

NATIONAL BOARD OF EXAMINATIONS · NBEMS

NEET-PG 2026

The Complete Syllabus & Exam Guide

Every subject, every high-yield area, the **revised 180-MCQ exam scheme** and a preparation blueprint — for the single eligibility-cum-ranking test for MD / MS / PG Diploma admissions in India.

Exam date: 30 August 2026 · single shift.

180

MCQS · REVISED

720

MAX MARKS

**3h
30m**

DURATION

+4 / -1

MARKING

Conducting body: NBEMS · Ministry of Health & Family Welfare, Govt. of India

✓ **Verified vs NBEMS 2026 Bulletin**



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◆ HOW THIS GUIDE WAS BUILT

The exam scheme, marking rules and syllabus basis in this document were verified against the **official NEET-PG 2026 Information Bulletin** (dated 01-07-2026, Section 5). The subject topic lists follow the **MBBS curriculum issued by the National Medical Commission** — the official basis NBEMS cites for the syllabus.

1 About NEET-PG 2026

NEET-PG is the **single eligibility-cum-ranking examination** for admission to MD, MS and PG Diploma courses across India, prescribed under **Section 61(2) of the National Medical Commission Act, 2019** read with Section 10(D) of the Indian Medical Council Act, 1956. It is conducted by the **National Board of Examinations in Medical Sciences (NBEMS)**, an autonomous body under the Ministry of Health & Family Welfare, Government of India.

Who can appear

Candidates holding a recognised MBBS degree (or provisional pass certificate) with permanent/provisional registration from the NMC / erstwhile MCI / State Medical Council, who have completed — or will complete by the prescribed cut-off — one year of internship, subject to the eligibility criteria in the official Bulletin of Information.

Seats covered through NEET-PG

All India 50% Quota seats (all States/UTs)

State Quota seats (all States/UTs)

Private Colleges, Institutions & Deemed Universities

Armed Forces Medical Services Institutions

Post-MBBS DNB & NBEMS Diploma courses

Not covered by centralised NEET-PG admission for MD/MS seats: AIIMS (New Delhi & others), PGIMER Chandigarh, JIPMER Puducherry, NIMHANS Bengaluru, and Sree Chitra Tirunal Institute (SCTIMST) Trivandrum — these institutes admit through their own processes.

◆ OFFICIAL NOTE

No State Government, Private Medical College or University may conduct a separate entrance test for admission to MD / MS / PG Diploma courses — NEET-PG is the sole gateway.

SECTION 02

2 Exam Pattern & Scheme

A computer-based test (CBT) held on **30 August 2026** in a **single day, single shift**. The figures below are the **revised 2026 scheme** confirmed from the official NEET-PG 2026 Information Bulletin — note the question count is now **180** (down from 200 in earlier cycles).

180 MULTIPLE CHOICE QUESTIONS	720 MAXIMUM MARKS (180 × 4)	3h 30m TOTAL DURATION
4 OPTIONS PER QUESTION	1 SINGLE SHIFT · 30 AUG 2026	EN ENGLISH LANGUAGE ONLY · CBT

Marking scheme

RESPONSE	MARKS	EFFECT
Correct response	+4 marks	Awarded
Incorrect response	−1 mark	25% negative
Unattempted question	0	No deduction

Questions may be flagged “**marked for review**” and revisited before the section time ends; they are still scored by the rules above.

Sectioned, time-bound structure

The paper is split into **five time-bound sections** — **Groups A, B, C, D & E**, with **36 questions each** ($5 \times 36 = 180$) and **42 minutes** allotted per section. Once a section's time ends you **cannot return** to review or modify it, and the next section begins automatically. (The bulletin notes the number of time-restricted sections may vary with operational feasibility.)

A 36 Q · 42 min	B 36 Q · 42 min	C 36 Q · 42 min	D 36 Q · 42 min	E 36 Q · 42 min
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Strategy implication: because sections lock once time expires, budget time strictly and never leave easy marks behind in an earlier group — you can't come back for them.

