



विलासराव देशमुख शासकीय वैद्यकीय महाविद्यालय, लातूर  
**VILASRAO DESHMUKH GOVERNMENT  
MEDICAL COLLEGE, LATUR- 413512  
MAHARASHTRA.**

(YEAR OF ESTABLISHMENT: 2002)

**NEET-PG ADMISSION INSTRUCTION MANUAL  
For Academic Year 2025-26**



**Address: - Behind Old Railway Station, Near Gandhi Chowk, Latur- 413512**

**VILASRAO DESHMUKH GOVERNMENT  
MEDICAL COLLEGE, LATUR**

**College Administration**



**Dean  
Dr. Uday Mohite  
M.S. Ophthalmology**

**Dr. Sachin Jadhav  
Medical Superintendent**

**Dr. Umesh Kanade  
Deputy Dean Administrative**

**Dr. Ajay Ovhal  
Deputy Dean Administrative**

**Dr. Mangesh Selukar  
Deputy Dean (PG)**

**Dr. Umesh Lad  
Deputy Dean (UG)**

## **For State Quota**

**Students follow instructions as per  
NEET-PG Brochure 2025 by State CET CELL  
Available at**

**<https://mahacet.org/NEET-PG-2025/login>**

**Under Information Brochure**

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## **For All India Quota**

**Students follow instructions as per  
NEET-PG Brochure 2025 By MCC Available at  
<https://mcc.nic.in/pg-medical-counselling/>**

**Under Information Brochure**

**For any queries mail us at**

**[dean\\_gmchl@rediffmail.com](mailto:dean_gmchl@rediffmail.com)**

**Office Telephone No.(02382)- 253017/249292**

# NEET-PG Admission 2025-26

**MUST READ ALL THE IMPORTANT POINTS CAREFULLY**

**Instructions for Students Before Coming to PG Admission 2025-26**

Sr. No.	INSTRUCTIONS
1	As documents verification process required time so don't come in hurry.
2	Before coming to PG admission must read instruction manual (All India / State Quota ) Carefully.
3	Arrange all original Documents in Below mentioned admission checklist sequence & submit two sets of self attested Xerox copies with transparent file folder.
4	Scan All Original Documents individually in sequence. Prepare separate PDF format of the same. Size of each document must be less than 300 kb.
5	Submit above All documents & Passport size PHOTO in JPG format in pen drive at the time of admission.
6	Cross check your caste certificate, caste validity name, bearing number, issuing date is same or not.

**NEET PG 2025-2026 COLLEGE ADMISSION FORM**





**(GOVERNMENT OF MAHARASHTRA)**

**Vilasrao Deshmukh Government Medical College, Latur (MS)**

**(OFFICE OF THE DEAN)**

Phone No.: 02382-249292

Fax No.: 02382-253017

Website: [www.vdgmclatur.org](http://www.vdgmclatur.org)

E-mail: [dean\\_gmchl@rediffmail.com](mailto:dean_gmchl@rediffmail.com)

**Out No.VDGMCL/NEET PG -2025-26 Admission/**

**/2025 Date: / /2025**

**Subject: - NEET PG Admission -2025, 50 % All India / State Quota Admission to (MD/MS) Degree Course for Academic Year 2025-26.**

**Reference: - 1) List of eligible candidates for All India / State Quota seat admission in 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> /Stray Round declared on dated:- / /20  
2) Candidate application dated: - / /20**

With reference to the above mentioned subject, you have reported to this institute for Post-Graduate admission and after due verification of your original documents, you are provisionally admitted for .....course on Dated- / /20 . Your admission is subject to Registration & Eligibility from MUHS, Nashik.

You are directed to attend undersigned for getting the regular Appointment Order for the said subject, which is commencing by date / /20 . Before joining to this office you have to submit the service bond on stamp paper of Rs. 500/- failing which your admission will not be held valid.

Dean  
Vilasro Deshmukh Government  
Medical College, Latur

To,

Dr..... Junior Resident,

Copy to- The Commissioner, DMER, Mumbai for information

Copy to information & necessary action

- 1) Professor & Head, .....VDGMC, Latur
- 2) Account Section (Stipened)
- 3) Scholarship Academic Section
- 4) Librarian,VDGMC Latur
- 5) Warden, Resident Doctor's Quarter



**(GOVERNMENT OF MAHARASHTRA)**  
**VILASRAO DESHMUKH GOVERNMENT MEDICAL COLLEGE, LATUR**  
(OFFICE OF THE DEAN.)

Phone No.: 02382-249292

Fax No.: 02382-253017

Website: [www.vdgmclatur.org](http://www.vdgmclatur.org)

E-mail: [dean\\_gmchl@rediffmail.com](mailto:dean_gmchl@rediffmail.com)

Out No. VDGMCCL/NEET PG -2025-26 Admission/ /2025

Date: / /2025

Dr.....has been given  
.....admission to Course.....through All India / State Quota for Academic  
year 2025-26 batch in this Institution and his/her original certificates are retained at this office as detailed below.

