APPENDIX -1

FORM OF CERTIFICATE OF BONAFIDE HIMACHALI

Certified that Shri/ Km..... S/O /DO Sh……resident of Village… .....Post-Office.....Tehsil…… District ..... Himachal Pradesh is a bonafide Himachali.

(i) Having his permanent home in HP; or
(ii) Residing in H.P. for a period of 20 years or above; or
(iii) Having his permanent home in Himachal Pradesh but living outside Himachal Pradesh on account of his occupations.

Place: ..... **Signature of the Competent Authority**
Date: ..... **issuing the certificate (with stamp).**

Seal of the issuing Authority

Note:

1. *Certificate in respect of guardian will be accepted, if candidate's father is not alive and the candidate is solely dependent on the guardian, the relationship of the candidate with the guardian should be stated.*
2. *The adoption deed in original duly registered in the Court in the year in which the candidate was adopted by the legal guardian will only be valid as per law.*
3. *The certificate should be issued on or after 01.01.2015.*
4. *Doubtful certificates will be got verified through the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX -2

CERTIFICATE OF BELONGING TO SCHEDULED CASTES/SCHEDULED TRIBES

This is to certify that Shri/Kumari…… son/daughter/adopted son/adopted daughter of Shri .....of village……Post Office…..Tehsil ……. District……. State……. belongs to the …… community (community must be indicated) which is recognized as Scheduled Caste/Tribe for Himachal Pradesh under the Constitution (Scheduled Castes) (Union Territories) Order, 1951, and an amended from time to time.

As such Shri ……..……..and/or his family ordinarily reside(s) in the..... District of Himachal Pradesh.

Signature …….

Place ..... ***Designation with seal of office of**
Date : ..... **certificate issuing authority**

Seal of the Court

Note : *(i) The certificate (Form given above) should be signed by Sub-Divisional Magistrate/Executive Magistrate(Tehsildar) of the area concerned of Himachal Pradesh to which the father/ mother of the candidate belongs. It should be signed and not countersigned. The certificate should be issued on or after 01.01.2015.*

(i) Doubtful certificates will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.

APPENDIX - 3
FORM FOR CERTIFICATE FOR THE OTHER BACKWARD CLASSES

This is to certify that ……..……..son/daughter of ……..……. resident of Village ……P.O ……Tehsil.....District …….. (H.P.) belongs to the ……community which is recognized as other Backward class in Himachal Pradesh by the State Government vide notification No …….. Dated…….. Shri/Smt..... and his/her family ordinarily reside(s) in the …….. District……..Division of the (H.P) State. This is also certified that he/she does not belong to the person /sections(Creamy Layer) mentioned in the Schedule.

Place…… **Signature of the Sub-Divisional Magistrate/**
Date…… **Tehsildar/Executive Magistrate of the Area with stamp.**

Seal of the Court

Note :

1. *The certificate as given above may be issued after verification from Revenue Records by the Sub- Divisional Magistrate/Executive Magistrate/ Tehsildar of the area concerned of Himachal Pradesh to which the father/mother of the candidates belongs. Certificate issued by other authority will not be valid.*
2. *The certificate should be issued on or after 1.7.2023.*
3. *Doubtful certificate will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX -4

FORM FOR CERTIFICATE TO BE PRODUCED BY THE WIDOWS/WARDS OF EX-SERVICEMEN WHO ARE BONAFIDE RESIDENTS OF HIMACHAL PRADESH

Sr. No……..

Certified that Kumari/Ms……..

Daughter/Son/Wife of Shri……Resident of village……..

P.O……..Tehsil…….. District……

Himachal Pradesh is the dependent daughter/Son/widow of Shri…….. who was a member of Defence services. He served w.e.f. ……..to ……

in the Indian Army as Rank No ..... in (Batl./Regiment)……

It is further certified that Sh …….. has been covered under Priority No……. as per **Appendix- 20** of the prospectus as mentioned hereunder:-

Priority No.	**Particular of Priority as per Appendix-20 of the prospectus**

:-

Place:……..
Date:……..

