

Medical Certificate for NEET UG 2024 qualified candidates

NEET (UG) 2024 Roll No. _____

NEET UG 2024 All India Overall Rank _____

UGMAC-2024 ID _____

I, Dr. _____ have examined Sri/Kum/Ms _____

son/daughter of _____, residing at _____

_____ (verified from Aadhar card / passport /

voter card / school or college ID card), a candidate for admission into the Medical UG degree

course in Madhubani Medical College, Madhubani for session 2024-25 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. COVID-19 Vaccination: First/Second/Booster dose (put tick to appropriate one)
11. General physique _____
12. Heart _____
13. Lungs _____
14. Abdominal examination _____
15. Blood Group _____ Rh _____

Signature of Registered Medical Practitioner

16. Any neurological deficits _____

17. Any orthopedic disability _____

18. Any Psychiatry disability _____

19. Microbiology test HIV (+ve / -ve), Hepatitis A/B/C (+ve / -ve) status:

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 Course

I consider the above candidate Fit / Unfit to join his/her Medical UG Institution (please put tick to appropriate one)

Date: _____

Place: _____

Signature of Registered Medical Practitioner

Registration No. _____

Council of Registration: _____

Contact No.: _____

Candidate to paste recent
passport size photograph
on which Medical
Practitioner has to attest

