**Office of MCC**
**Email:** adgme@nic.in

सत्यमेव जयते

GOVERNMENT OF INDIA
DIRECTORATE GENERAL OF HEALTH SERVICES
MEDICAL COUNSELLING COMMITTEE
NIRMAN BHAWAN, NEW DELHI-110011

**Ref. U-11011/07/2025-MEC** **Dated: 21.07.2025**

# NOTICE

## Urgent Attention Candidates/ Institutes:

This is for the information to all participating candidates of UG Counselling 2025 who want to apply under PwBD category that in compliance with the directives issued by the Hon'ble Supreme Court of India in the matter of Om Rathod Vs. Union of India & Others and connected matters, the National Medical commission (NMC) constituted an expert committee to review Appendix H-1 of the Disability Guidelines 2019, originally issued by the erstwhile Medical Council of India (MCI) on 13.05.2019 with the objective to align the guidelines with the provisions of the Rights of Persons with Disabilities Act 2016, and the subsequent notification issued by the Ministry of Social Justice and Empowerment (MoSJE) on 12.03.2024.

Accordingly, NMC has issued **Interim Guidelines on Assessment Method for Granting Admission in MBBS Course to PwD Candidates for AY 2025-26. (Copy enclosed for ready reference)**

In view of above, the Commission has resolved that all candidates with benchmark disabilities, who possess a valid UDID card issued by the Department of Empowerment of Persons with Disabilities (DEPwD) and further meet the NEET UG eligibility criteria, shall be considered for admission in MBBS course under the PwBD category.

Therefore, the following documents must be mandatorily submitted by PwBD candidates at the time of reporting to designated disability centres for obtaining disability certificates for the academic year 2025-26:

- NEET UG 2025 result demonstrating eligibility for the MBBS course.
- Valid UDID card (Yellow or above) issued by the DEPwD (excluding visual disabilities)
- Self-certified affidavits in the prescribed format, specific to the candidate's disability category, as provided in Schedule-I (Copy enclosed)
- The candidate will have to approach the designated Medical Board for verification of their **self-certified affidavits.**

**In light of above facts, PwBD candidates participating in UG Counselling 2025 are advised to note the following points w.r.t obtaining Disability Certificate for the purpose of upcoming NEET UG Counselling, from designated disability centers of MCC:**

- Candidates who wish to claim All India Quota seat under PwBD category are required to visit one of the 16 designated disability centers of MCC (List enclosed) and submit following documents at the centre to obtain the Disability certificate
  i. NEET UG 2025 result demonstrating eligibility for the MBBS course.
  ii. Valid UDID card (Yellow or above) issued by the DEPwD (excluding visual disabilities)
  iii. Self-certification form in the prescribed format of NMC as provided in Appendix-A (Copy enclosed)
  iv. Affidavits, specific to the candidate's disability category, in the prescribed format of NMC as provided in Appendix-B to F (Copy enclosed)

- The certificate will be generated by the center as per details of disability mentioned on the UDID card, affidavit submitted by the PwBD candidate, fulfillment of eligibility criteria subject to Board assessment of functional competencies.
- For disabilities other than the one already discussed in respect of Locomotor, Hearing, Visual and SLD/ASD/ Mental Illness, they will have to submit a valid UDID card and

the self-certified affidavit prescribed in Appendix-A under the category "Others".

- Only those candidates who have obtained Disability certificate from a designated center of MCC will be shown choices of PwD seats for All India Quota.
- The disability certificate will be valid for this academic session only.
- Candidates who wish to avail PwBD seat under 85% State quota can visit state disability boards for obtaining certificates. However, evaluation has to be conducted by the state disability boards as per NMC Guidelines (2025)
- MCC is in the process of increasing disability centers soon.