Sr. No.	Documents	Tick	
01	Admit Card/ Application Form of NEET 2025-NBE/ Competent Authority		
02	Result/ Rank Letter / Selection Letter NEET 2025 -NBE / Competent Authority		
03	Nationality Certificate		
04	SSC Passing Certificate /Birth Certificate as proof of date of birth		
05	HSC Passing Certificate		
06	First to Final year MBBS Mark list ( Including Fail Marksheet if applicable)		
07	M.B.B.S. Passing Certificate		
08	College/ University Internship Completion Certificate (Date As per Brouchure)		
09	Permanent / Provisional MBBS Registration issued by MCI or State Medical Council		
10	MBBS Degree Certificate		
11	College MCI Recognition Certificate		
12	Caste Certificate ( if Applicable) – as specified in the prospectus		
13	Caste Validity Certificate ( if Applicable– as specified in the prospectus)		
14	Non- Creamy Layer Certificate ( if Applicable) – as specified in the prospectus		
15	EWS Certificate ( Valid – as specified in the prospectus )		
16	College Leaving / Transfer Certificate of (MBBS)		
17	Attempt Certificate		
18	Gazette of Marriage Certificate if Change in Name ( if Applicable)		
19	Migration Certificate		
20	Self Educational gap Affidavit by student certified by Executive Magistrate or Notary		
21	Medical Fitness Certificate – as specified in the prospectus		
22	Reliveing letter	23 Aadhar No. ....	
24	UG service bond release certificate	25. Pen Drive Containg all original scan Documents	
26	Physically Handicap / Orthopaedic Physical Disability Certificate issued by the Competent Authority- – as specified in the prospectus		

Certified that, the above original certificates have been verified for the Provisional Postgraduate Admission

1. Arrange all original Documents in above sequence & submit two sets of self attested Xerox copies.
2. Scan All Original Documents in sequence. Prepare separate PDF format of the same. Size of each document must be less than 300 kb.
3. Submit above All documents in pen drive at the time of admission.

Name & Signature of verifying

Name & Signature of Incharge P.G. Admission

Dean  
Vilasrao Deshmukh Government  
Medical College , Latur

## **UNDERTAKING**

I, Dr. ....

allotted PG Degree / Diploma in ..... Subject at Vilasrao Deshmukh Government Medical College, Latur through NEET PG - 2025, All India / State Quota for the Academic Year 2025-26. I hereby give undertaking as per rule. 17, penalty & bond sub rule 17.2 As per Govt. Resolution (GR.NO.MED 1010/CR-185/10 Ed-2 dated 28<sup>th</sup> May 2011) that Myself (Candidate) joined against the seat of Government Medical College for admission to post graduation course either through All India or State quota required to sign bond to serve the Government of Maharashtra for a period of one year. On failing above contestations i will pay Rs. 50,00,000/- (Rupees Fifty Lacs Only) for the default. If I resigns PG seat after cut off date I will pay Rs. 10,00,000/- as penalty and Rs. 10,00,000/- fine for lapse of PG seat.

Place – Latur

Signature of PG Student

Date     /     / 2025

Subject :

**Vilasrao Deshmukh Government Medical College, Latur**  
**Information of P. G. Students 2025-26**

01	Full Name		<b>Affix Recent Passport Photograph</b>
02	Date of Joining		
03	Date of Birth		
04	Birth Place		
05	Category/Caste/ Sub-Caste		
06	Religion		
07	Domicile		
08	Nationality		
09	Date of Passing M.B.B.S.		
10	College last attended M.B.B.S.		
11	Father's Name		
12	Mother's Name		
13	Address for correspondence		
14	Permanent address		
15	Father's Occupation		
16	Mother's Occupation		
17	Total Annual Family income		
18	Father Mobile No.		
19	NEET Percentile Score		
20	Students Mobile No.		
21	ABC ID No.		
22	Aadhar No.		
23	Voter ID No.		
24	E-mail ID		
25	Local Bank No.		
26	Quota against Which admitted		
27	Hosteller / Non Hosteller		

**UNDERTAKING**

I hereby undertake that all above information given by me is correct. If there is any change will let you inform immediately.

Signature of Candidate

## **UNDERTAKING**

I am selected through All India quota/ State Quota for Post-Graduate admission at Vilasrao Deshmukh Government Medical College, Latur.

I have reported on

Date:    /    /2025.

I undertake to submit the following certificate within one month from the date of admission.

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)

Failing which necessary action will be taken against me. It shall be my responsibility to produce all necessary documents and get eligibility from Maharashtra University of Health Sciences, Nashik.

**Signature**

**Name**

**Mob No.**

**Vilasrao Deshmukh Government Medical College, Latur  
(Maharashtra)**

.....  
**Details of Fees Structure PG (A.Y. 2025-26)**

Sr. No.	Details of Fees	Reserved / Unreserved	Demand Draft No. & Date
<b>(For the candidates admitted under State Quota &amp; All India Quota)</b>			
01	Tution Fees	152100/-	<b>Prepare a Demand Draft of Rs.168630/- in favour of “<u>The Dean, Vilasrao Deshmukh Government Medical College, Latur</u>”.</b>
02	Hostel Fees	4000/-	
03	Library Fees	1000/-	
04	Gymkhana Fees	500/-	
05	Library Deposit	2000/-	
06	Caution Money	4000/-	
07	Development Fees	5000/-	
08	Book Bank Fees	10/-	
09	Identity Card Fees	20/-	
<b>Total Fees</b>		<b>168630/-</b>	

**Note: 1. Admission Fees Rs.1500/- (Non- Refundable) Should  
Pay in cash at the time of Admission**

**ANNEXURES**

**for**

**ALL INDIA**

**QUOTA**

# Certificate of Disability

Annexure-2

## CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/  
14th May, 2019 for admission to Medical Courses in All India Quota)

Certificate No : .....

Certificate Date :. 00-XXX-2025

Name of the Designated Disability Certification Centre		PHOTOGRAPH
This to certify that Dr. / Mr. / Ms.		
Age	Son/ Daughter of Mr.	
NEET Roll No.	Rank No.	

**Has the following Disability**

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

**Conclusion:** Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail 5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor\*/ Visual\*/ Hearing\* Impairment**, if any.  
No

**Sign & Name:**  
Name:

Assistant Professor  
Neurology

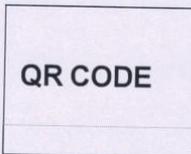
**Sign & Name:**

Associate Professor  
Orthopedics

**Sign &**

Associate Professor  
Medicine

**Disclaimer :** This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.



Downloading Date: August XX, 2024 00:0

# SC Caste /ST Tribe Certificate

ANNEXURE-3

## PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

### CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.\* ----- son/daughter\* of ----- of village/town\* ----- in district/Division\* ----- of the State/Union Territory\* ----- belongs to the ----- Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe\* under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order, 1951
- The Constitution (Scheduled Tribe) (Union Territories) Order, 1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re- organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe\* certificate issued to Shri/Smt\* ----- father/mother of Shri/Smt/Kum\* ----- of village/town\* ----- in District/Division\* ----- of the State/Union Territory\* ----- who belongs to the ----- caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe\* in the State/Union Territory\* ----- issued by the ----- (name of prescribed authority) vide their No ----- date -----

3. Shri\*/Smt\*/Kum\* ----- and/or his/her\* family ordinary reside (s) in village/town\* ----- of the State/Union Territory of -----.

Signature \_\_\_\_\_

Place ----- State/Union Territory

\*\* Designation -----

Date ----- (With seal of Office)

\* Please delete the words which are not applicable.

• Please quote specific Presidential Order.

• Delete the paragraph which is not applicable.

\*\* Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

# OBC-NCL Certificate

ANNEXURE-4

## PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. \_\_\_\_\_ Son/Daughter of  
Shri/Dr. \_\_\_\_\_ of Village/Town \_\_\_\_\_ District/Division \_\_\_\_\_ in the \_\_\_\_\_  
State belongs to the \_\_\_\_\_ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.
- (xvii) Resolution No. F.No.12015/05/2011-BC-II dated 17th February, 2014

Shri/Smt./Kum. \_\_\_\_\_ and/or his family ordinarily reside(s) in the \_\_\_\_\_  
District/Division of \_\_\_\_\_ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated: \_\_\_\_\_

District Magistrate/Competent Authority Seal

**NOTE: Any Resolution Number not mentioned/ corrective Ness in above list (1-17) may be verified from central list at national commission for Backward classes website and be may accepted as valid after confirmation from site by verifying institutes.**

