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 2026-2027.

Date:
Place:

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

Seal of the Office

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

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 2026-2027.

Date:
Place:

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

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 **Letter head** 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. : ________________________

Address: ____

__________________________________Pin Code:_____________Phone No.______________________

To
The Competent Authority,
NEET UG 2026, 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 2026-27.
(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 2026-27. 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 2026, Mumbai.

Sir/Madam,
Mr./Miss_________________________________(All India NEET 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 2026-27.
(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 2026-27. 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 …… …… …… Pin Code …….. Tel. No. ……	For Office use only: Amount Paid Rs. …… Amount deducted Rs. …… Amount refunded Rs. …… Cheque No. & date …… Bank particulars …..…….....

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

Government of Maharashtra
COMMISSIONERATE, COMMON ENTRANCE TEST CELL, MUMBAI
NEET UG 2026 – 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 2026
- ☐ Copy of Online application Form (Latest)
- ☐ NEET-UG 2026 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 31/03/2027 (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

Dispatch No:

FORMAT FOR CERTIFICATE OF NATIONALITY

It is here by certified that Shri / Smt / Kum. _____

(Block Letters) (Underline the Surname)

of Village / Town / City _____was born on _____ Day

of _____ in the Year One Thousand Nine hundred and _____ at

_____ of Taluka _____

Dist. _____ in the State of _____ within the

territory of India **and he / she is a CITIZEN OF INDIA.**

Particulars of Proof submitted:

a) Answers given by the applicant on the form of questionnaire prescribed.

b) Birth / Baptism / Matriculation / School Leaving or like Certificate issued by Head Master / Mistress / Principal of _____

c) Affidavit or Declaration of _____

d) A Domicile certificate issued by the _____

under No. _____ dated _____

e) Other proofs _____

Place: Additional District Magistrate

(Place)_____

Dated:

(Round Court seal)

English / Hindi/ Marathi version of the above certificate is only valid

Annexure –'E'

Office of the ----------

Outward No.:- **Date:-**

TO WHOME IT MAY CONCERN

CERTIFICATE

This is to certify that, the **Caste Certificate No.**————

Dated issued to **Mr./Miss** ---------- by the **Tahsildar / Magistrate** ----------is Valid.

Further, it is stated that there is no provision of issuing separate **Caste Validity Certificate in** ---------- State.

Office Seal / Stamp **Signature of Tahsildar/Magistrate/Issuing Authority**

कार्यालय .....

जावक क्र. **दिनांक:**

जो कोई भी इससे संबंधित है उसके लिए

प्रमाणपत्र

प्रमाणित किया जाता है की, **श्री. / कुमारी** .....इनको, **तहसिलदार/ जिल्हा मॅजिस्ट्रेट** ———— कार्यालयद्वारा निर्गमित किया हुआ **जात प्रमाणपत्र क्रमांक** ..... **दिनांक** ..... वैध है ।

तथा, ... राज्यमें अलगसे जात वैधता प्रमाणपत्र निर्गमित करने का कोई प्रावधान नही है ।

कार्यालय की मोहोर

तहसिलदार / जिल्हा मॅजिस्ट्रेट तथा संबंधित अधिकारी के हस्ताक्षर