



Govt. Of West Bengal
Dept. Of Health & Family Welfare
Office of the Principal



Midnapore Medical College, PaschimMedinipur

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Document Verification Checklist for MBBS

Verification Token No.-

Date:- / /2025

Affix one(1) self attested passport size photo same as NEET UG-2025 Application

Name of the Candidate: _____

NEET-UG Roll Number: _____ All-India Rank: _____

Percentile Score in NEET UG: _____ D.O.B: _____

Category: General SC ST OBC OBC-A OBC-B PWD EWS

Mobile: _____ E-Mail : _____

SECTION BELOW THIS LINE FOR USE BY VERIFICATION OFFICERS ONLY

Checklist of original documents with one self attested Xerox copy:-

Remarks

| 1 | This Checklist | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|-----|---|--|--|
| 2 | Photo ID proof [Passport / Voter card / AADHAR Card] | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Candidate Profile | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Payment receipt of counselling fees | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | NEET-UG 2025 Admit card. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | NEET-UG 2025 Rank / Score card. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Age proof [Birth Certificate or Secondary Admit card]. DOB must be on or before 01.01.2009. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8 | Class 10+2 or equivalent Pass Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | Class 10+2 or Equivalent Marksheet English <input type="checkbox"/> Ok Physics <input type="checkbox"/> Ok Chemistry <input type="checkbox"/> Ok Biology <input type="checkbox"/> Ok | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10* | Domicile Certificate <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> WB e-Domicile | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 11 | In case of Domicile 'b' or E-domicile, any 2 photo ID proof of either <input type="checkbox"/> Father OR <input type="checkbox"/> Mother showing residential address in West Bengal among <input type="checkbox"/> Passport <input type="checkbox"/> Voter card <input type="checkbox"/> AADHAR Card. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 12* | Medical Certificate from Registered Medical Practitioner with Registration No. and Official Seal. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13 | Valid <input type="checkbox"/> SC Certificate <input type="checkbox"/> ST Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 14 | Valid OBC Certificate <input type="checkbox"/> OBC <input type="checkbox"/> OBC-A <input type="checkbox"/> OBC-B | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 15 | In case OBC Certificate issued before 01.04.2025, valid Non-creamy Layer (NCL) Certificate issued by appropriate authority. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 16* | Valid Economically Weaker Section (EWS) Certificate issued on or after 01.04.2025 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 17* | Valid Person with Disability (PwD) Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | |

* Format provided by MCC/WBMCC.

** Suppression of any information may lead to seat cancellation if detected at later stage.

Full Signature of candidate with date

Signature of Verifying Officer with seal and date