- (a) *The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.*
- (b) *The authorities competent to issue Caste Certificates are indicated below:*
  - *District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1<sup>st</sup> Class Stipendiary Magistrate.)*
  - *Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.*
  - *Revenue Officer not below the rank of Tehsildar.*
  - *Sub-Divisional Officer of the area where the candidate and/or his family resides.*
- (c) *The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2025*

# EWS Certificate

Annexure - 5

## Performa for EWS Certificate

7

Annexure-I

Government of .....  
(Name & Address of the authority issuing the certificate)

### INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_ Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her 'family'\*\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

\*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

*G. Srinivasan*

# Medical Fitness

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## ANNEXURE – “M”

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### CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. .... who is desirous of admission to Medical Postgraduate Courses.

He/she has not given any personal history of any disease 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 medical postgraduate course (NEET-PG-2025).

- (1) Absence of any incapacitating and /or progressive systematic disease/disorder / condition,
- (2) Absence of any disability of upper limb/s,
- (3) Absence of any major visual/auditory disability,
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date	

×.....

**Note:**

A candidate must be medically fit to undergo the Medical Postgraduate Courses (NEET-PG-2025) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead**.

**ANNEXURES**

**for**

**STATE**

**QUOTA**

# Certificate of Disability

## CERTIFICATE OF DISABILITY

(As per Gazette Notification No. MCI-34(41)/2018-Med./170045 dated 5<sup>th</sup> February, 2019 for admission to Medical Courses in All India Quota)

Certificate No. \_\_\_\_\_ Dated \_\_\_\_\_

Name of the Designated Disability Centre (as per ANNEXURE): \_\_\_\_\_

This to certify that Dr. / Mr. / Ms. \_\_\_\_\_

Aged \_\_\_\_\_ Years Son/ Daughter of Mr. \_\_\_\_\_

R/o \_\_\_\_\_

Recent Passport Size Photograph of the candidate duly attested by the issuing authority

NEET Roll No. \_\_\_\_\_ Rank No. \_\_\_\_\_, has the following

Disability (Name of the Specified Disability) \_\_\_\_\_

and has Permanent Physical Impairment(PPI) with the Disability Range (in percentage)

of \_\_\_\_\_ (in words) \_\_\_\_\_ (in Figures).

- Please tick on the "Specified Disability"  
(Assessment may be done on the basis of Gazette of India, Extraordinary, Part-II, Section 3 Sub-section(i), Ministry of Social Justice and Empowerment)

S/No.	Disability Type	Type of Disability	Specified Disability
1.	Physical Disability	A. Locomotor Disability	a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. others such as Amputation, Poliomyelitis
		B. Visual Impairment	a. Blindness b. Low Vision
		C. Hearing Impairment	a. Deaf b. Hard of hearing
		D. Speech & Language Disability	a. Organic/ Neurological causes
2.	Intellectual Disability		a. Specific Learning Disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental Aphasia b. Autism Spectrum Disorders
3.		Mental Behaviour	a. Mental illness
4.	Disability caused due to	a. Chronic Neurological Conditions	i. Multiple Sclerosis ii. Parkinsonism
		b. Blood Disorders	i. Haemophilia, ii. Thalassemia, iii. Sickle Cell Disease
5.	Multiple Disabilities including Deaf Blindness		More than one of the above specified disabilities

- Conclusion: He/ She is Eligible/ Not Eligible for admission in Medical/ Dental courses as per the MCI/ DCI Guidelines subject to his being otherwise medically fit.

Sign & Name \_\_\_\_\_

(Concerned Specialist)

Sign & Name \_\_\_\_\_

(Concerned Specialist)

Sign & Name \_\_\_\_\_

(Concerned Specialist)

# Certificate of Medical Fitness

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## ANNEXURE – “M”

×.....

### CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. .... who is desirous of admission to Medical Postgraduate Courses.

He/she has not given any personal history of any disease 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 medical postgraduate course (NEET-PG-2025).

- (1) Absence of any incapacitating and /or progressive systematic disease/disorder / condition,
- (2) Absence of any disability of upper limb/s,
- (3) Absence of any major visual/auditory disability,
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date	

×.....

**Note:**

A candidate must be medically fit to undergo the Medical Postgraduate Courses (NEET-PG-2025) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead**.

**For State Quota Students  
(If applicable)**

**Caste Certificate,  
Validity Certificate,  
Non Creamy Layer,  
EWS Certificates**

**are REQUIRED as per  
Maharashtra State  
Government Norms &  
Format**

**\*\*\*\*\***