



Dr. D. Y. PATIL MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE.
PIMPRI, PUNE - 411 018
NABH / NABL Accredited Hospital
Dr. D.Y. PATIL VIDYAPEETH, (DPU), 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- 2025 Confirmation page of online application (Registration Slip)
2	NEET UG- 2025 Provisional Allotment Letter.
3	NEET UG- 2025 Admit Card issued by NTA.
4	NEET UG- 2025 Mark Sheet/Score Card issued by NTA.
5	12th Mark sheet & 12th Passing Certificate
6	12th Migration Certificate
7	Transfer Certificate from Institution in which the candidate had last studied
8	12th Bonafide and Character Certificate
9	Gap Certificate (if applicable).
10	Date of Birth Certificate
11	10th Mark sheet & 10th 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. (Proforma Attached)
17	PWD– Medical Disability Certificate from issuing authority (if applicable).
18	5 Copies of passport size colour photograph with red background.
19	Equivalence Certificate: The students who have passed last qualifying exam (10+2) from boards other than any state boards (any state of India), CBSE and ICSE should submit an equivalence certificate obtained from AIU (Association of Indian Universities, New Delhi).
20	Necessary supporting documents for NRI/Child of an NRI/Ward of an NRI (minor under bonafide guardianship) – A) Annexure A (NRI Certificate) and Annexure B (Certification of OCI Status) as mentioned in the above mentioned in Ref. U-11011/07/2025-MEC dated 25.07.2025 issued by Indian Missions/Posts. B) Candidate's parents' resident certificate issued by the Embassy of the country complying the Income Tax rules. C) Passport /Visa / Resident Visa / OCI of Candidate & Parent. D) Citizenship of the candidate. E) Income Tax documents required as per the Income Tax Act 1961. F) Ward of the NRI:- Document of Bonafide Guardianship by Ministry of External Affairs (MEA)/Indian Mission. (Ref. U-11011/07/2025-MEC dated 25.07.2025). G) Relationship Certificates

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

Sd/-
Dr. A. Rekha
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** 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 Date :	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner