



**GOVERNMENT OF MAHARASHTRA**  
**STATE COMMON ENTRANCE TEST CELL, MAHARASHTRA STATE, MUMBAI**  
8th floor, New Excelsior Building, A.K.Nayak Marg, Fort, Mumbai - 400 001.

E-mail - maharashtra.cetcell@gmail.com

Website - www.mahacet.org

No. State CET Cell/C.R.No.12/NEET-PG/MDS-2019/Notice No.1/Registration Process/2019/218

Date : 22/01/2019

**NOTICE**

**NEET-PG-2019/ NEET-MDS-2019**

**Postgraduate Medical & Dental Admissions**  
**Admissions to Postgraduate Medical & Dental Courses at Government/  
Corporation/Aided/Unaided/ Private/Minority Medical & Dental  
Institutions in the State of Maharashtra for Academic Year 2019-20**

**INSTRUCTION TO PERSON WITH DISABILITY (PWD) CANDIDATES ONLY**

Candidates who have appeared for NEET-PGM-2019/ NEET-PGD-2019 Examination and wants to claim for PWD Quota are directed to appear for following institutes for medical board examination and submit/upload certificate of disability as per the format published by Directorate General of Health Services (DGHS), New Delhi at the time of registration.

- 1. Vardhman Mahavir Medical College and Safdarjang Hospital,  
New Delhi - 110 029*
- 2. All India Institute of Physical Medicine and Rehabilitation, Hazi Ali,  
Mumbai - 400 032.*
- 3. Institute of Post Graduate Medical Education & Research, Kolkata -  
700 020.*
- 4. Madras Medical College, Park Town, Chennai - 600 023.*

Failing which his/her PWD Quota will be forfeited.

Sd/-

**(A.E. Rayate) IAS**  
**Commissioner & Competent Authority,**  
**State CET Cell, Maharashtra State,**  
**Mumbai**

**CERTIFICATE OF DISABILITY**  
 (As per Rights of Persons with Disabilities Act, 2016)  
 (For Admission to Medical Courses in All India Quota)

Vardhman Mahavir Medical College & Safdarjang Hospital, New Delhi – 110029  
 All India Institute of Physical Medicine and Rehabilitation, Hazi Ali, Mumbai – 100034  
 Institute of Post Graduate Medical Education & Research, Kolkata – 700020  
 Madras Medical College, Park Town, Chennai – 600003

(Select and tick-mark any one of the above)

Certificate No. \_\_\_\_\_ Dated \_\_\_\_\_

This is to certify that Dr./Mr./Ms. \_\_\_\_\_

Aged \_\_\_\_\_ Years Son/Daughter of Mr. \_\_\_\_\_

R/o \_\_\_\_\_

Rank No. \_\_\_\_\_ is suffering From \_\_\_\_\_ (Name of

The Disease) and has Permanent Physical Impairment (PPI) of Left/Right/Both Lower Limb. He/She is Locomotor disabled and has the percentage of \_\_\_\_\_ (in words) \_\_\_\_\_ (in Figure) of (40% - 70%) disability of lower limbs.

He/She is eligible/NOT eligible for admission in Medical/Dental Courses as per the MCI/DCI guidelines subject to his being otherwise medically fit.

Recent Passport  
size photograph  
of the candidate  
duly attested by  
the issuing  
authority

Sign. & Name \_\_\_\_\_

(Concerned Specialist)

Sign. & Name \_\_\_\_\_

(Concerned Specialist)

Sign. & Name \_\_\_\_\_

(Concerned Specialist)