

## List of documents to be submitted by PhD Students along with formats.

- 1) **File 1:-** Containing recent passport size photograph in JPEG format (size 30KB).
- 2) **File 2:-** Containing following documents (**in one PDF file & size must be less than 2000 KB**) in the order indicating below:-
  1. Photo ID proof (Aadhar Card/Voter ID/DL etc.)
  2. Aadhar Card compulsory
  3. Class X (High School) Board Certificate as proof of date of birth
  4. Mark sheet of Class XII
  5. Graduation Mark sheets and Degree Certificate
  6. Post Graduation Mark sheets and Degree Certificate/Provisional.
  7. NET/GATE Certificate
  8. Migration Certificate issued from last institution (**to be submitted in original**)
  9. Character Certificate (from the Director/Dean of Students Affairs of the Institute from where the candidate has completed PG (For Full-time/Part Time candidates), issued from last institution (**to be submitted in original**).
  10. Certificate of category (OBC / SC / ST), (Central Govt. Format) if applicable, issued by the competent authority. (OBC certificate must be issued after March 31st 2021).
  11. Undertaking by the candidate regarding OBC status in required format. (**Annexure VIII**)\*
  12. Certificate for Persons with Disabilities (PWD), if applicable
  13. NOC from the employer for **Part Time candidates**. (**Annexure V**)\*
  14. NOC from the employer for **Off Campus candidates**. (**Annexure VI**)\*
  15. Service Experience Certificate for Sponsored Full Time and Part time candidate.
  16. Character Certificate from the employer on the official stationary and rubber stamp of the Organization / institution (For part-time candidates only).
  17. Character Certificate from two persons of repute where the candidate has been residing for the last two years (For part-time course applicants only).
  18. Medical Certificate (**to be submitted in original**).
  19. **The Institute fee will be paid by online mode only. Candidates are advised to ensure they have net banking enabled in their bank account or should have debit card to pay fee.**
  20. Link of Institute fee structure- [http://mnit.ac.in/cms/uploads/2021/07/2021-22\\_New\\_PhD.pdf](http://mnit.ac.in/cms/uploads/2021/07/2021-22_New_PhD.pdf)

\*As per the Performa in Ph.D. Admission Brochure Odd Semester 2021-22.

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## ANNEXURE I

**AUTHORITIES WHO MAY ISSUE CASTE/TRIBE CERTIFICATE**  
(SC/ST/OBC candidates should submit certificate issued by any of the following authorities)

District Magistrate/Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ City Magistrate/ Sub-Divisional Magistrate / Taluka Magistrate /Executive Magistrate /Extra Assistant Commissioner/ Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate/ Revenue Officer not below the rank of Tehsildar/Sub-Divisional Officer of the area where the candidate and /or his/her family normally resides/Administrator/Secretary to Administrator/Development Officer (Lakshadweep Island).

**(Certificate issued by any other authority will be rejected.)**

## **ANNEXURE II**

### **CERTIFICATE FROM INSTITUTE / UNIVERSITY**

**(Required during registration from candidates whose result of the qualifying examination has not been declared)**

I hereby certify that Mr./Ms. .... has appeared in the final year examination including theory, practical and project examination for B.E./B.Tech./B.Sc./M.Sc.....degree (strike out the non-applicable ones and write in the blank if the degree is not mentioned) and the result is likely to be announced by ..... His/her conduct and character during his/her stay at the Institute/University was "GOOD".

Place: .....  
Date:.....

Signature of the Principal/Dean/Registrar/  
Dy. Registrar/Proctor/Administrative  
Officer of the institute last attended with seal

## **ANNEXURE III**

### **CERTIFICATE OF THE FORWARDING OFFICER**

**(Required from candidates who is yet to appear in the qualifying examination or yet to get the degree)**

I hereby certify in connection with the application of Mr./Ms. .... that he/ she is a bonafide student of our institution and is applying for admission to PG programmes at MNIT Jaipur. He/She is yet to complete / has completed all the requirements of qualifying examination including theory, practical and project examination for B.E./B.Tech./B.Sc./M.Sc. .... (Strike out the non-applicable ones and write in the blank if the degree is not mentioned) and the result is likely to be announced by ..... His/her conduct and character during his/her stay at the Institute/University is "GOOD".

Place:.....  
Date:.....

Signature of the Principal/Dean/Registrar/  
Dy. Registrar/Proctor/Administrative Officer  
of the institute attending/last attended with seal

**SPONSORSHIP CERTIFICATE**  
**(Required from Full-time Sponsored Candidates only)**

(This should be typed on the letterhead of the Sponsoring Organization and enclosed with application for admission)

To,  
 The Director  
 MNIT, Jaipur  
 Sub: Sponsoring of an employer for M.Tech. Programme.

We hereby Sponsor the candidature of Mr./Ms. .... who is working in this organization for the last .....years and is presently holding the rank/position of ..... for joining his/her M. Tech. programme in ..... at your Institute as a Full Time candidate in the Department of ..... with specialization in the following areas:

- 1.....
- 2.....
- 3.....

His/her conduct and character is good.

The Institution/Organization would relieve him/her immediately for joining the above course, if selected for admission. We shall fully relieve him/her duties in the organization to devote sufficient time for M. Tech./M. Plan..

Place: .....  
 Date:.....

Signature of Head of the Institution/Organization with seal  
 Name .....  
 Designation .....

\*Candidate should also give a separate undertaking that he would fulfill the attendance requirements of all the courses undertaken by him for fulfillment of the course pursued.

**NO OBJECTION CERTIFICATE**  
**(Required from Candidates Seeking Admission on Part-time Basis)**

(On a letterhead of the sponsoring organization & enclosed with application for admission)

The undersigned is pleased to permit Mr./Ms. .... who is working in this organization for the last ..... years and is presently holding the rank/position of ..... for pursuing the programme (course) at MNIT Jaipur in the Department of ..... with specialization in the following areas:

- 1.....
- 2.....
- 3.....

His/her conduct and character is good. We are ready to relieve him/her during study hours (usually 8-10 hours of classroom instructions in a week) to undergo the Masters' programme / (usually about 6 hours of classroom instructions in a week) to undergo the Ph.D. programme as per time-table of the Institute, which follows slot system. We understand that the duration of course work is expected to be 4 semesters for Part-Time M.Tech. programme/ 3 semesters for part-time Ph.D. programme, while total duration is expected to be 3 years for part time M.Tech./ 5 years for part-time Ph.D.

Place: .....  
 Date:.....

Signature of Head of the Institution/Organization with seal  
 Name .....  
 Designation .....

## NO OBJECTION CERTIFICATE

**(Required from Candidates Seeking Admission on OFF CAMPUS Basis)**  
**(On a letterhead of the sponsoring organization & enclosed with application for admission)**

The undersigned is pleased to permit Mr./Ms. .... who is working in this organization for the last **(must be more than two year)** ..... years and is presently holding the rank/position of ..... for pursuing the programme (course) at MNIT Jaipur in the Department of ..... with specialization in the following areas:

- 1.....
- 2.....
3. ....

His/her conduct and character is good. We are ready to relieve him/her to stay on the campus to enable the candidate to complete the “Course work”, “Comprehensive Examination” and “State of Art Seminar” and at the end of every semester for the semester evaluation. The organization has the **research and library facilities** available and the same would be available to him/her for carrying out research.

Place: .....  
 Date:.....

Signature of Head of the Institution/Organization with seal  
 Name .....  
 Designation .....

## Annexure VII

## FORMAT FOR OBC [NCL] CERTIFICATE

TO BE PRODUCED BY OTHER BACKWARD CLASSES

**[This certificate MUST have been issued on or after 1<sup>st</sup> April 2021]**

**This is to certify that Shri/Smt./Kum. \_\_\_\_\_ Son/Daughter of Shri/Smt. \_\_\_\_\_ of Village/Town \_\_\_\_\_**  
**District/Division \_\_\_\_\_ in the \_\_\_\_\_ State/UT belongs to the \_\_\_\_\_ Community which is recognized as a backward class under:**

- (i) Resolution No. 12011/68/93-BCC(C), dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186, dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC, dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163, dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC, dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88, dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC, dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC, dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC, dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC, dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC, dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC, dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270, dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC, dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71, dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC, dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-BCC, dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC, dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC, dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC, dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 16/01/2006.
- (xvi) Resolution No. 12015/2/2007-BCC, dated 18/08/2010.
- (xvii) Resolution No. 12015/2/2007-BCC, dated 11/10/2010.

- (xviii) Resolution No. 12015/13/2010-BC-II, dated 08/12/2011.  
(xix) Resolution No. 12015/05/2011-BC-II, dated 17/02/2014.  
(xx) Resolution No. 12011/6/2014-BC-II, dated 07/12/2016.

**Shri/Smt./Kum. \_\_\_\_\_ and/or his family ordinarily reside(s) in the \_\_\_\_\_ District/Division of \_\_\_\_\_ State/UT. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36 012/22/93-Estt.(SCT), dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.), dated 09/03/2004.**

Place \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Designation^ \_\_\_\_\_  
(with seal of office)

NOTE:

- (a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) ^The authorities competent to issue Caste Certificates are indicated below:
- (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1<sup>st</sup> Class Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar.
  - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.
- (C) OBC Certificate issued from Maharashtra State must be validated by the Social Welfare Department of Maharashtra Government.

**OBC Undertaking**

**Declaration / undertaking - for OBC Candidates only**

I, \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_ resident of village/town/city  
\_\_\_\_\_ district

\_\_\_\_\_ State hereby declare that I belong to the \_\_\_\_\_ community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2021.

**Place:**

**Signature of the Candidate**

**Date:**

**Declaration/undertaking not signed by Candidate will be rejected**

**SC/ST CERTIFICATE FORMAT****FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE**

This is to certify that Shri/Smt./Kum. \_\_\_\_\_ Son/Daughter of Shri \_\_\_\_\_

\_\_\_\_\_ of village/Town \_\_\_\_\_ in District/ Division \_\_\_\_\_ of the State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ caste/Tribe, which is recognized as a Schedule Caste/Scheduled Tribe under.

The Constitution (Scheduled Castes) order, 1950.

The Constitution (Scheduled Tribes) order, 1950.

The Constitution (Scheduled Castes)(Union Territory ) order, 1951.

The Constitution (Scheduled Tribes) (Union Territory ) order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.)

\*The constitution (Jammu &amp; Kashmir) Scheduled Caste Order, 1956;

\*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act. 1976;

\*The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order 1962;

\*The Constitution (Dadra &amp; Nagar Haveli) Scheduled Tribes Order, 1962; \*

The Constitution (Pondichery) Scheduled Castes Order, 1964;

\*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

\*The Constitution (Goa, Daman &amp; Diu) Scheduled Castes Order, 1968;

\*The Constitution (Goa, Daman &amp; Diu) Scheduled Tribes Order, 1968;

\*The Constitution (Nagaland) Scheduled Tribes Order, 1970;

\*The Constitution (Sikkim) Scheduled Castes Order, 1978;

\*The Constitution (Sikkim) Scheduled Tribes Order, 1978;

\*The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990.

\*The Constitution (Scheduled Tribes) Order, (Amendment) Ordinance, 1991.

\*The Constitution (Scheduled Tribes) Order, (Second Amendment) Act, 1991.

\*The Constitution (Scheduled Tribes) Ordinance, 1996

**This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issue to****Shri** \_\_\_\_\_ **Father of Shri** \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_ village/town \_\_\_\_\_ in District/Division \_\_\_\_\_ of the State/UT \_\_\_\_\_

\_\_\_\_\_ who belongs to the \_\_\_\_\_ caste/Tribe which is recognized as a SC/ST in the State/Union Territory

\_\_\_\_\_ issued by the \_\_\_\_\_ (name of the prescribed issuing authority) vide their No. \_\_\_\_\_ dated \_\_\_\_\_ or Shri \_\_\_\_\_ and or his/her family ordinarily reside(s)

in Village/Town \_\_\_\_\_ of \_\_\_\_\_ District/Division of the State/Union Territory of \_\_\_\_\_.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

(With seal of Office)

**NOTE: - The terms ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.****SC Certificate issued from Maharashtra State must be validated by Social Welfare Department and ST Caste certificate must be validated by Tribal Development Department of Maharashtra Government.****LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:**

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner /Additional Deputy Commissioner/Dy. Collector/ 1st Class Stipendiary Magistrate/Sub Divisional Magistrate/Extra Assistant Commissioner/ Taluka Magistrate/Executive Magistrate.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officers not below the rank of Tahsildar.
4. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

**PWD CERTIFICATE FORMAT****DISABILITY CERTIFICATE FORMAT - I****{In cases of amputation or complete permanent paralysis of limbs and in cases of blindness}****(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

No. - \_\_\_\_\_

Date - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature/LTI/RTI of the Candidate

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Passport size photograph of the Candidate
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This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

son/wife/daughter of Shri \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

[Age - \_\_\_\_\_ years], male/female, Registration No. \_\_\_\_\_ permanent resident of

House No.- \_\_\_\_\_, Ward/Village/Street \_\_\_\_\_ Post Office

\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_, whose

photograph is affixed above, and am satisfied that

1. he/she is a case of (Please tick as applicable):

a. locomotor disability

b. blindness

2. the diagnosis in his/her case is \_\_\_\_\_

3. He / She has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in words)  
permanent physical impairment/blindness in relation to his/her \_\_\_\_\_  
(part of body) as per guidelines (to be specified).

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorised Signatory of notified Medical Authority]

Name: \_\_\_\_\_

**DISABILITY CERTIFICATE FORMAT - II**

**{In cases of multiple disabilities}**

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

No. - \_\_\_\_\_

Date - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature/LTI/RTI of the Candidate

Passport size  
photograph  
of the  
Candidate

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_,  
son/wife/daughter of Shri \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
[Age - \_\_\_\_\_ years], male/female, Registration No. \_\_\_\_\_ permanent resident of  
House No.- \_\_\_\_\_, Ward/Village/Street \_\_\_\_\_ Post Office  
\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_, whose  
photograph is affixed above, and am satisfied that

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_%

In words: \_\_\_\_\_percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

(i) Not Necessary [or]

(ii) is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_.

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

# DISABILITY CERTIFICATE FORMAT - III

{In cases of any other case not covered in Format - I & II}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature/LTI/RTI of the Candidate

Passport size  
photograph  
of the  
Candidate

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_,

son/wife/daughter of Shri \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

[Age - \_\_\_\_\_ years], male/female, Registration No. \_\_\_\_\_ permanent resident of

House No.- \_\_\_\_\_, Ward/Village/Street \_\_\_\_\_ Post Office

\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_, whose

photograph is affixed above, and am satisfied that

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_ %

In words: \_\_\_\_\_ percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

(i) Not Necessary [or]

(ii) is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_.

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorised Signatory of notified Medical Authority\*]

Name: \_\_\_\_\_

\* In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

Countersigned^

Official Seal:

[CMO/Medical Superintendent/Head of Govt. Hospital]

Name: \_\_\_\_\_

^ Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in case the certificate is issued by a medical authority who is not a government servant.

**DECLARATION FORM**

Id. No.	
Programme:	<b>Ph.D.</b>
Department	
Name	
Son/Daughter/Wife of	

I declare that:

1. I shall not receive any salary, scholarship, stipend or any other financial benefit from any other source except the institute assistantship during the period of my study at MNIT. (except top up grants from Institute Project/Industry and income from participating in consultancy projects of faculty of the Institute)
2. I shall not accept and join any job without obtaining prior permission of the institute.
3. I understand that I shall not be permitted to leave the programme midway and shall complete my programme successfully. Failing which I shall pay back entire assistantship received from the institute by me.
4. I also understand that in case I withdraw from the enrolled programme, the caution money shall not be refunded to me.

Signature of the student  
Email Address  
Mobile No.

Dated:

## INCOME &amp; ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Government of .....

(Name &amp; Address of the authority issuing the certificate)

**[This certificate MUST have been issued on or after 1<sup>st</sup> April 2021]**

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

Date: \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

- 1. This is to certify that Shri/Smt./Kumari \_\_\_\_\_, son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_, Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her family\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\*:**

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

- 2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).s**

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph  
of the applicant

**The income and assets of the families as mentioned would be required to be certified by an officer not below the rank of Tehsildar in the States/UTs.**

Note:

\* Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\* The term 'Family' for this purpose includes the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

\*\*\* The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

## CERTIFICATE OF MEDICAL FITNESS

The certificate must be from the Medical Officer or any rank above it from any Central/State Government Hospital/Dispensary/Medical College must be brought by the candidate at the time of interview.

1. Application Form No. : .....
2. Name of the Candidate : .....
3. Father's Name : .....
4. Mother's Name : .....
5. Sex : (Male/Female)
6. Height : .....
7. Weight : .....
8. Identification Mark : .....
9. Chest Measurement : .....
10. Heart and Lungs : .....
- Piles, Hydrocele,  
Hernia etc.
11. Vision : .....
12. Colour Blindness : .....
13. Hearing : .....

**PHOTO**  
(To be attested by the  
Doctor signing the  
Certificate)

Certified that the candidate possesses the medical standards given below and is medically fit for the engineering profession.

Place: .....

Date: .....

Signature & Designation with seal of the  
Authorised Medical Officer

### MEDICAL STANDARDS

Height: Not less than 1.5 m for male candidates and not less than 1.4 m for female candidates.

Weight: Minimum 41 kg approximately for male candidates and 37 kg approximately for female candidates.

Chest Measurement: Not less than 69 cm. with satisfactory limits of expansion and contraction for male candidates only

Heart & Lungs: No abnormality.

Hernia, Hydrocele, Piles, etc.: Presence of any of these is a temporary disqualification to be rectified before joining the course of study.

Vision: Normal. Where defective, it must be corrected to 6/9 in the better eye and 6/12 in the worse eye. Eye should be free from congenital and other diseases.

Hearing: Normal. Where defective it must be corrected.