

FORMAT OF COURSE COMPLETION CERIFICATE

[TO BE ISSUED IN THE OFFICIAL LETER HEAD OF THE INSTITUTE/UNIVERSITY]

This is to certify that

1. Mr. /Ms. _____(full name) bearing
Roll No. _____is a bonafide student of _____(course /
program) in our institute/university.
2. He / She has completed all requirements of the course / program and all of his/her
examinations will be / has been completed by August 15, 2020.
3. His / Her final result is awaited and will be published on or before September 30, 2020.

**Signature (with Seal) of the
Authorised Signatory of the
Institute/University**

Date - _____

**Undertaking by candidates who have appeared for qualifying
degree examination or awaiting for results**

I, _____ (GATE ID _____),

**Son/daughter of Shri-----, resident of
village/town/city district of State/UT _____ do hereby declare as under:**

1. That I have appeared for final year /semester examination and my Institute/University has not yet declared the results

or

My university/Institute has not conducted final year /semester examination yet

(tick as applicable).

2. That, I would submit my final year/semester marks card and Provisional degree certificate on or before _____

3. I am aware that for admission to M Tech/ M.Sc programmes at NITK, I must satisfy the following criteria

öCandidates should have passed the prescribed qualifying examination with CGPA of at least 6.5 in the 0-10 scale grading system, OR not less than 60% marks in the aggregate (taking into account the marks scored in all the subjects of all the public/university examinations conducted during the entire prescribed period for the degree programme). However, this prescribed minimum shall be a CGPA of 6.0 OR 55% marks in the aggregate for SC/ST/PWD candidates.ö

4. I am also aware that after the announcement of my Bachelor's degree results, if I am found not to satisfy the above eligibility criteria, my admission would be cancelled and I will not be entitled for refund of the fee paid to CCMT.

Name and Signature of the candidate with date

FORMAT FOR OBC [NCL] CERTIFICATE

[This certificate MUST have been issued on or after 1st April 2020]

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.
- (xxi) Resolution No. 12011/13/2016-BC-II, dated 22/12/2016
- (xxii) Resolution No. 20012/1/2017-BC-II, dated 19/01/2017
- (xxiii) Resolution No. 12011/7/2017-BC-II, dated 31/07/2017

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, further modified vide OM No. 36033/3/2004-Estt. (Res) dated 14/10/2008, again further modified vide OM No. 36036/2/2013-Estt (Res) dated 30/05/2014.

Place _____ **Signature** _____

Date _____ **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 1ST 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.

FORM-GEN-EWS

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

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 in 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer _____

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.

* **Note1:** Income covered all sources i.e. salary, agricultural, business, profession, etc.

** **Note2:** The term **“Family”** for this purpose include the person, who seeks benefit of reservation, his/her parents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*** **Note3:** 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

[To be obtained only from Gazetted Government Medical Officer / Medical Officer of a Government Undertaking. (Please note that Medical Certificate issued by Private Practitioners will not be accepted)]

Name (In Block Letters)

Parent / Guardian Name

Sex Male / Female

Blood Group (Optional)

Heightcm

Weightkg

Chest: Exp.....cm

Insp..cm

Heart

Lungs

Vision

Hearing

Hernia / Hydrocele / Varicocele/Piles, etc:

Any Other Disease Diagnosed in the Past:

Allergies, if any

Personal Marks of Identification:

1.

2.

I do hereby certify that I have examined Sri/Kum/Smt.....,

A candidateforand whose signature is given below

and that I could not notice that he/she has any disease, constitutional affection, bodily infirmity or

mental unsoundness.His/Her age according to his/her statement is

year and by appearance about years.

Signature of the Candidate

Place

Signature:of the Medical Officer

Date

Name: _____

Office Seal

Designation: _____

Registration No. _____

DISABILITY CERTIFICATE FORMAT - II

{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

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 (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:

[Authorized Signatory of notified Medical Authority] Name:

DISABILITY CERTIFICATE FORMAT - III

{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 - IV

{In cases of any other case not covered in Format – II & III}

(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:

[Authorized 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.

Format of Undertaking for PwD Candidates

I, _____ (Name of candidate)

GATE / JAM Registration no. _____,

S/D/O _____ resident of _____

_____ do hereby solemnly affirm and state as follows:

1. That, I am reporting online for the M.Tech/MSc 2020 Admission at NITK Surathkal.
2. That, I know that after online reporting, document verification will be done Online by the official of the Institute based on documents uploaded by me and based on the online document verification, a provisional admission letter will be issued to me by NITK Surathkal.
3. That, I know that physical examination is required to judge the percentage of disability, which is not being done during Online Document Verification.
4. That, my physical examination will be done by the Medical Board of the Institute at the time of physical reporting at the Institute.
5. That, at the time of physical reporting, if the Medical Board at the Institute finds that percentage of my disability is below the required level, my admission will be cancelled and I will not have any claim on my admission at NITK Surathkal.
6. That, if my seat is cancelled at the time of physical reporting, the refund, if any, will be dealt as per Refund Rules of the Institute.

Deponent

Verification

I above named Deponent do hereby abide by the above Undertaking and verify on oath that the contents of this Undertaking are true and correct to the best of my knowledge and belief and nothing has been concealed therein and no part of it is false.

Deponent

Place: _____

Date: _____