



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 2026-27



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 Garud
Medical Superintendent

Dr. Umesh Kanade
Deputy Dean Administrative

Dr. Ajay Ovhal
Deputy Dean Administrative

Dr. Mangesh Selukar
Deputy Dean (PG)

Dr. Mahadev Bansude
Deputy Dean (UG)

For State Quota

**Students follow instructions as per
NEET-PG Brochure 2026 by State CET
CELL Available at
<https://cetcell.mahacet.org/cap-2026-27/>**

Under Information Brochure

For All India Quota

**Students should follow instructions
as per
NEET-PG Brochure 2026 published By MCC,
and is Available at**

<https://mcc.nic.in/pg-medical-counselling/>

Under Information Brochure

**For any queries mail us at
dean_gmchl@rediffmail.com**

Office Telephone No.(02382)- 253017/249292

NEET PG 2026-27 Admission Committee

Sr.No	Officer Name	Committee Post	Designation	Department	Contact No.
01	Dr. Asmita Jadhav	Chief coordinator AI & State Quota	Associate Professor	Anatomy	7722004110
02	Shri. S. D. Waghmare	Member AI & State Quota	A.O.	VDGMC Latur	9823468963

NEET PG 2026-27 Admission Committee for All India Quota

01	Dr. Mahendra Kamble	Nodal Officer	Associate Prof.	Biochemitry	9421374498
02	Dr. Kavita Pawar	Member	Assistant Prof.	Pathology	8554853232
03	Dr. Bharatbhushan Telang	Member	Assistant Prof.	PSM	8767283940
04	Dr. Atul Wadagale	Member	Assistant Prof.	PSM	9860840210
05	Dr. Seema Mohite	Member	Assistant Prof.	PSM	9284300370
06	Dr. Heena Kausar	Member	Assistant Prof.	Pathology	9967469111
07	Dr. Priyanka Tile	Member	Senior Resident	Pathology	8169329205
08	Dr. Smriti Shende	Member	Senior Resident	Microbiology	9420358391
09	Mr. Ramhari Patil	Member	Social Worker		8484048836
10	Miss. Bhagyashree Waghmare	Member	Social Worker		8010491015

NEET PG 2026-27 Admission Committee for State Quota

01	Dr. Shivraj Kanthikar	Nodal Officer	Associate Prof.	Pathology	9764777213
02	Dr. Vrushali Maindarkar	Member	Assistant Prof.	Anatomy	9421372872
03	Dr. V. Sonakar	Member	Assistant Prof.	PSM	9922937578
04	Dr. Mangal Kaname	Member	Assistant Prof.	Pathology	8805133852
05	Dr. Sanskruti Kritane	Member	Assistant Prof.	PSM	9689694733
06	Dr. Milind Davane	Member	Assistant Prof.	Microbiology	8446149882
07	Dr. Nikhil Shirure	Member	Assistant Prof.	Pharmacology	8446709099
08	Dr. Shubhangi Bembade	Member	Senior Resident	PSM	9552814231
09	Mr. Ramhari Patil	Member	Social Worker		8484048836
10	Miss. Bhagyashree Waghmare	Member	Social Worker		8010491015

NEET-PG Admission 2026-27

MUST READ ALL THE IMPORTANT POINTS CAREFULLY

Instructions for Students Before Coming to PG Admission 2026-27

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 document holding certificate & submit two sets of self attested Xerox copies with transparent file folder. Write your Name, Subject, admission Quota & Mobile Number with a thick permanent marker.
4	All Original Documents individually Scanned in PDF format (less than 300 kb) & Passport size PHOTO in JPG format. Bring This in pen drive at the time of admission.
5	Cross check your caste certificate, caste validity name, bearing number, issuing date is same or not.

