
 <p>क.रा.बी.नि. ESIC</p>	<p>ಕಾರ್ಮಿಕರಾಜ್ಯವಿಮಾನಿಗಮ (ಕಾರ್ಮಿಕಮತ್ತುಉದ್ಯೋಗಸಚಿವಾಲಯ, ಭಾರತಸರ್ಕಾರ) कर्मचारीराज्यबीमानिगम (श्रमएवंरोजगारमंत्रालय, भारतसरकार) EMPLOYEES' STATE INSURANCE CORPORATION (Ministry of Labour & Employment, Govt. of India)</p>	 <p>सत्यमेव जयते</p>	<p>ESIC COLLEGE OF NURSING No. 70, Appareddy Palya, 7th Main, Indiranagar, Bangalore. (Affiliated to RGUHS, Bangalore, Karnataka & Recognized by INC, N. Delhi & KSNC, Bangalore.) Phone no. 080-29517958 E-mail ID: principal-nursingindiranagar.ka@esic.gov.in</p>
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**GENERAL INSTRUCTIONS FOR THE STUDENTS TAKING ADMISSION FOR B. Sc.
NURSING COURSE FOR THE ACADEMIC YEAR 2025-26.**

- I. Students must report at the Admission Hall, Auditorium Reception, Ground Floor, ESIC COLLEGE of NURSING, No. 70, APPAREDDY PALYA, 7TH MAIN, INDIRANAGAR, BENGALURU-560008, for Admission **on or before the Last date stipulated/mentioned on their Admission allotment letter issued by the MCC-NEW DELHI (for ESIC I.P Quota Seats) and KEA (for State Quota Seats).** Students who fail to report for Admission before the last date as per the admission letter of the Counselling Authorities (MCC/KEA) his/her Admission will Stand Cancelled and the same will be intimated to the Counselling Authorities Concerned.
- II. One of the Parents (EITHER FATHER/MOTHER/AUTHORIZED GAURDIAN) must accompany the student at the time of Admission and during seat surrendering process, if any. Parent/Guardian must carry two ID Proofs of self (AADHAR CARD & PAN CARD/VOTER ID).
- III. IN CASE OF ESIC (I.P QUOTA) Insured person (ESIC CARD HOLDER) must accompany the Student at the time of Admission and seat surrendering process, if any.
- IV. The admission process may take more than One day, Outstation Students are requested to come prepared for that and make their own accommodation and travel arrangements accordingly.
- V. The Admission Offered to a Student will be only provisional basis, subject to the final approval of (RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BENGALURU, KARNATAKA)
- VI. Students are instructed to keep at least **03 sets** of photocopies and soft Copies (in jpeg & pdf format) of all the relevant certificates/documents with them for future reference, and also to submit Two sets of photocopies & soft copy of (Student Photo in JPEG & ALL Documents (**with name of each document**) in PDF FORMAT) in pen drive to the Office as mentioned below:

Sl. No.	TYPE OF DOCUMENTS/CERTIFICATE (IN ORIGINAL)
1.	B. Sc. NURSING ADMISSION/SEAT ALLOTMENT LETTER (MCC/KEA)
2.	NEET/KEA - EXAM ADMISSION HALL TICKET
3.	NEET/KEA - EXAM SCORE CARD (Indicating ALL INDIA / STATE RANK)
4.	10TH / MATRICULATION CERTIFICATE FOR PROOF OF DATE OF BIRTH / BIRTH CERTIFICATE
5.	PUC/ SENIOR SECONDARY SCHOOL (+2) MARKS CARD & CERTIFICATE

