

**ANNEXURE – 3 (B)**

**'WARD of IP CERTIFICATE' (2025 - 2026)**

**Certificate No.....**  
**NEET Roll No.....**

<b>Photo of 'Ward of IP' (As Uploaded)</b>	<b>Photo of IP (As Uploaded)</b>
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**'Ward of Insured Person' (IP) – CERTIFICATE for** (Delete whatever is not applicable)

**i. Ward of IPs in receipt of Dependents' Benefit**

**OR**

**ii. IPs in receipt of PDB (Permanent Disability Benefit)**

1. \*This is to certify that ..... Son / Daughter / Ward of Late Shri / Smt. .... Insurance No. .... is in receipt of Dependents' Benefit and is eligible 'Ward of IP' for the benefit of admissions under 'Seats allocated for wards of insured persons (IPs)' to MBBS / BDS / BSc Nursing course in ESIC Medical / Dental / Nursing Colleges and some other Govt. Medical Colleges.

**OR**

2. \*Shri / Smt. .... Insurance No: ..... is in receipt of Permanent Disablement Benefit (PDB) w.e.f. .... His / Her ward; Name ..... satisfies the eligibility criteria as in the Admission Policy for admission to MBBS / BDS / BSc Nursing course under 'Seats allocated for wards of insured persons (IPs)' in ESIC Medical / Dental / Nursing Colleges and some other Govt. Medical Colleges.

\*Strike out (1) or (2) as applicable

3. This certificate is being issued on the basis of Verification of records by Shri / Smt. .... (designation) ..... at Regional / SRO Office ..... for eligibility under 'Seats allocated for wards of insured persons (IPs)' for admission to undergraduate course, i.e. MBBS / BDS / BSc Nursing in ESIC Medical / Dental / Nursing Colleges and some other Govt. Medical Colleges for the Academic Session 2025 - 2026.

**DATE:**

**REGIONAL DIRECTOR / SRO I/c**

**PLACE:**