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.	

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 (✓ / 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:

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 (✓ / 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/PwBD/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 (✓/ ✗)
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: