

## ANNEXURE – “K”

### Proforma for Resignation of admission to Medical Postgraduate Courses 2025-2026

To,  
The Commissioner,  
State CET CELL,  
8<sup>th</sup> Floor, New Excelsior Building, A. K. Nayak Marg,  
Fort, Mumbai – 400 001

(Through Dean/Principal)

#### Sub: Resignation of Postgraduate Admission.

Respected Sir,

I, Dr. \_\_\_\_\_ SML No. \_\_\_\_\_ has been admitted for \_\_\_\_\_ PG course in the subject of \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_ under \_\_\_\_\_ category.

Now I wish to resign the above mentioned PG admission for following reasons:

- (1) I have secured admission to PG course through other Competent Authority (Course \_\_\_\_\_ Institute \_\_\_\_\_). OR
- (2) I wish to resign it for personal reasons.

I hereby tender my voluntary resignation. I am abide by the rules and regulations regarding fees, bond and penalty conditions, as per NEET-PG-2025 brochure.

Thanking you  
Yours faithfully,

Date:

Place:

Signature of the Candidate

Name and Address of the candidate:	For Office use only:
.....	Amount Paid Rs. ....
.....	Amount deducted Rs. ....
.....	Amount refunded Rs. ....
Pin Code: .....	Cheque No. & Date .....
Tel No.: .....	Bank Particulars .....

#### Note:

**This blank form to be Xeroxed and to be filled in triplicate, one copy to be sent to the Competent Authority by the college, one copy to be retained by the college, one copy to be retained by the candidate.**

## ANNEXURE "L"

### Status Retention Form

NEET-PG-2025

Candidate's Name : \_\_\_\_\_ SML.No \_\_\_\_\_ Roll.No. : \_\_\_\_\_  
Institute / College \_\_\_\_\_ Course: \_\_\_\_\_

To,  
The Commissioner,  
State CET CELL,  
8<sup>th</sup> Floor, New Excelsior Building, A. K. Nayak Marg,  
Fort, Mumbai – 400 001

Sir/Madam,

I, Dr. \_\_\_\_\_ wish to retain the  
seat allotted to me at \_\_\_\_\_ for  
\_\_\_\_\_ Course for the academic year 2025.

#### DECLARATION

I am fully aware that after submitting this Status Retention Form, I will not be considered for any subsequent rounds of selection process for the year 2025. I also declare that I will not ask for reconsideration of my name for further selection process.

**Date :**

**Place :**

**Signature of Candidate**

Submitted for necessary action

**Date :**

**Place :**

**Signature of Dean /Principal (with seal)**

**Note:**

**This blank form to be Xeroxed and to be filled in triplicate, one copy to be sent to the Competent Authority by the college, one copy to be retained by the college, one copy to be retained by the candidate.**

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## ANNEXURE – “M”

✕.....

### CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. .... who is desirous of admission to Medical Postgraduate 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 medical postgraduate course (NEET-PG-2025).

- (1) Absence of any incapacitating and /or progressive systematic 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.

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date	

✕.....

**Note:**

A candidate must be medically fit to undergo the Medical Postgraduate Courses (NEET-PG-2025) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead**.

## Annexure-2

### CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/  
14th May, 2019 for admission to Medical Courses in All India Quota)

Certificate No : .....

Certificate Date :. 00-XXX-2025

Name of the Designated Disability Certification Centre				<b>PHOTOGRAPH</b>
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No.		Rank No.		

#### Has the following Disability

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

**Conclusion:** Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail 5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor\*/ Visual\*/ Hearing\* Impairment**, if any.  
No

**Sign & Name:**  
**Name:**

**Sign & Name:**

**Sign &**

**Assistant Professor**  
**Neurology**

**Associate Professor**  
**Orthopedics**

**Associate Professor**  
**Medicine**

**Disclaimer :** This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to a diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.

Downloading Date: August XX, 2024 00:0

**QR CODE**

**PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE**

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

**CASTE CERTIFICATE**

This is to certify that Shri/Smt./Kum.\* ----- son/daughter\* of-----of village/town\*-----in district/Division\*-----of the State/Union Territory\*----- belongs to the-----Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe\* under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order, 1951
- The Constitution (Scheduled Tribe) (Union Territories) Order, 1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re- organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe\* certificate issued to Shri/Smt\*-----  
-----father/mother of Shri/Smt/Kum\* - ----- of village/town\*-----  
----- in District/Division\*-----of the State/Union Territory\*----- who belongs to the ---  
-----caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe\* in the State/Union  
Territory\* -----issued by the ----- (name of prescribed authority) vide their No-----  
- date -----

3. Shri\*/Smt.\*/Kum\*-----and/or his/her\* family ordinary reside (s) in village/town\*-----of the State/Union Territory of-----

Signature \_\_\_\_\_

Place----- State/Union Territory

\*\* Designation-----

Date----- (With seal of Office)

\* Please delete the words which are not applicable.

- Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

\*\* Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

## ANNEXURE-4

### PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. \_\_\_\_\_ Son/Daughter of  
Shri/Dr. \_\_\_\_\_ of Village/Town \_\_\_\_\_ District/Division \_\_\_\_\_ in the \_\_\_\_\_  
State belongs to the \_\_\_\_\_ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 20012/129/2009-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.
- (xvii) Resolution No. F.No.12015/05/2011-BC-II dated 17th February, 2014

Shri/Smt./Kum. \_\_\_\_\_ and/or his family ordinarily reside(s) in the \_\_\_\_\_  
District/Division of \_\_\_\_\_ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated: \_\_\_\_\_

District Magistrate/Competent Authority Seal

**NOTE: Any Resolution Number not mentioned/ corrective Ness in above list (1-17) may be verified from central list at national commission for Backward classes website and be may accepted as valid after confirmation from site by verifying institutes.**

- (a) **The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.**
- (b) **The authorities competent to issue Caste Certificates are indicated below:**
  - 1 **District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1<sup>st</sup> Class Stipendiary Magistrate.)**
  - 2 **Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.**
  - 3 **Revenue Officer not below the rank of Tehsildar.**
  - 4 **Sub-Divisional Officer of the area where the candidate and/or his family resides.**
- (c) **The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2025**

Annexure – IV

Office of the .....

Outward No.:-

Date:-

**TO WHOME IT MAY CONCERN**

**CERTIFICATE**

This is to certify that, the Caste Certificate No. ....  
Dated ..... issued to Mr./Miss .....  
by the Tahsildar / Magistrate ..... is Valid.  
Further, it is stated that there is no provision of issuing separate Caste Validity Certificate in  
..... State

Office Seal / Stamp

Signature of Tahsildar / Magistrate / Issuing Authority

कार्यालय .....

जावक क्र.

दिनांक:

**जो कोई भी इससे संबंधित है उसके लिए**

**प्रमाणपत्र**

प्रमाणित किया जाता है की, श्री. / कुमारी ..... इनको,  
तहसिलदार/ जिल्हा मॅजिस्ट्रेट ..... कार्यालयद्वारा  
निर्गमित किया हुआ जात प्रमाणपत्र क्रमांक ..... दिनांक .....  
बैध है।

तथा, ..... राज्यमें अलगसे जात बैधता प्रमाणपत्र निर्गमित करन  
का कोई प्रावधान नहीं है।

कार्यालयीन मोहोर

तहसिलदार / जिल्हा मॅजिस्ट्रेट तथा  
संबंधित अधिकारी के हस्ताक्षर

Performa for EWS Certificate

7

Annexure-I

Government of .....  
(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_ Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her 'family\*\*' is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Paseport size  
attested photograph of  
the applicant

\*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. Prasad