

SCHEDULE-I

APPENDIX- A SELF CERTIFICATION FORM- GENERAL

APPENDIX- B AFFIDAVIT FOR DECLARING THE HEARING IMPAIRMENT

APPENDIX –C AFFIDAVIT FOR DECLARING THE LOCOMOTOR DISABILITY (UPPER LIMB EXTREMITY)

APPENDIX-D AFFIDAVIT FOR DECLARING THE LOCOMOTOR DISABILITY (LOWER LIMB EXTREMITY)

APPENDIX-E AFFIDAVIT FOR DECLARATION BY A PERSON WITH MENTAL ILLNESS/ SLD/ ASD

APPENDIX-F AFFIDAVIT FOR DECLARATION BY A PERSON WITH VISUAL DISABILITY

APPENDIX-A**Self-Certification Affidavit**

(To be filled by all applicants applying under PwBD Category)

Name of Candidate: _____

NEET Roll No.: _____

NEET Score: _____

UDID No.: _____

Disability Type:

- ☐ Locomotor
- ☐ Hearing
- ☐ Visual
- ☐ Cognitive/SLD/
- ☐ *Others : _____ (Please specify)

Disability Percentage as per [UDID card]: _____ %

Assistive Devices Used (If any): _____

Essential Functional Competencies:

Competency Area	Description	Candidate Declaration (✓ / X)
A. Communication	I can communicate clearly and empathetically with people using assistive devices.	
B. Hearing	- I can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants. - I undertake to fulfill the eligibility criteria set under Form Appendix	

	-B	
C.Dominant Hand Functionality	• I can write and hold instruments using my dominant or aided hand. • I undertake to fulfill the eligibility criteria set under Appendix –C and D	
D.Understanding/Communication	• I can follow and comprehend medical terminology and maintain social interaction. • I undertake to fulfill the eligibility set under Form Appendix -E	
E. Vision	• My vision improves to the percentage lower than 40% • I can perform with the help of Low vision Aid • I undertake to fulfill the eligibility criteria set under Form Appendix -F	

2. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

3. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date:

Place:

Notarized by:

***Note: Persons with benchmark disabilities other than Locomotor/Visual/Hearing/SLD/ASD/Mental Illness will have to submit the self-certified affidavit at**

**Appendix-A only (eg.: Blood disorders - Haemophilia, Thalassemia and Sickle cell disease
Chronic Neurological Conditions etc.)**

APPENDIX-B

AFFIDAVIT

(HEARING IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

I have hearing loss in:

☐ Right Ear

☐ Left Ear

☐ Both Ears

☐ Neither

2. I use:

☐ Prescribed Hearing Aid

☐ Cochlear Implant

☐ None

3. I declare as under:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓ / X)
1.	Communicate effectively using the above-mentioned assistive devices.	
2.	Engage in a conversation in a quiet and noisy environment.	
3.	Understand and respond to verbal instructions.	
4.	Carry out phone conversations.	

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4. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

5. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by:

APPENDIX-C

AFFIDAVIT

(LOCOMOTOR DISABILITY)

{UPPER EXTREMITY- COORDINATED ACTIVITY}

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.
3. The condition causing this disability is diagnosed as
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my functional ability in performing the basic Coordinated Activities as below:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓ / X)
1.	Can you lift overhead objects and place them at the same place?	
2.	Can you touch tip of the nose with the tip of a finger?	
3.	Can you eat by yourself?	
4.	Can you groom, comb and plate by yourself?	
5.	Can you put on a shirt/kurta/upper garment on your own?	
6.	Can you clean yourself after toileting (Act of Ablution)?	
7.	Can you Drink water holding a Glass/tumbler?	
8.	Can you button/unbutton your clothes?	
9.	Can you put on trousers/pant/lower garment/Tie Nara, Dhoti, using the Zip as the case may be?	
10.	Can you hold a Pen/Pencil and write?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by:

AFFIDAVIT

(LOCOMOTOR DISABILITY)
{LOWER EXTREMITY- STABILITY COMPONENTS

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.
3. The condition causing this disability is diagnosed as
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my ability to perform the following functions as below:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓ / X)
1.	Can you bear weight and stand on both legs?	
2.	Can you bear weight and stand on your affected leg?	
3.	Can you walk on plain surfaces?	
4.	Can you sit on a chair by yourself?	
5.	Can you take turn to the right and left side?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by:

(*Revised vide Corrigendum Notice of UGMEB, NMC No. U-11021/24204/2026-UGMEB Dated 31.07.2026)

APPENDIX-E

AFFIDAVIT

(MENTAL ILLNESS/SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM SPECTRUM DISORDER)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.
3. The condition causing this disability is diagnosed as
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my ability to perform the following functions as below:

SL. NO.	Description	Candidate Declaration (✓/ X)
1.	I can communicate clearly and empathetically with people	
2.	I can listen and respond to speech in both quiet and noisy environments.	
3.	I can follow instructions, comprehend required medical terminology, and maintain social interaction	
4.	I can understand and respond to verbal instructions and can carry out phone conversations.	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____

Place: _____

Notarized by: _____

APPENDIX-F

AFFIDAVIT

(VISUAL IMPAIRMENT)

I, _____ aged, _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

1. I have Visual Impairment in:
 - ☐ Left Eye
 - ☐ Right Eye
 - ☐ Both Eye
 - ☐ Neither
2. I am using Low Vision Aid(s) _____.
3. With the use of Low Vision Aid, I declare the fulfillment of following criteria:

SL. NO.	ALL MANDATORY CRITERIAS FULFILLED WITH THE LOW VISION AID	Candidate Declaration (✓ / X)
1.	Best corrected visual acuity improves such that the visual disability becomes less than 40%	
2.	The field of vision is > 40 degree in the eye which is using the LVA	
3.	The LVA is hands free and suitable for everyday use	

4. I hereby affirm that I can perform with the use of Low Vision Aid.
5. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date:

Place:

Notarized by:

SCHEDULE – II

[See Clause 12.6]

ELIGIBILITY CERTIFICATE

Issued by the Medical Assessment Board

1. Candidate Particulars

1. Name of Candidate: _____
2. Father's/Mother's/Guardian's Name: _____
3. Date of Birth: ____ / ____ / ____
4. Gender: _____
5. NEET Roll Number: _____
6. Application/Registration Number: _____
7. UDID Number _____
8. Disability Certificate Number and Date: _____

2. Medical Assessment Board

1. Name of Medical Assessment Board: _____
2. Institution/Hospital: _____
3. Date(s) of Assessment: ____ / ____ / ____
4. Place of Assessment: _____

3. Nature of Disability

1. Category of Disability: _____
2. Medical Diagnosis: _____
3. Nature and Extent of Disability: _____
4. Percentage of Benchmark Disability (where applicable): _____ %

Note: The determination of eligibility has not been made solely on the basis of the diagnosis, category of disability, or percentage of benchmark disability.

4. Functional Competency Assessment

The Medical Assessment Board has assessed the candidate with reference to the essential competencies prescribed under the Competency Based Medical Education (CBME) Curriculum.

The Board records the following findings:

5. Assessment of Reasonable Accommodation

The Medical Assessment Board has considered the requirement and feasibility of providing reasonable accommodation, assistive technology, or other support measures.

Accommodation(s) considered:

Accommodation(s) recommended (if any):

If no accommodation is recommended, reasons:

6. Assessment of Ability to Complete the MBBS Course

The Medical Assessment Board is satisfied that the candidate:

- ☐ Is capable of successfully completing the MBBS Course and acquiring the essential competencies prescribed under the CBME Curriculum.
- ☐ Is capable of successfully completing the MBBS Course subject to the reasonable accommodation(s) specified above.
- ☐ Is not capable of acquiring the essential competencies prescribed under the CBME Curriculum despite consideration of reasonable accommodation.

Reasons:

7. Patient Safety Assessment

The Medical Assessment Board has evaluated whether the disability poses any demonstrable risk to patient safety.

Findings:

Where any risk has been identified, the Board records whether such risk can be mitigated through reasonable accommodation:

8. Final Determination

After considering—

- (a) the candidate's demonstrated functional competency;
- (b) the feasibility of reasonable accommodation and assistive technology;
- (c) the ability to successfully complete the MBBS Course and acquire the prescribed competencies; and
- (d) considerations relating to patient safety,

the Medical Assessment Board hereby certifies that the candidate is:

☐ **Eligible**

☐ **Eligible with Reasonable Accommodation**

Recommended Accommodation(s):

☐ **Ineligible**

Reasons (to be recorded in accordance with Clause 12.4):

9. Declaration of the Medical Assessment Board

The Medical Assessment Board certifies that this determination has been made after conducting an individualized assessment based on objective medical and functional evidence, taking into account the essential competencies prescribed under the Competency Based Medical Education (CBME) Curriculum, the feasibility of reasonable accommodation and assistive technology, and considerations relating to patient safety. The determination has not been based solely on the diagnosis, category of disability, or percentage of benchmark disability.

10. Signatures**Name of Member Designation Signature**

Chairperson

Member

Member

Member

Member

Date: ____ / ____ / ____

Place: _____

(Official Seal of the Medical Assessment Board)