3 What Is the Official Syllabus?

◆ DIRECT FROM THE NEET-PG 2026 INFORMATION BULLETIN (CLAUSE 5.2)

“The syllabus for the exam shall comprise of **subject / knowledge area as per MBBS Curriculum** issued by the National Medical Commission / the erstwhile Medical Council of India.”

In plain terms: NBEMS does **not** publish a separate, itemised NEET-PG topic list. Instead the syllabus is **the entire MBBS curriculum** as issued by the NMC (its competency-based undergraduate curriculum). Everything you were taught across the pre-clinical, para-clinical and clinical phases is fair game.

This guide therefore organises the syllabus the same way the MBBS course does — into three phases and their constituent subjects — and elaborates the key areas within each. Use it as a checklist of coverage, not as a set of officially fixed question counts.

A Pre-clinical Phase

Foundation sciences · Anatomy · Physiology · Biochemistry

B Para-clinical Phase

Pathology · Pharmacology · Microbiology · Forensic Medicine · Community Medicine

C Clinical Phase

Medicine · Surgery · OBG · Paediatrics · ENT · Ophthalmology & allied specialities

Why this matters: the highest-yield strategy is integrated study — clinical questions routinely test the physiology, pharmacology and pathology beneath a bedside scenario.

4 Pre-clinical Phase

01 Human Anatomy

≈ 5-6%

The structural blueprint of the body — from gross dissection landmarks to microscopic tissue and developmental origins.

Gross anatomy: upper & lower limb

Thorax

Abdomen & pelvis

Head & neck

Neuroanatomy & tracts

Cranial nerves

Histology / microanatomy

General & systemic embryology

Developmental anomalies

Radiological & cross-sectional anatomy

Clinical genetics

High-yield: brachial plexus & nerve injuries, cavernous sinus, inguinal canal, cranial nerve lesions, vertebral levels, imaging correlations.

02 Physiology

≈ 5-6%

How the living body works — the mechanistic logic that clinical medicine is built upon.

General & cell physiology

Nerve-muscle

Blood

Cardiovascular system

Respiratory

Renal

Gastrointestinal

Endocrine

Reproductive

Neurophysiology & special senses

Environmental & exercise physiology

High-yield: action potential, cardiac cycle & ECG basics, pulmonary volumes, GFR & renal clearance, hypothalamo-pituitary axis, sensory pathways.

03 Biochemistry

≈ 5%

The molecular chemistry of life — metabolism, enzymes and the flow of genetic information.

Carbohydrate metabolism

Lipid metabolism

Protein & amino-acid metabolism

Enzymes & kinetics

Vitamins & minerals

Molecular biology (DNA/RNA)

Replication, transcription, translation

Inborn errors of metabolism

Nutrition

Clinical biochemistry & lab tests

Free radicals & antioxidants

High-yield: glycolysis / TCA / urea cycle, enzyme kinetics (K_m , V_{max}), vitamin deficiency syndromes, inborn errors, genetic code & mutations.

5 Para-clinical Phase

04 Pathology

≈ 10-11% · very high yield

The bridge between basic and clinical science — mechanisms and morphology of disease.

Cell injury, death & adaptation

Inflammation & repair

Haemodynamic disorders

Neoplasia & tumor markers

Immunopathology

Systemic / organ pathology

Haematology & anaemias

Clinical pathology

High-yield: neoplasia & markers, amyloidosis, granulomatous diseases, anaemia workup, special stains, apoptosis vs necrosis.

05 Pharmacology

≈ 9-10% · very high yield

Drugs, their mechanisms, effects and adverse profiles — heavily tested and application-based.

Pharmacokinetics & pharmacodynamics

Autonomic nervous system

CVS drugs

CNS drugs

Autacoids & NSAIDs

Antimicrobials & chemotherapy

Endocrine drugs

GIT & respiratory drugs

Anticancer drugs

Toxicology

Drugs in special situations

Recent advances

High-yield: mechanisms of action, drug of choice, characteristic adverse effects, kinetics, newer/recently approved drugs.

