



**Institute of Postgraduate Medical Education &
Research (IPGME&R), Kolkata**
UG admission under State Quota 2022
Document Verification Checklist

TOKEN No.

Date

/10/2022

Name of the candidate: _____

NEET-UG Roll Number: _____ **DOB:** _____ (dd-mm-yyyy)

Percentile score: _____ **All-India rank:** _____ **Mobile:** _____

Proposed Admission category: Gen (UR) SC ST OBC EWS PwD

Checklist

Remarks, if any

1	Photo ID proof [Passport / Voter card / AADHAR Card].	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Document verification venue allotment letter and Proof of payment of counselling fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	NEET-UG Admit card.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	NEET-UG Rank letter / Score card.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Age proof [Birth Certificate or Secondary / Higher Secondary examination admit card / marksheet issued by a recognized Board or Council stating date of birth]. DOB must be earlier to 01.01.2006.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Class 10+2 Pass Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Class 10+2 Marksheet for verification of marks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8*	Domicile certificate <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> WB eDomicile	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In case of Domicile Certificate B, any 2 photo ID proof of either <input type="checkbox"/> Father OR <input type="checkbox"/> Mother showing residential address in West Bengal from among <input type="checkbox"/> Passport <input type="checkbox"/> Voter card <input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
10*	Valid <input type="checkbox"/> SC Certificate <input type="checkbox"/> ST Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
11*	OBC Certificate <input type="checkbox"/> OBC <input type="checkbox"/> OBC-A <input type="checkbox"/> OBC-B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
12*	In case OBC Certificate issued before 01.04.2021, valid NCL Certificate issued by appropriate authority	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
13*	Valid Person with Disability (PwD) Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
14*	Valid Economically Weaker Section (EWS) Certificate issued on or after 01.04.2021	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
15	Medical Certificate from Registered Medical Practitioner with Reg. No. and Official Seal	<input type="checkbox"/> Yes <input type="checkbox"/> No	

* As per format provided by Government authorities.

** Suppression of any information may lead to seat cancellation if detected at later stage.

Signature of candidate with date

Signature of Verifying Officer with date