



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	12 th Marksheet.
8	10 th 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* (Photocopies of Candidate & Father / Guardian of Candidate) (Bring Originals at the time of admission for verification).
22	Medical Fitness Certificate (Proforma Attached)
23	Bond Release Certificate <u>or</u> 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 white background.
26	Documents for NRI Quota: As per the notifications of Medical Counselling Committee (MCC).

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



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** 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.
	Seal of Registered Medical Practitioner
Date :	