Signature of Deputy Director,
Distt. Sainik Welfare Officer
with stamp

Note: *The certificate (Form as given above) should be signed by the Secretary, State/District Soldiers, Sailors and Airmen's Welfare Board situated in the State of Himachal Pradesh .*

APPENDIX - 5
FORM OF CERTIFICATE TO BE PRODUCED BY THE WARDS/WIVES OF DEFENCE SERVICES PERSONNEL

Certified that Shri ..... Father of Shri /Kumari

(name of the candidate)…… resident of Village…….....……

Post Office …….....…… Tehsil……..…… District.....of

Himachal Pradesh (State) is a member of Defence Services, serving as ……..……(rank) in Bn./Regiment ……..……is at present posted at…….. (Station) …… (State)……

It is further certified that Sh/Ms./Smt .....has been covered under Priority No..... as per **Appendix- 20** of the prospectus as mentioned hereunder: -

Priority No.	**Particular of Priority as per Appendix-20 of the prospectus**

Place : .....

Date : .....

Signature of the Officer commanding, (with stamps)

Note*: The certificate (Format given above) should be signed by the Deputy Secretary (Defence) Government of India or the Officer Commanding concerned.*

APPENDIX -6

CERTIFICATE TO BE PRODUCED BY THE WARDS OF FREEDOM FIGHTER HAILING FROM HIMACHAL PRADESH

Certified that Shri/Smt..... Father/Mother/Grand Father/Grand Mother of (Name of the candidate) Shri/Kumari ..... resident of Village.....P.O..... Tehsil..... District.....of Himachal Pradesh has been declared as a Freedom Fighter vide Himachal Pradesh Government Letter No..... dated .....(Photostat copy of the letter duly attested be attached).

Seal of the Court **Signature of the District Magistrate (with stamp)**

Place : .....
Date : .....

Note:

1. *The certificate (Format given above) should be signed by the District Magistrate of the District concerned of Himachal Pradesh to which the parents of the ward belongs as per the instructions given in the Prospectus.*
2. *An attested Photostat copy of such recognition granted to Freedom fighter be attached with the application form.*
3. *Doubtful certificates will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX -7

CERTIFICATE OF BELONGING TO BACKWARD AREA

Certified that Shri/Kumari……..…son/daughter of Shri …… is a permanent resident of Village …… Post Office..... Gram Panchayat …… *Name of Backward Area/Block ..... Tehsil ……. District ..... Himachal Pradesh which has been notified as a Backward Area vide Himachal Pradesh Government's notification No…… dated .....and has passed at least two examinations out of five i.e. Primary/Middle/Matric/+1 / +2 from the following Schools located in the notified Backward Area(s) :-

Sr. No.	Name of the School	Name of the class/Examinations passed from Backward Area School

It is further certified that above named candidate/student has studied regularly in the above School(s) as located in the backward area as notified by the Government of Himachal Pradesh and has not taken admission in the school(s) as mentioned above during the mid-session.

Seal of the Court

Signature…….

Place : .....
Date : .....

***Designation with seal of the office of Certificate Issuing Authority**

Note: *1. The certificate Format given above should be signed by Sub-Divisional Magistrate/Executive Magistrate(Tehsildar) of the area concerned of Himachal Pradesh to which the father/guardian of the candidate belongs. It should be signed and not countersigned.*

2. The Candidate(s)claiming reservation against backward area seats should fulfil the conditions as laid down in the Prospectus.

3. The Backward areas as listed in the notification No. PLG-F(BASP)-1/95 dated the 16th June, 1995, issued by the Financial Commissioner-cum-Secretary (Planning) Government of Himachal Pradesh, or area as may be notified to be Backward areas by the Government of Himachal Pradesh from time to time."

4. The certificate should be fresh of the year in which admission is applied for. The certificate on the above format will only be entertained.

***Note:** Doubtful certificates will got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

Appendix-8

FORM OF CERTIFICATE TO BE SUBMITTED BY THE FATHER/MOTHER OF THOSE CANDIDATES WHO ARE SERVING IN PARA-MILITARY FORCES (GOVERNMENT OF INDIA).

(To be issued by the Commandant of the Battalion/ Head of concerned force)

Certified that Shri/Smt ..... Father/Mother of Mr./Ms. (Name of the Candidate) ..... who is at present working as (Designation) .....in this Battalion/Unit of Para-Military Force (Name of Para-Military Force) ....