Notice posted on: 21.07.2025

## Assessment Form

## (General)

(To be filled by medical boards for all the applicants under PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

Type of Disability:

- Hearing: _____
- Visual: _____
- Locomotor: _____
- SLD/ASD/ Mental Illness: _____
- Others_____(Please specify)

The condition causing this disability is diagnosed as:

_____

The candidate is using/not using any assistive device/artificial limb,etc..:

_____

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

| Sl. No. | Competency Area | Description | Yes/No |
|---|---|---|---|
| 1 | Communication | Can communicate clearly and empathetically with people using assistive devices. | |
| 2 | Hearing | Can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants | |
| 3 | Dominant Hand Functionality | Can write and hold instruments using a dominant or aided hand. | |
| 4 | Understanding/Communication | Can follow and comprehend medical terminology and maintain social interaction. | |
| 5 | Vision | • Vision improves to the percentage lower than 40% | |

| | | | |
|---|---|---|---|
| | | • Can perform with the help of Low vision Aid | |

Assistive Devices Used (if any):
_____
Remarks (Findings and Recommendations):
_____
_____
_____

**Certification:**

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer): _____

Date: _____

Place: _____

## Assessment Form (Hearing Impairment)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as:

_____

Hearing Loss in:

- Right Ear [ ]
- Left Ear [ ]
- Both Ears [ ]
- Neither [ ]

The candidate is using/not using any assistive device/artificial device,etc..:

_____

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

| Sl.No. | Functional Ability regarding following Activities declared | Yes/No |
|---|---|---|
| 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. | |

Assistive Devices Used (if any):

_____

Remarks (Findings and Recommendations):

_____

_____

_____

**Certification:**

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):

_____

Date: _____

Place: _____

**Assessment Form (Locomotor Disability - Upper Extremity: Coordinated Activity)**

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as :

_____

The candidate is using/not using any assistive device/artificial limb,etc..:

_____

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

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

Assistive Devices Used (if any):

_____

Remarks (Findings and Recommendations):

_____

_____

_____

**Certification:**

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):

_____

Date: _____

Place: _____

## Assessment Form (Locomotor Disability - Lower Extremity: Stability Components)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as

_____

The candidate is using/not using any assistive device/artificial limb,etc..:

_____

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

| Sl. No. | Functional Ability regarding following Activities declared | Yes/No |
|---|---|---|
| 1 | Can bear weight and stand on both legs? | |
| 2 | Can bear weight and stand on the affected leg? | |
| 3 | Can walk on plain surfaces? | |
| 4 | Can sit on a chair by themselves? | |
| 5 | Can climb up stairs on their own? | |
| 6 | Can go downstairs by themselves? | |
| 7 | Can take turns to the right and left side? | |

Assistive Devices Used (if any):

_____

Remarks (Findings and Recommendations):

_____

_____

_____

**Certification:**

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer):

_____

Date: _____

Place: _____

## Assessment Form

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

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as

_____

The candidate is using/not using any assistive device/artificial limb,etc..:

_____

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

| Sl. No. | Functional Ability regarding following Activities declared | Yes/No |
|---|---|---|
| 1 | Can communicate clearly and empathetically with people | |
| 2 | Can listen and respond to speech in both quiet and noisy environments | |
| 3 | Can follow instructions, comprehend required medical terminology, and maintain social Interaction | |
| 4 | Can understand and respond to verbal instructions and can carry out phone conversations. | |

Assistive Devices Used (if any):

_____

Remarks (Findings and Recommendations):

_____

_____

_____

**Certification:**

We, the undersigned members of the Medical Board, certify that the self certified affiadvit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer): _____

Date: _____

Place: _____

## Assessment Form (VISUAL IMPAIRMENT)

(To be filled by the Medical Board for NEET UG PwBD Candidates)

Name of Candidate: _____

NEET Roll No: _____

UDID No: _____

The condition causing this disability is diagnosed as

_____

The candidate is using/not using any assistive device/artificial limb,etc..:

_____

Functional competencies to be demonstrated by the Candidate (Ability Assessment):

| Sl. No | Functional Ability regarding following Activities declared | Yes/No |
|---|---|---|
| 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 | |

Assistive Devices Used (if any):

_____

Remarks (Findings and Recommendations):

_____

_____

_____

**Certification:**

We, the undersigned members of the Medical Board, certify that the self certified affidavit submitted by the candidate has been assessed on defined functional competencies and found to be eligible for pursuing the MBBS course.

Signature (Medical board/Medical Superintendent/Chief Medical Officer): _____

Date: _____

Place: _____

पॉकेट -14, सेक्टर-8, द्वारका, फेस-1,
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# राष्ट्रीयआयुर्विज्ञानआयोग
# National Medical Commission

No. NMC/UGMEB/PwBD/2025

Dated: 18.07.2025

To

Dr. B. Srinivas,
Deputy Director General (Medical Education),
Medical Counselling Committee,
Directorate General of Health Services (DGHS),
Ministry of Health and Family Welfare,
Government of India,
New Delhi.

