

**Medical Certificate for NEET UG 2018 qualified candidates**

Roll No.....

Application No.....

NEET UG All India overall 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 UG degree colleges in West Bengal for 2018-19

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)

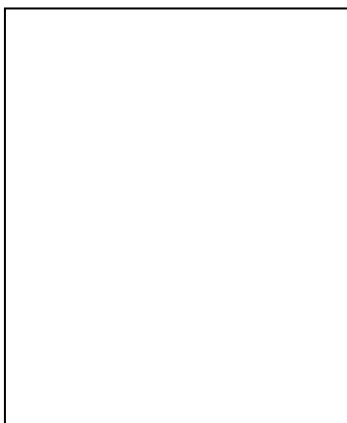
- 9. Immunization status ..... ( whether up to date as per latest National Immunization Schedule)
- 10. General physique.....
- 11. Heart .....
- 12. Lungs .....
- 13. Abdominal viscera.....
- 14. Blood Group.....
- 15. Any neurological deficits.....
- 16. Any orthopedic disability.....

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 course.....

I consider the above candidate **FIT / UN FIT** to join his/her Medical or Dental 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)