Certified that Shri/Smt..... is an employee of (Name of Para-Military Force).....which is Para-Military Force of the Government of India and he/she is serving in this Para-Military Forcew.e.f..... to .....

(Note: Struck out which is not applicable)

Signature with legible seal
(Commandant/ Head of Para-Military Force)

Date : .....
Place : .....

Note: (i) This certificate is to be signed not below the rank of Zonal Head/Regional Head/DivisionalHead of the concerned Organization/Government Department.)
(ii) Doubtful certificate will got verified from the competent authority and if found wrong,will render the student liable to expulsion and suitable legal action

Appendix-9

FORM OF CERTIFICATE TO BE PRODUCED BY THE SINGLE GIRL CHILD

Certified that Ms/Km.……D/O Sh……

Resident of Village……Post- Office……

Tehsil…….District.....(H.P) is single girl child of her parents.

Signature

Date:……. **Designation with Seal of the Place:…….**

Certificate issuing authority

Note: *(i) This certificate should be signed by the Block Development Officer of the area concerned of Himachal Pradesh to which the parent of the candidate belongs as per Govt. letter No.Per.(AP-B)B(15)5/2014-Loose-I dated 14th July, 2017. It should be signed and not countersigned.*

(ii) The persons belonging to urban areas of the State of Himachal Pradesh, the aforesaid certificate is to be issued by the Additional/Joint Commissioner of Municipal Corporation/ Executive Officer/Secretary Nagar Parisad/ Sub Divisional Magistrate/Executive Magistrate/Tehsildar as the case may be.

(iii) Doubtful certificate will got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.

APPENDIX – 10

FORM OF CERTIFICATE TO BE PRODUCED BY THE CHILDREN OF JAMMU & KASHMIR MIGRANTS

Certified that Shri/Smt ……..Father/Mother of Mr./Ms.(Name of the candidate) ……..resident of Village……..Post Office.....Tehsil..... District .....State Jammu & Kashmir has been declared Jammu & Kashmir Migrants due to terrorism and residing or rehabilitated at (complete address)

.....

.....

Signature

Place : ..... **Designation with seal of the issuing authority**

Date : ..... **(District Magistrate/Deputy Commissioner of the area concerned**

Note :

1. *This certificate should be signed by the District Magistrate/Deputy Commissioner of the area concerned and not counter signed.*
2. *Doubtful certificates will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX – 11
A CERTIFICATE TO BE PRODUCED BY THE CHILDREN OF TIBETAN REFUGEES

Certified that Mr/Ms. ..... S/o / D/o Shri ..... (complete address).....

.....

has fulfilled the definition of "Children of Tibetan Refugees" and eligibility criteria is hereby sponsored for admission to MBBS course as per merit of NEET-UG-2026 against the seats reserved for the Children of Tibetan Refugees for the Academic Session 2026-27.

Signature
Place : ..... **Designation with seal of the issuing authority**
(Tibetan Govt. in Exile)

Date : .....

Note :

1. *This certificate should be signed by the Central Tibetan Administration of His Holiness The Dalai Lama. However, an undertaking/bond will be taken by the Central Tibetan Administration of His Holiness that the candidate after completion of the course will serve for the Tibetan Administration at least for 3 years.*
2. *Doubtful certificates will be got verified through the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX – 12(a)

Government of Himachal Pradesh

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY THE CANDIDATE OF ECONOMICALLY WEAKER SECTIONS

Certificate No…… Dated:……

VALID FOR THE FINANCIAL YEAR…….

1. This is to certify that Shri/Smt./Kumari_____son/daughter/wife _____permanent resident of Village/town_____Post Office_____District_____in the State of Himachal Pradesh, Pin Code_____ whose photograph is attested below belongs to Economically Weaker Sections , since the gross annual income* of his/her family** is below **Rs. 4 lakh** (Rupees Four Lakh only) for the financial year ..... His /Her family does not own or possess any of the following assets***:-

(i) More than 1 hectare of Agricultural land in rural areas and 500 M^2 land in urban areas;

(ii) Residential flat/house of more than 2500 square feet in rural/ urban areas.