NEET PG 2026-27 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

E-mail: dean_gmchl@rediffmail.com

Out No.VDGMCL/NEET PG -2026-27 Admission/ /2026 Date: / /2026

**Subject: - NEET PG Admission -2026, 50 % All India / State Quota/State InService Quota
Admission to (MD/MS) Degree Course for Academic Year 2026-27.**

**Reference: - 1) List of eligible candidates for All India / State Quota/ State InService Quota seat
admission in 1st / 2nd / 3rd /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

E-mail: dean_gmchl@rediffmail.com

Out No. VDGMCL/NEET PG -2026-27 Admission/

/2026

Date:

/

/2026

ORIGINAL DOCUMENTS HOLDING CERTIFICATE

Dr..... has been given admission to
Course..... through All India / State Quota for Academic year 2026-27 batch in
this Institution and his/her original certificates are retained at this office as detailed below.

Sr. No.	Required Original Documents	Remark (Y/N/NA/NS) To be filled by officials
01	Allotment Letter by the Competent Authority	
02	Admit Card of NEET 2026-NBE/ Competent Authority	
03	Result/ Rank Letter / Selection Letter NEET 2026 -NBE / Competent Authority	
04	Nationality Certificate/ Passport	
05	SSC Passing Certificate /Birth Certificate as proof of date of birth	
06	HSC Passing Certificate	
07	First to Final year MBBS Mark list (Including Fail Marksheet if applicable) & No.	
08	M.B.B.S. Passing Certificate	
09	College/ University Internship Completion Certificate (Date As per Brouchure)	
10	Permanent / Provisional MBBS Registration issued by MCI or State Medical Council	
11	MBBS Degree Certificate	
12	College MCI Recognition Certificate	
13	Caste Certificate (if Applicable) – as specified in the prospectus	
14	Caste Validity Certificate (if Applicable– as specified in the prospectus)	
15	Non- Creamy Layer Certificate (if Applicable) – as specified in the prospectus	
16	EWS Certificate (Valid – as specified in the prospectus)	
17	College Leaving / Transfer Certificate of (MBBS)	
18	Attempt Certificate	
19	Gazette of Marriage Certificate if Change in Name (if Applicable)	
20	Migration Certificate	
21	Self Educational gap Affidavit by student certified by Executive Magistrate or Notary	
22	Medical Fitness Certificate – as specified in the prospectus	
23	NOC for In-Service Candidates	
24	Academic Fees Amount Rs -....., DD No..... & Date/...../.....	
25	Reliving letter	26 Aadhar No.
27	UG service bond release certificate	28. Pen Drive
29	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. All Original Documents individually scanned in PDF format Only. Size of each document must be less than 300 kb.
3. Submit above All documents in pen drive at the time of admission.
4. If Additional Qualification is completed attach total original documents.

Name & Signature of verifying

Name & Signature of Incharge P.G. Admission

Dean
Vilasrao Deshmukh Government
Medical College , Latur

UNDERTAKING

I, Dr.

allotted PG Degree in Subject at Vilasrao Deshmukh Government Medical College, Latur through NEET PG - 2026, All India / State Quota for the Academic Year 2026-27. 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 28th 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 / / 2026

Subject :

CANDIDATE INFORMATION**Vilasrao Deshmukh Govt. Medical College, Latur****Post Graduate Admission Academic Year 2026-27****Admission Quota: _____ Subject: _____****RECENT-SIZE
PHOTO**

1	Name of the Student (In Capital words)	In English	SURNAME	NAME	FATHER NAME
		In Marathi			
2	Guardian/Father's Full Name				
3	Name of Mother				
4	Place & Date of Birth		Place	DOB:	
5	Residential Detail Address With Pincode				
6	State to which candidate belongs(Domicile)				
7	Name as per MBBS Degree				
8	Mobile No.		Student:	Parent:	
9	Email ID	Student:			
		Parent:			
10	Aadhar No				
11	Voter ID No				
12	Alloted Quota (AI/State/In Service/PwD)				
13	NEET Rank				
14	Score of NEET- PG				
15	Category: SC/ST/VJ/NT-1/NT-2/NT-3/OBC/OPEN/other				
16	Caste & Sub caste				
17	Category of Admission				
18	MMC/MCI registration No. & Date		No.	Date.	
19	State Medical Council Name				
20	MBBS College Name & University				
21	MBBS Passing Year				
22	Marks Obtained in MBBS (All Years)		Marks =	/out of =	% =
23	Internship Completed Date				

Date: / /**Place : Latur****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: / /2026.

