



Dr. D. Y. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE.

PIMPRI, PUNE - 411 018

NABH / NABL Accredited Hospital

Dr. D.Y. PATIL VIDYAPEETH, PUNE

(Deemed to be University)

(Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on a four - point scale at 'A++' Grade)

ISO 9001:2015 and 14001:2015 Certified University

The Selected Candidate must 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**

Sr. No.	LIST OF DOCUMENTS REQUIRED FOR MBBS ADMISSION
1	NEET-UG-2024 Confirmation page of online application (Registration Slip)
2	NEET UG– 2024 Provisional Allotment Letter.
3	NEET UG -2024 Admit Card issued by NTA.
4	NEET UG-2024 Mark Sheet/Score Card issued by NTA.
5	12 th Mark sheet & 12 th Passing Certificate
6	12 th Migration Certificate
7	Transfer Certificate from Institution in which the candidate had last studied
8	12 th Bonafide and Character Certificate
9	Gap Certificate (if applicable).
10	Date of Birth Certificate
11	10 th Mark sheet & 10 th Passing Certificate
12	Caste, Caste Validity & Non-Creamy Layer Certificate (Valid) / EWS Certificate (if applicable).
13	Certificate of Age, Nationality and Domicile / Passport (Photocopy)
14	Candidate PAN Card & Aadhaar Card (Xerox copy) Self attested (Bring Original at the time of admission).
15	Parent PAN Card & Aadhaar Card (Xerox copy) Self attested (Bring Original at the time of admission).
16	Medical Fitness Certificate. (Performa Attached)
17	PWD – Medical Disability Certificate from issuing authority (if applicable).
18	5 copies of passport size colour photograph with red background.
19	Necessary supporting documents in case of NRI Category Candidates A) Candidate's parents' resident certificate issued by the Embassy of the country complying the Income Tax rules. B) Candidate's Passport / VISA / Resident VISA C) Citizenship of the candidate D) Income Tax documents required as per the Income Tax Act 1961
20	Necessary supporting documents in case of NRI Category Sponsorship candidates A) Documents claiming that the Sponsorer is an NRI (Passport, Visa of the Sponsorer). B) Relationship of NRI with the candidate as per the Court orders of The Hon'ble Supreme Court of India in case W.P.(c) No. 689/2017- Consortium of Deemed Universities in Karnataka (CODEUNIK) & Ans. Vs Union of India & Ors. dated 22-08- 2017. C) Affidavit from the Sponsorer that he/ she will sponsor the entire course fee of the candidate duly notarized. D) Embassy Certificate of the Sponsorer (Certificate from the Consulate).

❖ For any query, please mail to: admissionug.medical@dpu.edu.in

Sd/-
Dr. J. S. Bhawalkar
DEAN

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** 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 :	