

# MEDICAL CERTIFICATE

## For NEET-UG 2025 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/m<sup>2</sup>    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