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 :

Department :

Mob No.:

Vilasrao Deshmukh Government Medical College, Latur (Maharashtra)

Details of Fees Structure PG (A.Y. 2026-27)

Sr. No.	Details of Fees	Reserved / Unreserved	Demand Draft No. & Date
(For the candidates admitted under State Quota & All India Quota)			
01	Tution Fees	167300/-	Prepare a Demand Draft of Rs.183830/- in favour of <u>“The Dean, Vilasrao Deshmukh Government Medical College, Latur”.</u>
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/-	
Total Fees		183830/-	

Sr. No.	Details of Fees	Reserved / Unreserved	Demand Draft No. & Date
(For the candidates admitted under In-Service State Quota)			
01	Hostel Fees	4000/-	Prepare a Demand Draft of Rs.16530/- in favour of <u>“The Dean, Vilasrao Deshmukh Government Medical College, Latur”.</u>
02	Library Fees	1000/-	
03	Gymkhana Fees	500/-	
04	Library Deposit	2000/-	
05	Caution Money	4000/-	
06	Development Fees	5000/-	
07	Book Bank Fees	10/-	
08	Identity Card Fees	20/-	
Total Fees		16530/-	

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:

Sign & Name:

Sign &

Assistant Professor
Neurology

Associate Professor
Orthopedics

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.

QR CODE

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 04/04/2000.
- (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:
 - i District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)
 - ii Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.
 - iii Revenue Officer not below the rank of Tehsildar.
 - iv 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

Caste Verification Format for SC/ST/OBC-NCL Candidates other than Maharashtra

Annexure-III

Office of the

Outward No: -

Date:-

TO WHOME IT MAY CONCERN

CERTIFICATE

This is to certify that, the Caste Certificate No.

Dated.....issued to Mr. /Miss.....

By the Tahsildar /Magistrate.....is Valid.

Further, it is stated that there is no provision of issuing separate Caste Validity Certificate in
.....State.

Office Seal / Stamp

Signature of Tahsildar / Magistrate/ Issuing Authority

कार्यालय.....

जावक क्र.

दिनांक :-

जो कोई भी इससे संबंधित है उसके लिए

प्रमाणपत्र

प्रमाणित किया जाता है कि, श्री /कुमारी..... इनको,
तहसीलदार/जिला मॅजिस्ट्रेट.....कार्यालय द्वारा
निर्गमित किया हुआ जात प्रमाणपत्र क्रमांक दिनांक.....
वैध है।

तथा,.....राज्यमें अलगसे जात वैधता प्रमाणपत्र निर्गमित करने का
कोई प्रावधान नहीं है।

कार्यालय कि मोहर

तहसीलदार/जिला मॅजिस्ट्रेट तथा
संबंधित अधिकारी के हस्ताक्षर

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

*Note 1: 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. Prasad

Medical Fitness

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**.

ANNEXURES for STATE QUOTA

Certificate of Disability

CERTIFICATE OF DISABILITY

(As per Gazette Notification No. MCI-34(41)/2018-Med./170045 dated 5th 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 (a), Ministry of Social Justice and Empowerment)

S.No.	Disability Type	Type of Disability	Specified Disability
1.	Physical Disability	A. Locomotor Disability B. Visual Impairment C. Hearing Impairment D. Speech & Language Disability	a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. others such as Amputation, Poliomyelitis a. Blindness b. Low Vision a. Deaf b. Hard of hearing 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 b. Blood Disorders	i. Multiple Sclerosis ii. Parkinsonism 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

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	

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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