6.	TRANSFER CERTIFICATE
7.	STUDY CERTIFICATES
8.	CHARACTER & CONDUCT CERTIFICATE
9.	MIGRATION CERTIFICATE (CBSE/ICSE/OTHER STATE) STUDENTS
10.	STUDENT'S PHOTOS- Passport Size - 4 Stamp Size - 2
11.	EWS CERTIFICATE & CASTE CERTIFICATE (OBC/SC/ST) wherever applicable as per Govt. of India Proforma (IN ENGLISH) (as per MCC information Bulletin 2025-26.
12.	ELIGIBILITY CERTIFICATE Students who pertains to (CBSE, ICSE & OTHER STATES) must obtained Eligibility certificate from the (RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BANGALORE, KARNATAKA) through following link - https://rguhs.karnataka.gov.in/rguhsEC/
13.	WARD OF I.P CERTIFICATE & E-PECHAN CARD (wherever applicable)
14.	AADHAR CARDS (STUDENT & PARENTS)
15.	MEDICAL FITNESS CERTIFICATE FROM REGISTERED MEDICAL PRACTITIONER OF A GOVT. HOSPITAL AS PER BELOW GIVEN FORMAT.
16.	ONLINE ANTIRAGGING REGISTRATION (www.antiragging.in OR www.amanmvement.org site/affidavits_registration.aspx PRINCIPAL NAME: Dr. BHARTI M, 60 SEATS, PH. No: 080-29517958, POLICE STATION: INDIRANAGAR, COLLEGE NAME: ESIC COLLEGE OF NURSING, INDIRANAGAR, BENGALURU-560008.
17.	Both Student & Parents must Sign all Affidavits.

VII. Student must provide ONE FILE & Two fresh PLASTIC FILE FOLDERS to preserve their Original Documents.

VIII. PLEASE NOTE: HOSTEL IS AVAILABLE ONLY FOR FEMALE STUDENTS THAT TOO ONLY LIMITED SEATS ARE AVAILABLE. HENCE, THOSE WHO ARE LOOKING FOR COLLEGE HOSTEL ACCOMODATION, BEFORE SELECTING THIS INSTITUTION MUST CONFIRM HOSTEL SEATS AVAILABILITY.

IX. NO HOSTEL FACILITY AVAILABLE FOR MALES.

X. **TRANSPORTATION:** Only for students residing in Hostel, transportation is available to go to Hospital for practical (**day scholars do not get this facility**). However, for community field posting, transportation is available for all students.

XI. Fee Structure:

Sl. No.	Particulars	Frequency	Rupees	MODE OF PAYMENT
1.	College Tuition Fee for each year	Annual	10000	DEMAND DRAFT IN FAVOUR OF: ESIC FUND A/C NO.1” PAYABLE AT BENGALURU
2.	College Miscellaneous Fee for each year	Annual	450	
3.	Caution Deposit (Refundable) College	On Admission	1000	
4.	Hostel Maintenance Fee for each year (Only, if opting for hostel accommodation & if it is available)	Annual	10000	DEMAND DRAFT IN FAVOUR OF: ESIC FUND A/C NO.1” PAYABLE AT BENGALURU
5.	Caution Deposit (Refundable) Hostel	On Admission	1000	
6.	Hostel Mess/Food Fee	Monthly Approximately subject to change	3500	Collected & Manage by students themselves
7.	University (RGUHS) Fee (As per Actuals)*	On Admission	5600	THROUGH: UPI (UNIFIED PAYMENTS INTERFACE) AT THE COLLEGE.

- XII. Reporting timings** on or before the Last date stipulated/mentioned on their Admission allotment letter issued by the MCC-NEW DELHI (for ESIC I.P Quota Seats) and for STATE QUOTA - As per timelines issued by KEA (CET).

Working Days & Timings –

Monday to Saturday (Except Second Saturday)

9:30 A.M to 1:00 P.M and 2:00 P.M to 4:00 P.M

MEDICAL FITNESS CERTIFICATE FORMAT

Note: A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner of a Govt. Hospital in the prescribed Proforma, as given below on a Letterhead of the Hospital.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of:

Ms./Mr. whose **blood group is** & who is desirous of admission to B. Sc. Nursing Course. He/she has not given any personal history of any disease in incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

(1) Absence of any in incapacitating and/or progressive systematic disease/disorder/condition – **(YES/NO)**

(2) Absence of any disability of upper limb/s– **(YES/NO)**

(3) Absence of any major visual/auditory disability– **(YES/NO)**

(4) Absence of psychosis/neurosis/mental retardation – **(YES/NO)**

(5) Ability to maintain erect posture – **(YES/NO)**

(6) Reasonable manual dexterity – **(YES/NO)**

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a student of B. Sc. Nursing:

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ADDRESS OF THE REGISTERED
MEDICAL PRACTITIONER

SIGNATURE

NAME:

REGISTRATION NUMBER:

SEAL OF REGISTERED MEDICAL
PRACTITIONER:

DATE: