



**ESIC- POST GRADUATE INSTITUTE OF MEDICAL SCIENCES & RESEARCH AND MEDICAL COLLEGE**  
 (A Statutory Body Under Ministry of Labor, Govt. of India)  
 DIAMOND HARBOUR ROAD, P.O.: JOKA, KOLKATA-700 104  
 An ISO 9001:2008 Certified

**Membership Form for UG- Students**

**Name (Block Letters)** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Blood Group** \_\_\_\_\_

**Enrolment No.** \_\_\_\_\_

**Course** \_\_\_\_\_

**Date of Admission** \_\_\_\_\_

**Year of Course** \_\_\_\_\_

**Correspondence Address** \_\_\_\_\_

**Permanent Address** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

<p>Latest stamp size photo</p> <p>Attested by Registrar</p>
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**UNDERTAKING**

I have read the ESIC-PGIMSR & MC rules and agree to abide by them and also agree with records maintained by the ESIC-PGIMSR & MC, in respect of issue & return of documents & other related matters. I undertake the following.

1. To pay any dues when demanded by the ESIC-PGIMSR & MC as per its rules.
2. That after writing examination of completion of each MBBS professional examination, I will return all the books to ESIC- MC otherwise University reserves the right to withhold my result.
3. To obtain "No Dues/ Clearance Certificate" from ESIC-PGIMSR & MC at the time of leaving the College.

**Date: Signature of Applicant**

**For ESIC-PGIMSR & MC Use**

Mr./Ms. \_\_\_\_\_ has been enrolled as member of the ESIC-PGIMSR & MC. His/ her

Membership No. is \_\_\_\_\_

**Librarian**

**Note: - All Columns are compulsory, submit three photographs (two attach, one paste)**