

**Medical Certificate for NEET UG 2025 qualified candidates**

NEET (UG) 2025 Roll No. \_\_\_\_\_

NEET UG 2025 All India Overall Rank \_\_\_\_\_

UGMAC-2025 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 Katihar Medical College, Katihar for session 2025-26 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. Biochemical 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: \_\_\_\_\_

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

Signature of Registered Medical Practitioner

Registration No. \_\_\_\_\_

Council of Registration: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Seal