(iii) Family of income tax payee;

(iv) Family of Regular/Contract employees of the Central Government, State Government., Board, Corporations and autonomous bodies and Public Sector Undertakings etc;

2. Shri/Smt./Kumari_____belongs to the_____Caste which is not recognized as a Scheduled Caste, scheduled Tribe and Other Backward Classes.

Signature with seal of Office_____

Name_____

Designation_____

Recent Passport size attested

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

***Note 2: The term "Family" for this purpose will 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.*

4. Doubtful certificates will be got verified through the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.

5. The EWS certificate must be issued by the competent authority for the financial year 2026-27.

APPENDIX – 12(b)

Government of Himachal Pradesh

(Name & Address of the authority issuing the certificate)

NON-SC/ST/OBC CERTIFICATE TO BE PRODUCED BY THE CANDIDATE BELOGING TO B.P.L. CATEGORY.

Certificate No……. **Dated:……..**

This is to certify that Shri/SMT./Kumari_____son/daughter/wife of _____Permanent resident of Village/town_____Post Office_____District_____in the State of Himachal Pradesh, Pin Code_____whose photograph is attested below belongs to the _____Caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes in the State.

Signature with seal of Office_____

Name_____

Designation_____

Recent Passport size attested photograph of the applicant

Note: *Doubtful certificates will be got verified through the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX – 13

FORM OF CERTIFICATE TO BE SUBMITTED BY THE FATHER/MOTHER OF THOSE CANDIDATES WHO ARE NOT BONAFIDE HIMACHALI AND ARE CENTRAL GOVERNMENT EMPLOYEES WORKING IN H.P.(LIKE ALL INDIA SERVICES/CENTRAL CIVIL SERVICES)/EMPLOYEES WORKING WITHIN THE STATE OF HIMACHAL PRADESH IN AUTONOMOUS BODIES/INSTITUTIONS/ORGANISATIONS/SEMI-GOVERNMENT BODIES ESTABLISHED BY CENTRAL/OTHER STATE GOVERNMENTS/ SERVING JUDGES OF THE HON'BLE HIGH COURT OF H.P./REGULAR EMPLOYEES OF HIMACHAL PRADESH GOVERNMENT/ H.P.GOVT. UNDERTAKAINGS/AUTONOMOUS BODIES WHOLLY OWNED BY HIMACHAL PRADESH GOVERNMENT ON ACCOUNT OF THEIR SERVICE/POSTING IN THE HIMACHAL PRADESH.

(To be issued by the Registrar General, H.P. High Court/ Zonal/Circle Head/Regional Head/Divisional Head of the concerned Government Department/Organization/Institution)

(i) Certified that Shri/Smt ..... Father/Mother of Mr./Ms. (Name of the Candidate) ..... who is at present working as (Designation) . ..... in the Hon'ble High Court of Himachal Pradesh, Shimla (applicable only for Hon'ble Judges of the Hon'ble High Court of Himachal Pradesh)

(ii) Certified that Shri/Smt.....Father/Mother of Mr./Ms. (Name of the Candidate) ..... who is at present working as (Designation) .....in the Central Government Department/Autonomous Bodies/Institution/Organization/Semi-Govt. Bodies established by Central/Other State Governments/Regular employees of Himachal Pradesh Government/H.P. Government Undertaking/Autonomous Bodies wholly owned by Himachal Pradesh Government (Name of Department/Institution/Organization/Autonomous Bodies)…….

……

Certified that Shri/Smt ..... is an regular employee of the aforesaid Department/Autonomous Bodies/Institution/Organization/Semi-Govt. Bodies established by Central/Other State Governments/Regular employees of Himachal Pradesh Government/H.P. Government Undertaking/Autonomous Bodies wholly owned by Himachal Pradesh Government residing within the state of Himachal Pradesh on account of his/her continuous services w.e.f.....to.....

(Note: Struck out which is not applicable)

Signature with legible seal
Registrar General, H.P. High Court/Zonal Head/Regional Head/Divisional
Head of the Organization Institution/Autonomous Bodies/Central / State Govt. Deptt.)

Date : .....

Place : .....