**Reference: NMC's D.O. No. NMC/UGMEB/PwBD/2025 dated 09.07.2025.**

**Subject: Interim Guidelines on assessment method for granting admission in MBBS Course for PwBD Candidates for A.Y. 2025-26.**

Sir,

This has reference to the previous communication of NMC vide D.O. No. NMC/UGMEB/PwBD/2025 dated 09.07.2025 regarding compliance with the directions passed by the Hon'ble Supreme Court of India vide Judgment dated 25.10.2024 in SLP (C) No. 21942 of 2024 titled as Om Rathod vs. Union of India & Ors. and connected matters. Kindly find enclosed herewith the interim guidelines as approved by the Chairman, NMC for admission to PwBD in MBBS Course for Academic Year 2025-26.

(Dr. Raghav Langer),
Secretary

Copy to:

1. Additional Secretary, (Medical Education), MoHFW, Nirman Bhawan, New Delhi-110001.
2. PPS to Chairman, NMC

# INTERIM GUIDELINES ON ASSESSMENT METHOD FOR GRANTING ADMISSION IN MBBS COURSE TO PwBD CANDIDATES FOR AY 2025-26

**PREAMBLE:**

In pursuit of equitable and inclusive medical education, the National Medical Commission (NMC) remains steadfast in its commitment to ensuring fair access to medical courses for all eligible candidates, including Persons with Disabilities (PwD). In alignment with the provisions of the Rights of Persons with Disabilities Act, 2016, and the Graduate Medical Education Regulations, this interim report outlines the foundational framework and preparatory measures for facilitating the admission of PwBD candidates in MBBS Course.

This report serves as a step towards strengthening existing mechanisms, identifying challenges, and proposing recommendations for creating an enabling environment that upholds the principles of dignity, non-discrimination, and equal opportunity. It focuses on key aspects such as assessment of disability, eligibility criteria, reasonable accommodations, accessibility standards, and institutional readiness.

The NMC acknowledges the valuable contribution of a diverse medical workforce and envisions a system where every aspiring student, irrespective of physical or cognitive ability, is empowered to pursue a career in medicine and serve society with competence and compassion.

## 1. Introduction

In alignment with the **Rights of Persons with Disabilities (RPwD) Act, 2016**, and subsequent notifications, particularly the directive issued by the **Ministry of Social Justice and Empowerment (MoSJE)** on **12.03.2024**, which underscores the principles of inclusive education and reasonable accommodation, and the landmark judgment of the **Hon'ble Supreme Court dated 25.10.2024** in *Om Rathod vs Union of India & Others* (SLP (C) No. 21942 of 2024), a significant shift has been initiated in the national approach toward disability inclusion in higher education.

## 2. Functional Competency Approach

These legal and policy developments collectively emphasize the prioritization of **functional competency** over rigid **percentage-based disability thresholds**. In response, the **National Medical Commission (NMC)** has undertaken proactive measures to ease challenges faced by PwBD candidates, ensuring a fair and inclusive medical education environment. This includes facilitating reasonable accommodations, revisiting eligibility norms, and adopting evaluation criteria focused on individual capabilities.

## 3. Deliberations and Guideline Development

Extensive deliberations were held in various meetings of the NMC, engaging a committee of medical experts. A consensus emerged to develop a **comprehensive guideline** focused on functional ability and reasonable accommodation to enable the fair inclusion of PwBD candidates in the **MBBS program**, without subjecting them to undue hardship or exclusion.

This initiative is aimed at reinforcing existing systems, identifying practical challenges, and formulating evidence-based recommendations to build an enabling environment grounded in the principles of dignity, non-discrimination, and equal opportunity. It will focus on critical areas including disability assessment, eligibility criteria, and provision of reasonable accommodations, accessibility standards, and institutional preparedness

## 4. Interim Admission Approach for AY 2025–26

Defining essential competencies for each type of disability involves a very complex process which is multi-dimensional & dynamic. Assistive devices & medical technologies are also rapidly advancing & evolving. Striking a balance between inclusion and the imperatives of patient safety and clinical competence in medical education and practice is of paramount importance.

