

MEDICAL CERTIFICATE

For NEET-UG 2026 Qualified Candidates

NEET-UG Roll No. _____

Combined merit rank _____

I, Dr. _____ have personally examined Mr. / Ms. / Mrs. _____
son / daughter of Mr. / Ms. / Mrs. _____ with date of birth
_____ and residing at _____

(verified from Aadhaar Card / Voter Card / Passport / Official School or College ID Card) who is a candidate for admission into undergraduate Medical / Dental (MBBS / BDS) course in colleges in West Bengal for 2025-26 admission session, and observed as follows:

1. Personal identification mark (if any)
2. Apparent age years 3. Blood group 4. Any history of Pulmonary TB ☐ Yes ☐ No
5. Height cm 6. Weight kg 7. BMI kg/m² 8. Pulse bpm 9. BP mmHg
10. Chest measurements: a) Relaxed cm b) Full inspiration cm c) Full expiration cm
11. Vision: Visual acuity: Right eye Left eye Color blindness ☐ Yes ☐ No
(mention if glasses / lenses are being used to correct refractive errors)
12. Immunization status:
(whether up to date as per latest National Immunization Schedule)
13. General physique 14. Heart condition
15. Lung condition 16. Abdominal viscera
17. Any neurological deficit OR orthopedic disability OR any other
significant medical / surgical / gynecological / psychiatric illness

After examination, I do hereby certify that he / she (strike out whichever is NOT applicable):

- ☐ Has no significant physical / mental illness or disability that may preclude him / her from pursuing basic medical / dental course and is therefore FIT to join the course.
- ☐ Has / may have significant physical / mental illness or disability that requires further assessment to determine suitability for joining basic medical / dental course

Recent passport size photo
attested by Medical Practitioner

Date:

Place:

Signature of Registered Medical Practitioner

Registration No.

Council of registration

Contact No.

SEAL