનગર હાઈ-વે, પી.ઓ. કુબેરનગર, અમદાવાદ, ગુજરાત-382340
Near Naroda Railway Crossing, Himmatnagar Highway,
PO-Kubernagar, Ahmedabad, Gujarat-382340
Phone: 079-22812235, Email: dean-naroda.gj@esic.gov.in
Website: www.esic.gov.in

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

Application Form for UG-MBBS Admission: 2025-26

(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): _____
- Student's Contact Number: 1. _____ 2. Parent's Contact No. _____
- Student Aadhar Card Number: _____
- Father's Aadhar Card Number: _____
- Mother's Aadhar Card Number: _____
- Student's E-mail id: _____
- Parent's E-mail id: _____
- Blood group: _____
- Address for Communication : _____

Affix Recent
Passport Size
Photo

PIN CODE:

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- Permanent Address : _____

PIN CODE:

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Qualification Details:

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

Description	Marks Obtained	Maximum Marks	Percentage
Biology			
Chemistry			
Physics			
English			
Total			
PCB Total			

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	Annual Caution Money			5,000/-
03	Annual Hostel Fee			10,000/-
04	Hostel Security			10,000/-
05	Student Welfare Fund			10,000/-
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 & Hospital, Naroda-Bapunagar, Ahmedabad. 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