## PROFORMA
### (For Def-1, Def-2 Candidates)
# CERTIFICATE

This is to certify that Shri. / Smt. ..............................................................................................................,
*(Full Name of the Employee with Rank of the employee)*

is / has been a member of Defence Forces of India. He / She has put in ........................... years of service in Indian Army / Indian Navy / Indian Air Force from .............................. to ............................ and is currently working / retired from services on ........................... / permanently disabled since .............................. / killed in action on ........................................................

This certificate is issued for the purpose of his / her son / daughter / spouse ....................................................................s' admission to First Year in Health Science Courses for the academic year 2025-2026.

Date:
Place:

<div align="right">

(Signature)
Name and Designation of the Authority
(Who is authorized to issue such certificate) /
District Sainik Welfare Officer
</div>

Seal of the Office
*Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.*

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## PROFORMA
### (For Def-3 Candidates)
(For son/daughter/spouse of Active defence service personnel domiciled in other than Maharashtra State)
# CERTIFICATE

This is to certify that Shri. / Smt. ....................................................................................... is a member of
*(Full Name of the Employee with Rank of the employee)*
Defence Forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force.

Shri / Smt. .......................................................... is transferred to ........................................................
(Place of posting)
in Maharashtra State vide transfer order No. .......................................................... Date ...................................

He / She has joined duty in Maharashtra on ....................................... and is currently working in the same post.
(Date of Joining)
This certificate is issued for the purpose of his / her son / daughter/spouse
.............................................................................. admission to First Year in Health Science Courses for the academic year 2025-2026.

Date:
Place:

<div align="right">

(Signature)
Name and Designation of the Authority
(Who is authorized to issue such certificate)
</div>

Seal of the Office

*Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.*

# ANNEXURE - H

## 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**or 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 / Naturopathy and Yogic Sciences / BSc Nursing. **(Strike, which is not applicable):**

1. ........................................................................................................................................
2. ........................................................................................................................................
3. ........................................................................................................................................

| Address of the Registered Medical Practitioner | Signature |
| | Name |
| | Registration No. |
| Date: | Seal of Registered Medical Practitioner |

# ANNEXURE - J
## Status Retention Form
### (To be sent to Competent Authority by the college)

Candidate's Name : _____ All india Neet Rank _____

Category : _____ NEET UG Roll.No. : _____ Region Code : _____

Address: _____

_____Pin Code:_____Phone No._____

To
   The Competent Authority,
   NEET UG 2025, Mumbai.

Sir/Madam,
     I, Mr./Miss_____ wish to retain the seat allotted
                           (Name of Candidate)
to me at _____
                                 (Name of the College)

for _____Course in Health Sciences for the academic year 2025-26.
     (Name of the course)

## Declaration

    I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2025-26. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :
Place :                       Signature of Candidate

Signature of Parent/Guardian                   Signature of Dean /Principal (with seal)

(Cut here) ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬ ▬
### (To be retained by the College)

To
   The Competent Authority,
   NEET UG 2025, Mumbai.

Sir/Madam,
     Mr./Miss_____(All IndiaNEET Rank._____) wish to retain the
                        (Name of Candidate)
seat allotted to me at _____
                                 (Name of the College)

for _____Course in Health Sciences for the academic year 2025-26.
     (Name of the course)

## Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2025-26. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :
Place :                       Signature of Candidate

Signature of Parent/Guardian                   Signature of Dean /Principal (with seal)

# ANNEXURE- X
## PROFORMA FOR CANCELLATION OF ADMISSION
(To be filled in duplicate)

To,
The Dean / Principal,

_____

_____


**Subject: Cancellation of Admission.**

Respected Sir,

I, Mr./Ms. ……………………………………………………………………………......

SML No. ……………………. was admitted to …………………………………………………

course, at ………………………………………………………………………….......

college ……………………………………………………. on ……………………………….

(date) under …………………………………. category.

Now I wish to cancel my admission since

1)      I have secured admission through another Competent Authority for Engineering/ Architecture / Agriculture / Any other course ………………………………………….

2)      I wish to cancel it for personal reason/s.

I hereby request you kindly return my original documents and the amount of fees that I am entitled for, as per rules.

Thanking you,

**Yours faithfully,**


**(Signature of Candidate)**

| Name & Address of candidate | For Office use only: |
|---|---|
| ……………………………………… | Amount Paid Rs. ………………………… |
| ……………………………………… | Amount deducted Rs. …………………… |
| …………………………………… | Amount refunded Rs. …………………… |
| Pin Code ………………………… | Cheque No. & date ……………………… |
| Tel. No. …………………………. | Bank particulars …..…………………..... |


Enclosure : Photocopy of selection letter from another Competent Authority (if applicable)

# Government of Maharashtra
# COMMISSIONERATE, COMMON ENTRANCE TEST CELL, MUMBAI
### NEET UG 2025 – To be filled at the time of admission

## SCRUTINY FORM

| PROVISIONAL
| STATE MERIT NO..: _____ |

**Scrutiny Center :** _____

**Candidate's Name :** _____ NEET Roll No.: _____

**NEET MERIT NO.:** _____ NEET MARKS PERSONTILE : _____ Category : _____

**HSC PCB :** _____ / _____     HSC E____ /100

**Mobile No.** _____     Ear-Marking only of reserved candidates ☐Open ☐Reserved

**Signature of Candidate**

(Arrange a set of original certificates and one set of attested photocopies separately in the order given below for verification)

---

## Remarks:          (For Office Use only)

**Eligible: Yes / No**

If not eligible, reason/s _____

_____

Any other remarks: _____

_____

_____

**Name & Signature of Scrutiny Officer**

| | |
|---|---|
| ☐ | Admit Card of NEET UG 2025 |
| ☐ | Copy of Online application Form (Latest) |
| ☐ | NEET-UG 2025 Mark sheet |
| ☐ | Nationality certificate/valid Indian passport |
| ☐ | Domicile Certificate |
| ☐ | H.S.C. (or equivalent) examination marksheet |
| ☐ | SSC (or equivalent) passing certificate (for Date of Birth) |
| ☐ | Aadhar Card |
| ☐ | Medical fitness certificate (Annexure - I) |
| ☐ | Person with disability Certificate (PWD) |

**If applicable**

| | |
|---|---|
| ☐ | Caste Certificate |
| ☐ | Caste Validity Certificate |
| ☐ | Non Creamy layer Certificate valid upto 31/03/2026 (VJ, NT1, NT2, NT3, OBC including SBC, SEBC) |

**Specified Reservation**

| | |
|---|---|
| ☐ | D1/D2/D3 : Ex-servicemen Certificate, actual service certificate |
| ☐ | D1/D2 : Domicile Certificate of Defence person |
| ☐ | D3 : Transfer certificate |
| ☐ | MKB : Dispute area cert., Mother tongue cert. |
| ☐ | HA : Parent Domicile, SSC/HSC from hilly area. |
| ☐ | EWS Eligibility Certificate |
| ☐ | Orphan Certificate |

**Signature with date of Clerk**