

**Medical Certificate for NEET UG qualified candidates**

Roll No.....

Application No .....

NEET UG rank .....

I, Dr ..... have examined Sri/Sm .....

Son/daughter of ....., residing at

..... [Verified from Aadhar card/passport/voter

card/school or college ID card], a candidate for admission into the

MEDICAL /DENTAL/AYUSH UG degree colleges in West Bengal for2020-

21 admission session and observed as follows:-

1. Personal mark of identification .....

2. Apparent age ..... years

3. Any history of Pulmonary Tuberculosis ..... yes/no (put tick to appropriate one)

4. Chest measurement:

a. Normal respiration .....cm

b. In Full inspiration.....cm

c. In Full expiration..... cm

5. Height.....cm

6. Weight..... Kg

7. BMI .....

8. Eye sight visual acuity:

a. Right eye .....

b. Left eye .....

c. Colour blindness .....present/absent ( put tick to appropriate one)

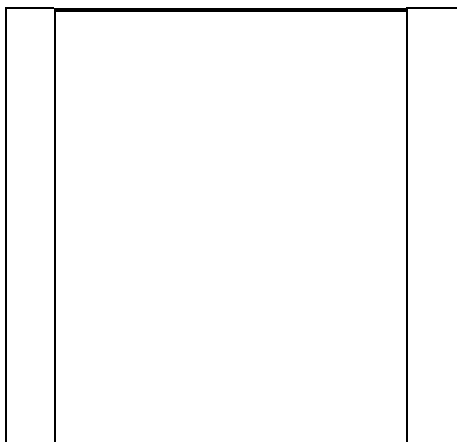
- 9. Immunization status ..... ( whether up to date as per latest National Immunization Schedule)
- 10. General physique .....
- 11. Heart .....
- 12. Lungs .....
- 13. Abdominal viscera .....
- 14. Blood Group .....
- 15. Any neurological deficits .....
- 16. Any orthopedic disability .....

I do hereby certify that I cannot discover that he/she has any disease physical and or mental that makes him/her unsuitable to continue studying UG Medical / Dental / AYUSH course

I consider the above candidate FIT / UN FIT to join his/her Medical or Dental/AYUSH UG institution (please put tick to appropriate one)

Date .....

Place .....



\_\_\_\_\_  
Signature of Registered Medical Practitioner  
Registration No .....  
Council of registration.....  
Contact No .....

**SEAL**

(Candidate to paste recent passport  
Size photograph on which  
Medical practitioner has to attest)