Pertinent to mention that Post Graduate medical courses shall require specialty specific deliberations, as the required competencies and skills may vary over a wider range and therefore additional consultations with medical experts/ beneficiaries/ stakeholders are needed.

In view of aforesaid facts, final guidelines after following all procedural aspects and further consultations, shall be notified & implemented from subsequent Academic Years. However, the admission process for **PwBD** candidates for **AY 2025–26** must continue uninterrupted. Accordingly, **the group of medical experts under the committee duly constituted by NMC** (under the chairmanship of **Dr. Achal Gulati**), have unanimously reached to a conclusion to adopt **interim guidelines** for admissions in AY 2025–26.

## 5. Functional Assessment of Disabilities

The previously mandated arithmetic **threshold** shall be no longer applicable. Instead, emphasis will be placed on assessing a candidate's **functional ability** to meet the academic and clinical demands of the MBBS course.

## 6. Mandatory Use of UDID Portal

As per **Gazette Notification S.O. 1736(E) dated 05.05.2021**, issued by the **Department of Empowerment of Persons with Disabilities (DEPwD)**, all disability certificates and UDID cards must be issued via the **UDID online portal**, effective **June 1, 2021**.

Accordingly, the UDID card has been established as a mandatory document for persons with disabilities. In this context, it may be regarded as an essential and authoritative proof for evaluating the eligibility of meritorious NEET UG candidates under the disability category..

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## 7. Evaluation Framework Based on MoSJE Guidelines

Further in view of the paramount importance of patient safety and clinical competence, the assessment of candidates with disabilities may be conducted in accordance with the recently notified guidelines dated 12.03.2024 issued by the Ministry of Social Justice and Empowerment (MoSJE). These guidelines provide a structured and uniform framework to ensure that the evaluation of disability is both comprehensive and consistent with the responsibilities inherent to medical practice.

## 8. Institutional Responsibilities under the RPwD Act

The medical colleges as per the recommendations prescribed under RPwD Act, 2016, shall make maximum efforts in accommodating and facilitating the candidates with disabilities:

- ***Non-Discrimination in Admission and Education (Section 16):***

*Institutions must ensure that no student with a disability is denied admission on the grounds of disability and must provide an inclusive education system at all levels.*

- ***Infrastructure Accessibility (Section 45):***

*Institutions must ensure barrier-free access to buildings, classrooms, libraries, laboratories, hostels, and other facilities as per the standards notified by the Government of India.*

- ***Sensitization and Capacity Building:***

*Colleges are encouraged to conduct awareness and sensitization programs for faculty, staff, and students to promote an inclusive environment and reduce attitudinal barriers.*

- ***Nodal Officer for Disability Affairs:***

*Institutions are advised to appoint a dedicated Nodal Officer or establish a Disability Cell to address the concerns and support needs of students with disabilities.*

- ***Grievance Redressal Mechanism:***

*An accessible and responsive grievance redressal system must be in place to address complaints related to discrimination or lack of accommodation.*

## 9. Decision Taken

The expert panel **unanimously agreed** on the following for MBBS admissions under the PwBD category for **AY 2025–26**:

- PwBD candidates must submit:
  - A **valid UDID card** issued by a designated medical authority under MoSJE.
  - **Self-Certified affidavits** in the format provided under **Schedule -I**.
  - **The candidate will have to approach the designated medical board for verification of their self-certified affidavit.**

- Designated Medical Boards (16 designated medical boards) are required to undertake following duties:
  - The competencies mentioned in the appendix under Schedule-I are basic & mandatory. The candidates, to the satisfaction of the designated medical board, may demonstrate the competencies that have been declared by him/her. If the board finds the declared competencies unsubstantiated based on the candidate's performance, it must issue a reasoned decision declaring him/her ineligible to pursue medical course.
  - If the candidate while self-declaring the essential competencies mentions one or more competencies in negative or is not able to demonstrate one or more of the listed essential competencies, the board shall see if he/she is able to compensate such deficits, by other alternative functionalities; and may take a holistic view regarding his capability to pursue MBBS course.
  - The designated medical boards may utilize standardized tests and tools to evaluate the abilities of the candidates, as per their declaration, instead of focusing on the disabilities.
  - All decisions of the designated medical board(s) shall be in the form speaking orders.

