

## PROFORMA FOR COLLEGE-INFORMATION REGARDING FEE, BOND-CONDITIONS ETC.

(FOR POST-GRADUATE COURSES FOR ACADEMIC SESSION 2013-14)

NAME OF THE GOVT. MEDICAL COLLEGE/INSTITUTE – ESI-PGIMSR ANDHERI, MUMBAISTATE – MAHARASHTRA CODE NO - MH-17

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| 1. Date of start of session.   | May 2013   |
| 2. Annual fee for AIQ candidates:<br>Consolidated amount to be paid<br>At the time of admission  | Rs.24,000/- (Rupees Twenty four thousand only) per year<br>University Fee – Actual as per University<br>College Security (Refundable) – Rs.5000/-<br>(Rupees Five thousand only)<br>The above fees structure will be reviewed from time to<br>Time                 |
| 3. Stipend paid to <u>MD/MS/PG Diploma/</u><br><u>MDS Students (Specify clearly if any P.G.</u><br><u>Courses are non-stipendary against the</u><br><u>Subject in Annexure-I also)</u>   | As per residency Scheme of Central Govt. adopted<br>by ESIC & pay revised as per the 6 <sup>th</sup> CPC   |
| 4. (A) Hostel facility for male students<br>(B) Hostel facility for female students<br>(C) Monthly hostel dues   | Yes<br>Yes<br>As per actuals   |
| 5. Name of <u>Dean/Principal/Director</u><br>Telephone No. (i) Office<br>Mobile No.<br>Telephone No. (ii) Residence<br>e-mail address:<br>Fax No.  | Dr. Meenakshi Mathur M.D.<br>022-28327694<br>9769931690<br>9769931690<br><a href="mailto:drmmathur@hotmail.com/deanpgi-ane.mah@esic.nic.in">drmmathur@hotmail.com/deanpgi-ane.mah@esic.nic.in</a><br>022-28256752  |
| 6. Name of Secretary<br>( <u>Medical Education/Health</u> )<br>Official Address<br>Tel. No./Fax No.  | Mr. I.S. Chahal I.A.S.<br>Secretary, Medical Education & Drug Department<br>Mantralaya, Mumbai – 400 032 (Maharashtra)<br>022-22026233/22028612(F)   |
| 7. Name of Director Medical Education<br>Official Address<br><br>Tel. No.<br>Fax No.   | Dr. Pravin Shingare<br>DMER office, Govt. Dental College & Hospital Building,<br>4 <sup>th</sup> Floor, St. George Hospital Campus,<br>Mumbai -400 001.<br>022-22620361-65.<br>022-22620562/22652168.  |
| 8. Bond if any, (A) Indicate the terms &<br>Conditions<br><br>(B) Copy of Bond/Agreement proforma<br>(to be enclosed)  | A bond to serve the ESI Scheme at least for a period of<br>5 yrs will be executed at the time of admission. The cost<br>of entire course will be recovered if one ceases to be in<br>Corporation services before completion of bond period.<br>Yes (copy enclosed) |
| Note : Any additional State condition shall not be applicable to "All India Quota"<br>candidates. As per Supreme Court directions it is not open to any State to fix any additional<br>eligibility criteria in cases of candidates who fall under the All India Quota vide its order<br>dt. 27/07/01 in I.A. No. 9-13 in Civil Appeal 1944/93. |  |
| 9. The amount of fee to be reimbursed on<br>re-allocation of seat to the candidates in<br>in 2 <sup>nd</sup> /3 <sup>rd</sup> Round of PG counselling  | As per ESIC HQ directive.  |
| 10. Website address of the College site:   | <a href="http://www.esipgimstrandherimumbai.gov.in">www.esipgimstrandherimumbai.gov.in</a>   |
| 11. Any other relevant information:  | Nil  |

Official Seal

✓ Encl: Copy of Bond



Signature of Principal/Dean/Director  
Name – Dr. Meenakshi Mathur M.D  
Designation - Dean  
Date – 07/12/2012

**ANNEXURE 2.**

**BOND PORFORMA**

(PG DEGREE & DIPLOMA MEDICAL STUDENTS)

KNOW ALL MEN BY THESE PRESENTS THAT We .....  
son/daughter/wife of ..... (Residential Address)  
(hereinafter called the Bounden) and  
(1) ..... (herein called 'the sureties') do hereby bind ourselves  
and each of us & our respective heirs, executors & administrators residing  
at ..... (Here enter address) jointly and severally to pay  
to the Employees' State Insurance Corporation (hereinafter referred to as  
'the Corporation') on demand the total amount of Rs.7,50,000 (Rupees  
Seven lakh fifty thousand only) with interest @ 15% towards failure to  
fulfill the obligation/for violation of the condition here-in-after mentioned.

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Signed this..... Day of ..... in the year 2011 by the bounden  
.....

Signature

In the presence of Witness :

1.....  
(Name & Address)  
(Name & Address with official seal)

1. Signed by bounden

2.....  
Shri/Smt.....  
(Name & address)  
Address is

2. Signed by  
(The Surety) (Residential

Compulsory)

WHEREAS the Bounden ..... has been selected to undergo ..... (here enter the name of the course of study) on the basis of merit Central/State/Stake Holder quota in ESI PGIMSR (Name of PGIMSR) Andheri for a period of three/two years.

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 five years anywhere in India and also subject to the terms and conditions hereinafter appearing and the bounden and the 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 Post Graduate Course of study to which he/she was selected, fails to serve the Corporation for period of five years, the Bounden and sureties shall forthwith pay to the Corporation on demand the total amount of Rs.7,50,000/- (Rupees Seven lakh fifty thousand only) with interest @ 15% towards failure to fulfill the obligation. The bond is legally binding on the bounden and the sureties and upon the payment of such sum the above written obligation shall be void and of no effect otherwise this shall remain in full force and effect:

PROVIDED further that the bounden and the sureties do hereby agree that if the Bounden discontinues the study or after completion of the Post Graduate Course of study to which he/she was selected, fails to serve the Corporation for a period of five years, it may be construed as professional misconduct and the fact reported to the Medical Council of India or of the Medical Council of the State concerned for suitable action including cancellation of Registration by the Council:

PROVIDED further that the bounden and the 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 it is not necessary for the Corporation to sue the bond holder before taking action on the surety, under this bond and the liabilities of the 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 2011 by the bounden .....

Signature

[Two sets of illegible signatures]

In the presence of witness:

1. (Name & address) 1. Signed by bounden

(Name & Address with official seal)

2. ....(The (Name & Address) address is 2. Signed by Shri/Smt. Surety)(Residential Compulsory)