***Note** : Doubtful certificate will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX -14

FORM OF CERTIFICATE TO BE SUBMITTED BY THE FATHER/MOTHER OF THOSE CANDIDATES WHO ARE REGULAR EMPLOYEES OF THE H.P. GOVT./ H.P. GOVT. UNDERTAKINGS/AUTONOMOUS BODIES WHOLLY OWNED BY H.P. GOVT. WHO ARE HOLDING THE POST OUTSIDE HIMACHAL PRADESH ON ACCOUNT OF HIS/HER SERVICE/POSTING.

(To be issued by the Head of Govt. Deptt./Zonal Head/Regional Head/Divisional Head of the concerned Undertakings/Autonomous Bodies)

Certified that Shri/Smt .....Father/Mother of Mr./Ms. (Name of the Candidate) ..... who is at present working as (Designation) ..... in this Department of H.P. Govt./ H.P. Government Undertakings/Autonomous Bodies wholly owned by H.P. Government (Name of Department) ....

Certified that Shri/Smt ..... is regular employee of Department of H.P. Govt./ H.P. Government Undertakings/Autonomous Bodies wholly owned by H.P. Government and holding the post outside the state of Himachal Pradesh on account of his/her continuous services w.e.f..... to .....

(Note: Struck out which is not applicable)

Signature with legible seal
(Zonal Head/Regional Head/Divisional Head/
Head of Govt. Deptt./H.P. Govt. Undertakings/Autonomous Bodies)

Date : .....
Place : .....

Note: *(i) This certificate is to be signed not below the rank of Zonal Head/Regional Head/Divisional Head of the concerned Organization/Government Department.)*
(ii) Doubtful certificate will got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action

APPENDIX -15

FORM OF CERTIFICATE TO BE SUBMITTED BY THE FATHER/MOTHER OF THOSE CANDIDATES WHO ARE BONAFIDE HIMACHALI AND ARE WORKING OUTSIDE THE STATE OF HIMACHAL PRADESH WITH OTHER STATE GOVERNMENTS/UNDERTAKINGS/AUTONOMOUS BODIES ESTABLISHED BY OTHER STATE GOVERNMENT.

(To be issued by the Head of Govt. Deptt../Zonal Head/Regional Head/Divisional Head of the concerned Undertakings/Autonomous Bodies)

Certified that Shri/Smt ..... Father/Mother of Mr./Ms. (Name of the Candidate) ..... who is at present working as (Designation) ..... in this Govt. Department/ Government Undertakings/Autonomous Bodies established by the State Government (Name of Department/Undertakings/Autonomous Bodies)……and servingw.e.f. .....to .....

Signature with legible seal
(Zonal Head/Regional Head/Divisional Head/
Head of Govt. Deptt./Govt. Undertakings/Autonomous Bodies)

Certified that Mr./Ms.(Name of Candidate).....S/O/D/O Shri..... is not eligible for seeking admission to MBBS/BDS Courses under State Quota Seat in the Medical/Dent Colleges of the State of ……

(Note: Struck out which is not applicable)

Signature with legible seal
Director Medical Education & Research

Date : .....
Place : .....

Note: (Doubtful certificate will got be verified from the competent authority and if found false, will renderthe student liable to expulsion and suitable legal action.

APPENDIX -16

PROFORMA FOR CERTIFICATE OF CHARACTER TO BE SUBMITTED BY THE CANDIDATE

CHARACTER CERTIFICATE

Certified that Mr./Ms.....Son/Daughter of Sh.....

was a student of this School/College from Class.....to..... and has passed 10+2 examination in..... (Month & Year). During this period he/she bears ..... character and ..... behaviour.

ATAL MEDICAL & RESEARCH
UNIVERSITY, HIMACHAL PRADESH
अटल आयुर्विज्ञान एवं अनुसंधान
विश्वविद्यालय, हिमाचल प्रदेश

Date: Signature of the Principal

Place: with Seal

Note: *A character certificate must be issued from the Institution from where he/she has passed qualifying examination with regard to status of his/her behaviour pattern "as to whether he/she has displayed persistent violent or aggressive behaviour or any desire to harm other."*

APPENDIX -17

PROFORMA FOR UNDERTAKING TO BE SUBMITTED BY THE CANDIDATE AT THE TIME OF THE ADMISSION IN THE COLLEGE IN RESPECT OF ANTI-RAGGING MEASURE

Name of Institution.....