Admissions will be processed by the **counseling authority**, based on **NEET 2025 scores**, institutional preferences, and verification of required documents by the concerned designated medical board(s). Medical colleges will provide accommodations accordingly.

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Raghav 18/07/25

# 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 DIABILITY (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 (✔/ ✘)** |
|---|---|---|
| **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.<br>• 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.<br>• I undertake to fulfill the eligibility set under Form **Appendix -E** | |
| **E. Vision** | • My vision improves to the percentage lower than 40%<br>• I can perform with the help of Low vision Aid<br>• 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 (✔/ ✘)** |
|---|---|---|
| 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. | |

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. Ideclare my functional ability in performing the basic Coordinated Activities as below:

| Sl. No. | Functional Ability regarding following Activitiesdeclared | **Candidate Declaration (✔/ ✘)** |
|---|---|---|
| 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:

**APPENDIX-D**

## 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 (✔/ ✘)** |
|---|---|---|
| 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 climb up stairs on your own? | |
| 6. | Can you go downstairs on your own? | |
| 7. | 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:

**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 (✔ ✘) |
|---|---|---|
| **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 (✔/ ✘) |
|---|---|---|
| 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:

Annexure-1

**List of Disability Certification Centres who will issue Disability Certificates as per NMC norms to PwD candidates in support of their claim to avail 5% PwD reservation in UG/ Broad Speciality PG Courses**

| S/No. | Name of Disability Certification Centre | City/State | Specialities Available for which Disability Certificate can be issued asper category of Disabilities mentioned in Disability Certificate |
|---|---|---|---|
| 1. | Vardhman Mahavir Medical College & Safdarjang Hospital (VMMC & SJH) | **New Delhi** | All Disablities as mentioned in Disability Certificate **except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities.** |
| 2. | All India Institute of Physical Medicine and Rehabilitation (AIIPMR) | **Mumbai** | For **Locomotor Disability** only |
| 3. | Institute of Post Graduate Medical Education & Research (IPGMER) | **Kolkata** | All Disabilities as mentioned in Disability Certificate |
| 4. | Madras Medical College (MMC) | **Chennai** | All Disabilities as mentioned in Disability Certificate |
| 5. | Grant Government Medical College, J.J. Hospital Compound | **Mumbai, Maharashtra** | All Disabilities as mentioned in Disability Certificate |
| 6. | Goa Medical College | **Goa** | All Disabilities as mentioned in Disability Certificate **except Speech Disability.** |
| 7. | Government Medical College, Thiruvananthapuram | **Thiruvananthapuram, Kerala** | All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophtalmology, Thiruvananthapuramunder GMC Thiruvananthapuram |
| 8. | SMS Medical College | **Jaipur, Rajasthan** | All Disabilities as mentioned in Disability Certificate **except:**<br>**1. Neurology- Genetic Testing**<br>**2. ENT- Speech & Language Disability Testing**<br>**Orthopaedics/ PMR- GonitometerAdult. Plumb Line, HandDynomometer, Laser** |

| | | | |
|---|---|---|---|
| 9. | Govt. Medical College and Hospital, Sector32 | **Chandigarh** | All Disabilities as mentioned in Disability Certificate |
| 10. | Govt. Medical College, Agartala, State Disability Board | **Agartala/Tripura** | All Disabilities as mentioned in Disability Certificate |
| 11. | Institute of Medical Sciences, Banaras Hindu University, | **Varanasi/ Uttar Pradesh** | All Disabilities as mentioned in Disability Certificate **except Intellectual Disability.** |
| 12. | Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai | **Mumbai, Maharashtra** | For **Hearing Disabilities** only |
| 13. | AIIMS, Nagpur | **Nagpur, Maharashtra** | All Disabilities as mentioned in Disability Certificate |
| 14. | Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABVIMS & RMLH) | **New Delhi** | All Disabilities as mentioned in Disability Certificate **except ENT**<br>**For Visual Disability:** Candidates who use LVAs may bring their own LVAs which can be checked. |
| 15. | Lady Hardinge Medical College & Associated Hospitals (LHMC) | **New Delhi** | All Disabilities as mentioned in Disability Certificate |
| 16. | All India Institute of Speech and Hearing (AIISH), Mysuru | **Mysuru, Karnataka** | For **Speech & Hearing Disabilities** only |