NOTICE
NEET-PG-2019/ NEET-MDS-2019

Postgraduate Medical & Dental Admissions
Admissions to Postgraduate Medical & Dental Courses at Government/ Corporation/Aided/Unaided/ Private/Minority Medical & Dental Institutions in the State of Maharashtra for Academic Year 2019-20

INSTRUCTION TO PERSON WITH DISABILITY (PWD) CANDIDATES ONLY

Candidates who have appeared for NEET-PGM-2019/ NEET-PGD-2019 Examination and wants to claim for PWD Quota are directed to appear for following institutes for medical board examination and submit/upload certificate of disability as per the format published by Directorate General of Health Services (DGHS), New Delhi at the time of registration.

1. Vardhman Mahavir Medical College and Safdarjang Hospital, New Delhi - 110 029

2. All India Institute of Physical Medicine and Rehabilitation, Hazi Ali, Mumbai - 400 032.

3. Institute of Post Graduate Medical Education & Research, Kolkata - 700 020.

4. Madras Medical College, Park Town, Chennai - 600 023.

Failing which his/her PWD Quota will be forfeited.

Sd/-
(A.E. Rayate) IAS
Commissioner & Competent Authority,
State CET Cell, Maharashtra State,
Mumbai
CERTIFICATE OF DISABILITY
(As per Rights of Persons with Disabilities Act, 2016)
(For Admission to Medical Courses in All India Quota)

Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi – 110029
All India Institute of Physical Medicine and Rehabilitation, Hazi Ali, Mumbai – 100034
Institute of Post Graduate Medical Education & Research, Kolkata – 700020
Mandras Medical College, Park Town, Chennai – 600003

(Select and tick-mark any one of the above)

Certificate No. ___________________________ Dated ___________________________

This is to certify that Dr./Mr./Ms. ___________________________

Aged ___________ Years Son/Daughter of Mr. ___________________________

R/o ___________________________

_________________________ is suffering From ___________________________

(Name of The Disease) and has Permanent Physical Impairment (PPI) of Left/Right/Both Lower Limb. He/She is Locomotor disabled and has the percentage of ___________________________ (in words) ___________________________ (in Figure) of (40% - 70%) disability of lower limbs.

He/She is eligible/NOT eligible for admission in Medical/Dental Courses as per the MCI/DCI guidelines subject to his being otherwise medically fit.

Sign. & Name ___________________________ Sign. & Name ___________________________ Sign. & Name ___________________________

(Concerned Specialist) (Concerned Specialist) (Concerned Specialist)

Recent Passport size photograph of the candidate duly attested by the issuing authority

Note: Possession/Use of Mobile Phones/Electronic Devices is strictly prohibited in the premises of NBE Examination Centre. Candidates shall be liable for penal action for Possession/Use of Mobile Phone/Electronic Devices.