Name of Course.....

i) Name of the Student.....

ii) Parentage with address & Telephone Nos.....

....

.....

iii) Date of admission in MBBS/BDS course.....

iv) Day Scholar (address with Mobile/Telephone No.). .....

v) Undertaking to be given and signed by the student.

UNDERTAKING

I.....S/O/D/OSh..... studying in (MBBS/BDS).....course in (Name of College).....for the academic Session 2026-27 and presently a student of .....year/Professional is hereby give an undertaking that I will not indulge in any kind of ragging or in discipline in the campus/Hostel/outside/anywhere. If so, strict disciplinary action may be taken against me as per law/Ordinance issued by the Government of Himachal Pradesh and Regulations of Medical/Dental Council of India.

Date..... Signature of the Student.....
Place..... Name.....
Class/Course.....
Mobile/Telephone No.....

COUNTERSIGNED

(Parents/Guardians)

Full Address:.....
Telephone No./Contact No.....

APPENDIX -18

PROFORMA FOR UNDERTAKING TO BE SUBMITTED BY THE PARENTS/LEGAL GUARDIAN OF THE CANDIDATE AT THE TIME OF ADMISSION IN THE COLLEGE IN RESPECT OF ANTI-RAGGING MEASUREMENT DULY ATTESTED BY THE COMPETENT AUTHORITY

(To be submitted on plain paper)

UNDERTAKING

I. father/mother/

legal guardian of Mr./Ms .....resident of (full address with telephone No.) .....who has been admitted in the academic session 2026-27 in (Name of the college ..... presently a student of (MBBS/BDS). .....course do hereby solemnly affirm and declare that my son/daughter/ward will not indulge in any type of ragging or indiscipline in the campus/Hostel and outside. In case of any such violation strict disciplinary action should be followed as per Ordinance issued by the H.P. Govt. and Regulations of Medical/Dental Council of India I/We will not interfere in any way in the action against my son/daughter/ward.

Deponent

(To be signed by the Father/Mother/Legal Guardian of the student)

VERIFICATION

I, the above named deponent do hereby solemnly affirm and declare that the above particulars of the undertaking are true to the best of my knowledge and belief. No part of it is false and nothing material has been concealed therefrom.

Verified at ..... day of.....2026.

Deponent

Appendix-19

STANDARD OF MEDICAL FITNESS CERTIFICATE SUBMITTED BY THE STUDENTAT THE TIME OF MBBS/BDS ADMISSION

Affix recent photograph duly attested by the Medical officer

Name of the Candidate: _____
Father's Name :_____
Date of Birth: _____
Identification Mark: _____

Sr. No.	Standard of Physical fitness	Observation of Medical Officer Conducting Medical Examination
1	EYES:	
(a)	The absence of one eye shall not be a bar, the vision of remaining eye shall not be less that 6/9 with or without glasses	
(b)	The minimum vision in person in possession of both eyes should be 6/12, 6/18 with or without glasses.	
©	There shall be no fundus disease aversely effecting the vision	
(d)	Colour Blindness (upto CP^4)	
2.	EARS: The hearing power shall be as to enable a candidate to use his stethoscope effectively	
3.	Blood Pressure: (Normal)	
4.	Heart: (No organic disease)	
5.	Lungs: (No organic disease)	
6	Liver, Spleen Kidney and lymphatic glands: (No permanent abnormality)	
7.	Nervous System: (Candidate should be normal & be mentally sound)	
8.	Urine: (Should be free from albumen or sugar)	
9	Extremities	
(a)	Any one with bad deformity or any absent limb shall be debarred.	
(b)	There shall be no deformity of lower Limbs & spine to hinder normal locomotion.	
10	Every candidate should have X-ray screening of chest to exclude pulmonary cardiology.	
11	Female candidate should be examined by the Gynecologists to exclude any organic disease.	
12	Blood Group:	
13	COVID-19 Test:	

Signature of Candidate_____

Signatures of the members of the Medical Board of the Medical College or CMO/MS in the case of BDS admissions

Place: Date: (with seal)