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कर्मचारी राज्य बीमा निगम (श्रम एवं रोजगार मंत्रालय, भारत सरकार) Employees' State Insurance Corporation (Ministry of Labour & Employment, Govt. of India)



चिकित्सा महाविद्यालय एवं अस्पताल Medical College & Hospital देसूला, एमआई ए, अलवर (राज.)-301030 Desula, MIA, Alwar (Raj.)-301030 E-mail:- dean-alwar.rj@esic.nic.in ms-alwar.rj@esic.nic.in website:- www.esic.nic.in/www.esic.nic.in

<u>Application Form for UG-MBBS Admission 2025-26</u> (Fill the Details in Block Letters only & all the fields are mandatory to fill)

Personal Details

Name of the Student (as per class 10):	Affix Recent Passport Size											
• Quota of Admission:												
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 No.	2) Student No.											
Student Aadhar Card Number:												
Father's Aadhar Card Number:												
Mother's Aadhar Card Number.												

•	Mother S Addhar Card Number.													

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

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			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 (out of 720):
- NEET Entrance Percentile:

Admission Details:

- Date of Admission (DD/MM/YYYY):
- Quota under which (State Quota/ A.I.Q. /ESIC Ward of IP Management Quota):
 - ✓ If State Quota, mention the caste category:

Fee Payment Details:

SI.	Type of Fees	Bank Name	DD	Amount (Rs.)
01	Tuition Fee (Rs.1,00,000/- for State Quota & AIQ) and			
02	Caution Deposit of Tuition			5,000/-
03	Hostel Fee			10,000/-
04	Hostel Deposit			10,000/-
05	Student Welfare Fund			5,000/-
	GRAND TO			

All the entries made above are true to best of my knowledge and I am directly responsible for any fallacies.

(Name & Signature of the Candidate)

(Name &Signature of Parent or Guardian)

Z-11015/47/2025-ACADEMIC