06 Microbiology

≈ 8-9%

The microbial causes of disease and the body's immune defence.

General microbiology & sterilisation

Immunology

Systematic bacteriology

Virology

Mycology

Parasitology

Applied / clinical microbiology

Hospital infection control

High-yield: culture media, hypersensitivity reactions, HLA & immunity, organism-disease associations, diagnostic tests.

07 Forensic Medicine & Toxicology

≈ 3-4%

Medicine at the interface of law — death, injury, identity and poisons.

Thanatology & post-mortem changes

Mechanical & thermal injuries

Asphyxial deaths

Forensic identification

Medical jurisprudence, law & ethics

Sexual offences

General & systemic toxicology

High-yield: rigor mortis & PM interval, injury patterns, poisons & antidotes, key medicolegal law sections.

08 Community Medicine (PSM / SPM)

≈ 9-10% · very high yield

Health of populations — epidemiology, statistics, programmes and prevention.

Epidemiology & study designs

Biostatistics & screening

Communicable disease control

Non-communicable diseases

Nutrition

Environmental & occupational health

Maternal & child health, family planning

Demography

National health programmes

Health management & education

Genetics & international health

High-yield: study designs, sensitivity/specificity & predictive values, national programmes, immunisation schedule, epidemiological indicators.

6 Clinical Phase

The largest and most application-heavy part of the paper. Clinical subjects carry their **allied specialities** with them (shown as tags), reflecting how MBBS teaching groups them.

09 General Medicine & Allied

Largest clinical block

Diagnosis and management across every internal-medicine system, plus Psychiatry and Dermatology.

Infectious diseases

Cardiology

Respiratory

Gastro & hepatology

Nephrology

Endocrinology & metabolism

Haematology & oncology

Rheumatology

Neurology

+ Psychiatry

+ Dermatology & STD

High-yield: diagnostic criteria, first-line management, ECG/imaging interpretation, integrated clinical case scenarios.

10 General Surgery & Allied

Largest clinical block

Surgical principles and specialities, carrying Anaesthesiology and Orthopaedics.

Surgical principles: wound, sepsis, shock, fluids

Trauma & ATLS

GI surgery

Hepatobiliary

Endocrine surgery

Breast

Vascular

Urology

Neurosurgery

+ Anaesthesiology

+ Orthopaedics & trauma

High-yield: acute abdomen, trauma management, pre-/post-operative care, surgical oncology, fractures & their management.

11 Obstetrics & Gynaecology

Major clinical subject

Care of pregnancy and the female reproductive system, plus contraception.

Antenatal care

Normal & abnormal labour

High-risk pregnancy

Operative obstetrics

Menstrual disorders

Genital infections

Infertility

Gynae-oncology

Urogynaecology

Contraception & family welfare

High-yield: partograph, postpartum haemorrhage, hypertensive disorders of pregnancy, contraceptive methods, gynaecological malignancies.

12 Paediatrics

≈ 3-4%

Medicine for the growing child, from neonate to adolescent.

Growth & development

Nutrition & deficiencies

Neonatology

Immunisation

Paediatric infectious diseases

Systemic paediatrics

Genetic & metabolic disorders

Fluid & electrolytes

High-yield: developmental milestones, IMNCI, national immunisation schedule, neonatal resuscitation, malnutrition grading.

13 Ophthalmology

≈ 3-4%

Diseases of the eye and vision — a scoring subject with focused content.

Refractive errors

Lids, lacrimal & conjunctiva

Cornea

Uvea

Lens & cataract

Glaucoma

Retina & vitreous

Neuro-ophthalmology & squint

Ocular injuries

Community ophthalmology

High-yield: cataract, glaucoma, the red eye, diabetic retinopathy, NPCB & blindness control.

14 ENT (Otorhinolaryngology)

≈ 3-4%

Ear, nose, throat and head&neck — compact and high-scoring.

Ear: hearing loss, otitis, otosclerosis

Nose & paranasal sinuses

Epistaxis & polyps

Throat, pharynx & tonsils

Larynx & voice disorders

Head & neck tumours

Vertigo

High-yield: hearing loss workup & audiometry, CSOM, sinusitis, laryngeal carcinoma, causes of vertigo.

15 Radiodiagnosis & Imaging (allied)

Cross-cutting

Imaging modalities and characteristic signs, tested throughout the clinical subjects.

X-ray, USG, CT, MRI, nuclear imaging

Systemic radiology

Interventional basics

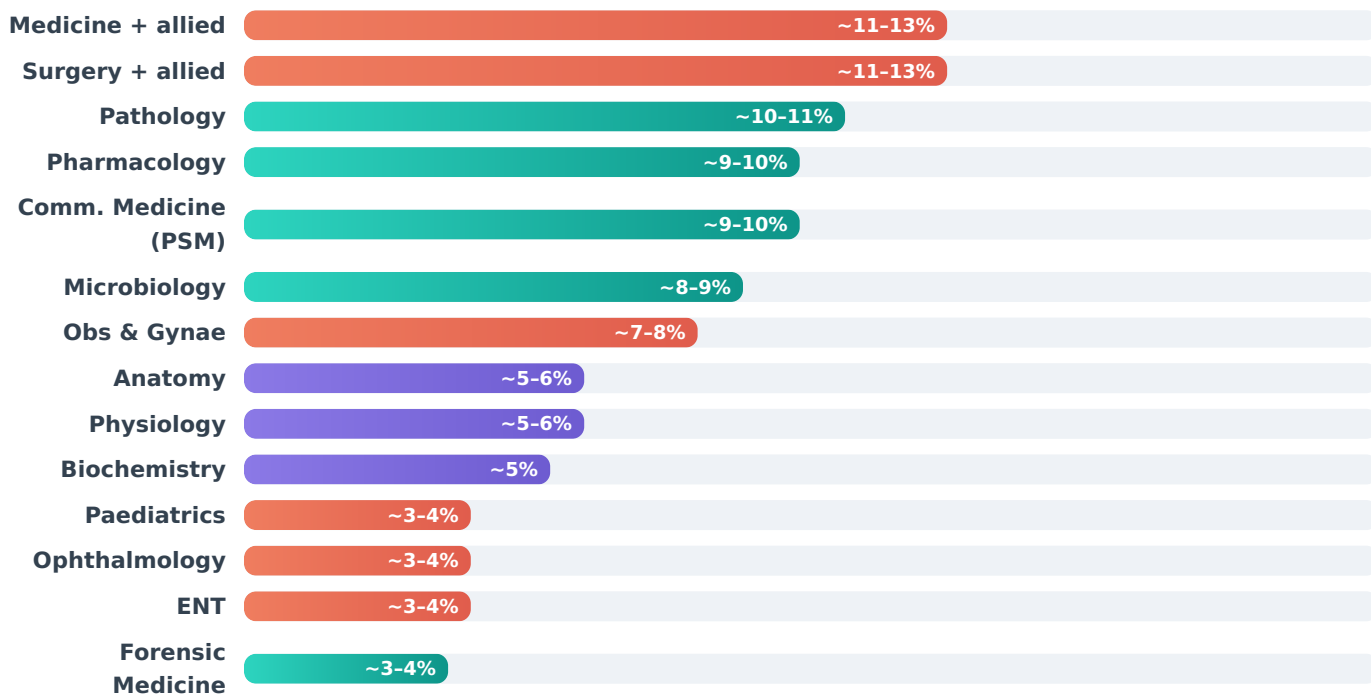
Radiation safety

High-yield: classic radiological signs and appropriate first-line imaging for common presentations.

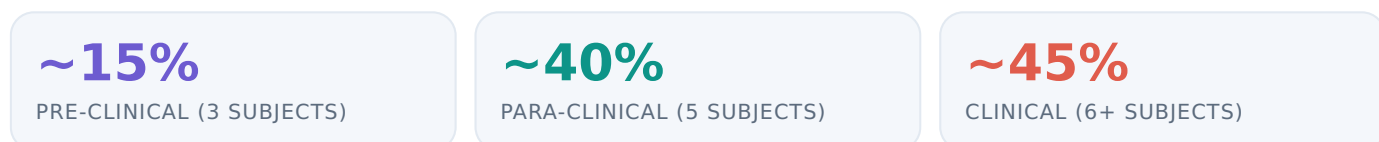
7 Indicative Weightage

Read this first. NBEMS does **not** publish a fixed number of questions per subject; the 180 questions are distributed across Groups A-E and vary between years. The figures below are **indicative bands based on past trends** — use them to prioritise, not as a guarantee.

Approximate share of the 180-question paper



By phase — the big picture



Takeaway: para-clinical + clinical together drive roughly 85% of the paper, but pre-clinical concepts underpin the reasoning in the rest — so none can be skipped.

8 Preparation Blueprint

A practical way to turn a 19-subject syllabus into a scoring strategy.

● Prioritise by yield

Lead with Pathology, Pharmacology, Medicine, Surgery and PSM — the heaviest scorers — while keeping short, regular touches on the smaller subjects.

● Study integrated

Attach physiology, pharmacology and pathology to each clinical topic. NEET-PG rewards reasoning across subjects, not siloed facts.

● Question-bank driven

Do MCQs from day one. Log every wrong answer, revisit weekly, and convert mistakes into permanent recall.

● Spaced revision

Plan 2–3 full revision cycles. Compress notes each pass so the final rounds are fast, high-density recall.

● Master negative marking

With –1 per wrong answer, guess only when you can eliminate options. Blind guessing statistically hurts your score.

● Rehearse the section clock

Because Groups A–E lock when time ends, take full-length timed CBT mocks to train per-section pacing and finishing.

● Standard resources

Pair a trusted subject-wise MCQ series with concise revision notes; avoid over-collecting materials.

● Recent advances & images

Keep a running list of newer drugs, guideline updates and classic images/instruments — recurring easy marks.

◆ 90-SECOND RECAP

180 MCQs · +4 / –1 · max 720 · 3h 30m · five locking sections of 36 · syllabus = the full NMC MBBS curriculum
· biggest scorers are Pathology, Pharmacology, Medicine, Surgery and PSM.

9 Key Reminders & Sources

Confirmed for 2026: exam on **30 August 2026**, single day, single shift; **180 MCQs**, +4 / –1 marking, 3h 30m, five sections of 36. These are taken from the official **NEET-PG 2026 Information Bulletin**. Still verify **registration windows, fees and eligibility cut-offs** and any late corrigenda on the NBEMS website, as those can be updated during the cycle.

Official sources

WHAT	WHERE
Conducting authority	NBEMS — National Board of Examinations in Medical Sciences
Official website	natboard.edu.in (NEET-PG examination page)
Syllabus basis	MBBS Curriculum issued by the National Medical Commission (Clause 5.2)
Authoritative document	NEET-PG 2026 Information Bulletin, dated 01-07-2026 (on natboard.edu.in)

◆ VERIFICATION NOTE

The revised exam scheme (**180 MCQs**, +4 / –1 marking, max 720, 3h 30m, five time-bound Groups A-E of 36 questions each, single shift on 30 Aug 2026) and the syllabus basis (NMC MBBS curriculum) in this guide were read directly from Section 5 of the **official NEET-PG 2026 Information Bulletin** (dated 01-07-2026). Subject topic lists follow the standard MBBS curriculum. Indicative weightages are trend-based estimates, not officially fixed allocations.

Prepared as a study aid · Not an official NBEMS publication · Verify all dates and rules on natboard.edu.in before relying on them.