

**MCC Allotted Candidate has to submit the following Original Documents along with Two Sets of Xerox Copies.**  
**\*\*A Pen drive containing scanned copies of individual Original Documents also to be submitted.**

<b>Sr. No.</b>	<b>Certificate Required For Admission</b>
1	NEET PG– 2024 Provisional Allotment Letter.
2	PWD – Medical Disability Certificate from issuing authority (if applicable).
3	Caste, Cast Validity & Non Creamy Layer Certificate (Valid) (if applicable).
4	EWS Certificate (if applicable).
5	NEET PG -2024 Admit Card issued by NBE.
6	NEET PG-2024 Mark Sheet & Rank Percentile Sheet issued by NBE.
7	12 <sup>th</sup> Mark Sheet.
8	High School / Higher Secondary Certificate / Birth Certificate as proof of Date of Birth.
9	MBBS Passing Certificate.
10	Statement of Mark Sheet of I, II, III Part – I & Part - II MBBS Examination.
11	MBBS Attempt Certificate.
12	MBBS Bonafide / Character Certificate.
13	Certificate from Head of Institute showing that the Medical College / Institute from which the candidate has passed MBBS examination is recognized by Medical Council of India.
14	MBBS Internship Completion Certificate from University / the Head of the Institution or Certificate indicating likely date of completion of Internship form the Head of the Institution.
15	MBBS Transfer / Migration Certificate.
16	MBBS Degree / Provisional Degree Certificate.
17	Permanent / Provisional Registration Certificate (State Medical Council / MCI / NMC).
18	Screening Test Result and Eligibility Certificate (applicable for FMG candidates )
19	Gap Certificate (if applicable).
20	Age, Nationality, Domicile Certificate / Passport (Photocopy) / Residential Certificate
21	PAN Card & Aadhar Card* (Photocopy – Candidate & Father / Guardian of Candidate) (Bring Original at the time of admission).
22	Medical Fitness Certificate. (Performa Attached)
23	Bond Release Certificate <u>Or</u> Receipt of amount paid for release of Bond (if applicable).
24	NOC from Directorate of Health Services (for in-service candidates) (if applicable).
25	5 copies passport size photograph with red background.
26	Necessary supporting documents in case of NRI Category candidates. A) Notarized Affidavit of the person who is NRI and the Sponsor. B) Document claiming that the Sponsor is an NRI. (Valid Passport & Visa of the Sponsor) C) Relationship of NRI with the candidate (Family tree notarized by Tehsildar). D) Notarized Affidavit from Sponsor that he / she will sponsor the entire course fee of the candidate. E) Embassy Certificate of the Sponsor (Certificate from the Consulate issued within last 06 months).

Sd/-  
**DEAN**  
**Dr. D. Y. Patil Medical College, Pune**

## MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** or on this format with original seal and signature.

### CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms ..... who is desirous of admission to Health Science 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 professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic 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.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. **(Strike, which is not applicable):**

1. ....
2. ....
3. ....

Address of the Registered Medical Practitioner

Signature

Name

Registration No.

Seal of Registered Medical Practitioner

Date :