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**

Date: 16.09.2025

Sr. No.	Certificate Required for Admission (Subject to Revision by NMC/MCC)
1	NEET PG – 2025 Provisional Allotment Letter issued by Medical Counselling Committee (MCC).
2	NEET PG -2025 Admit Card issued by NBE.
3	NEET PG - 2025 Result/Rank Letter issued by NBE issued by NBE.
4	PWD – Medical Disability Certificate from issuing authority (if applicable).
5	Caste, Caste Validity & Non Creamy Layer Certificate (Valid) (if applicable).
6	EWS Certificate (Valid) (if applicable).
7	12th Marksheet.
8	10th Marksheet and 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 (Proforma Attached)
23	Bond Release Certificate or 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	**The NRI documents as notified by MCC.**

- For any query, please mail to: admissionpg.medical@dpu.edu.in

Dr. D. Y. Patil Medical College Pimpri, Pune - 18.

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	Signature
	Name
	Registration No.
Date :	Seal of Registered Medical Practitioner