NATIONAL BOARD OF EXAMINATIONS · NBEMS

NEET-PG 2027

The Complete Syllabus & Exam Guide

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

2027 exam date: To be announced by NBEMS.

180	720	3h 30m	+4 / −1
MCQS · REVISED	MAX MARKS	DURATION	MARKING

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

2027 Bulletin Pending - Latest NBEMS Basis

INSIDE THIS GUIDE

Contents

01 About NEET-PG 2027 03

02 Exam Pattern & Scheme of Examination 04

03 What Is the Official Syllabus? 05

04 Subject-wise Syllabus — Pre-clinical 06

05 Subject-wise Syllabus — Para-clinical 07

06 Subject-wise Syllabus — Clinical 08

07 Indicative Weightage 10

08 Preparation Blueprint & High-Yield Tips 11

09 Key Reminders & Official Sources 12

◆ HOW THIS GUIDE WAS BUILT

At the time this 2027 guide was prepared, NBEMS had not released the NEET-PG 2027 Information Bulletin. The exam scheme and syllabus basis shown here follow the latest available NEET-PG 2026 Bulletin (Section 5), with subject topics organised from the MBBS curriculum issued by the National Medical Commission.

SECTION 01

1 About NEET-PG 2027

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

NEET-PG 2027 exam date and bulletin are yet to be announced by NBEMS. This guide uses the latest available official scheme from NEET-PG 2026: 180 MCQs, 720 marks and 3h 30m. Confirm the final 2027 pattern and schedule on the NBEMS website once the bulletin is released.

180 MULTIPLE CHOICE QUESTIONS	**720** MAXIMUM MARKS (180 × 4)	**3h 30m** TOTAL DURATION
4 OPTIONS PER QUESTION	**1** 2027 DATE · TBA	**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 × 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	B	C	D	E
36 Q · 42 min	36 Q · 42 min	36 Q · 42 min	36 Q · 42 min	36 Q · 42 min

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.

SECTION 03

3 What Is the Official Syllabus?

◆ **LATEST AVAILABLE OFFICIAL BASIS - NEET-PG 2026 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.

SECTION 04 · SUBJECT-WISE SYLLABUS

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 (Km, Vmax), vitamin deficiency syndromes, inborn errors, genetic code & mutations.

SECTION 05 · SUBJECT-WISE SYLLABUS

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.

SECTION 06 · SUBJECT-WISE SYLLABUS

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

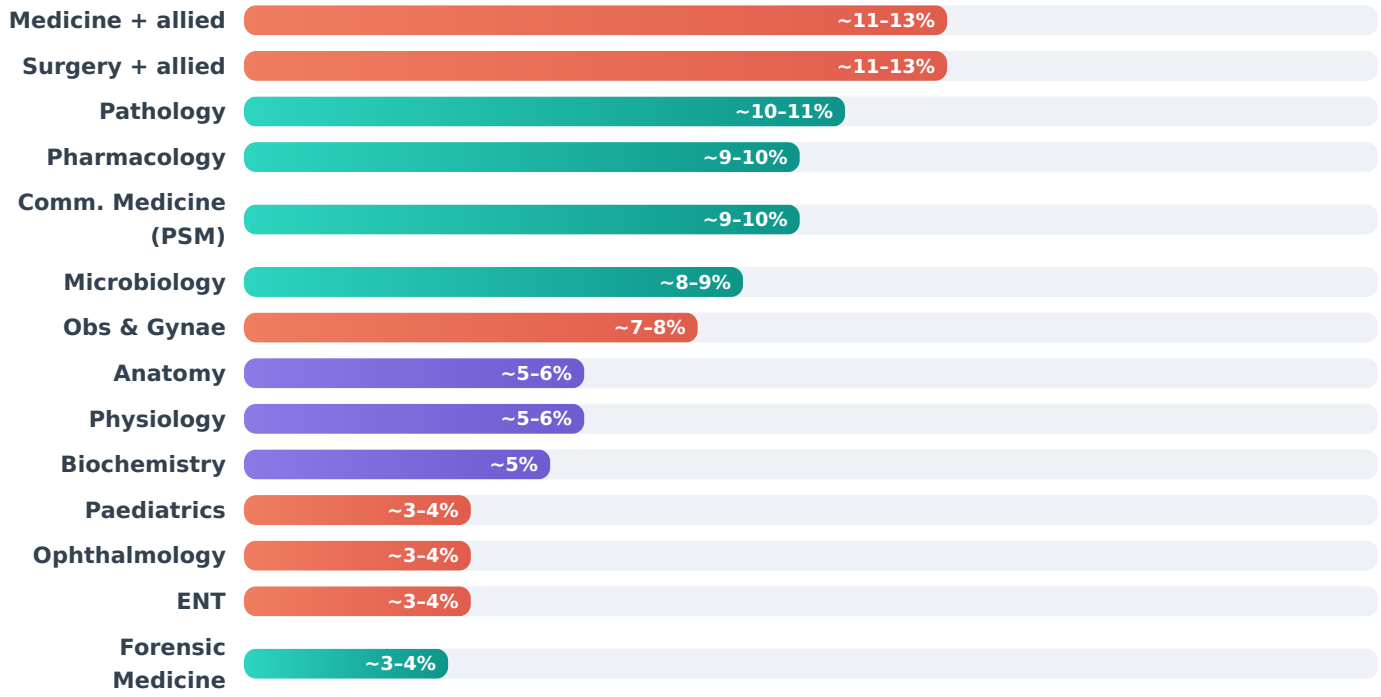
High-yield: classic radiological signs and appropriate first-line imaging for common presentations.

SECTION 07

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

~15%	~40%	~45%
PRE-CLINICAL (3 SUBJECTS)	PARA-CLINICAL (5 SUBJECTS)	CLINICAL (6+ SUBJECTS)

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.

SECTION 08

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.

SECTION 09

9 Key Reminders & Sources

NEET-PG 2027: the exam date and 2027 Information Bulletin have not yet been announced by NBEMS. This guide therefore uses the latest available official NEET-PG scheme and syllabus basis from 2026. Before relying on the guide, verify the 2027 exam date, pattern, registration windows, fees, eligibility cut-offs and any corrigenda on the official NBEMS website.

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.