APPENDIX

PLEASE FILL APPLICABLE FORMS……

APPENDIX - A

Self-Certification Affidavit
(To be filled by all applicants under PwBD Category)

Name of the Candidate:

NEET UG 2026 Roll No:

NEET UG 2026 Rank:

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. I undertake to fulfil 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 fulfil 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 fulfil 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 fulfil the eligibility criteria set under Form Appendix F	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- 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

- I use
  - Prescribed Hearing Aid
  - Cochlear Implant
  - None

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	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- 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:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my functional ability in performing the basic Coordinated Activities as below:

Sl.No	**Functional Ability regarding following Activities declared**	**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?	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- 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:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my functional 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 take turn to the right and left side?	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- 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:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my ability to perform the following functions as below:

Sl.No	**Functional Ability regarding following Activities declared**	**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	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- 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:

- I have visual impairment in
  - Left Eye
  - Right Eye
  - Both Eye
  - Neither
- I am using Low Vision Aid (s)
- With the use of Low Vision Aid, I declare the fulfilment 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	

- I hereby affirm that I can perform with the use of Low Vision Aid.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by: