



NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

MAHATMA GANDHI AVENUE DURGAPUR

713 209, WEST BENGAL, INDIA

Website: www.nitdgp.ac.in

Ref No.NITD/BT/DBT/MSc/LSc/26-28

Date: 04.07.2026

Admission to DBT-Sponsored MSc (Life Sciences) Programme with specialization in Microbial Biotechnology / Animal & Plant Biotechnology (2026-2028)

NOTICE

Prospective candidates are requested to register and apply for the program going through the link <https://nitdgp.ac.in/pg/>. Details of the admission advertisement are appended below.

Timeline:

Last date of submission of application online	10 AM, July 11, 2026
Publication of list of candidates applied	July13, 2026
Publication of merit list for admission	July17, 2026
Online admission from merit list	July 20, 2026
Spot Admission	July24, 2026
Spot Admission (Optional)	July 27, 2026
Spot Admission (If required)	August 17,2026
Physical reporting & hostel allotment	July 24, 2026
Start of classes	July 27, 2026

Please note that there is no application charge at the time of form submission. However, application processing fee of ₹1,000/- for UR/EWS/OBC-NCL candidates and ₹500/- for SC/ST/PWD candidates will be collected from the admitted students during admission.

Seat matrix:

UR	UR-PWD	EWS	EWS-PWD	OBC-NCL	OBC-NCL-PWD	SC	SC-PWD	ST	ST-PWD	Total
04	0	01	0	03	0	01	0	01	0	10

Eligibility criteria:

- Qualified GAT-B 2026
- BSc in any branch of life sciences / Physics / Chemistry
- Marks in Graduation:
 - For OPEN/OBC/EWS: 6.5 CGPA (on a 10-point scale) or 60%
 - For SC/ST/PWD: 6.0 CGPA (on a 10-point scale) or 55%
 - The above mentioned CGPA/Percentage should be awarded by a recognized University/Institute. Conversion from CGPA to percentage or vice versa given by individual Institute will not be considered. Candidates will have to mention CGPA/Percentage as awarded by their University/Institute.
 - A candidate appearing for final year graduation examination can apply for admission, but s/he has to submit the course completion certificate as per the format attached, failure of which will lead to cancellation of candidature.

Application checklist (to be uploaded and later produced during physical reporting):

- Scanned colour photo of the candidate (recently taken)
- Valid proof of date of birth (Class X admit card / Birth certificate)
- Higher secondary (Class XII) marks sheet
- All mark sheets of the qualifying degree examination

5. Degree certificate / course completion certificate (as per the format given) of the qualifying degree examination
6. GAT-B 2026 score card
7. Category certificate (OBC-NCL/EWS/SC/ST) from the competent authority (as per the formats given), if applicable. **For OBC-NCL and EWS candidates the certificate must be issued on or after 01/04/2026 from the competent authority.**
8. PWD certificate (as per format given), if applicable.

Please note that

- Caste certificate (SC/ST/OBC-NCL) issued by Maharashtra State must be validated by Social Welfare department (in case of SC and OBC-NCL category) and Tribal Welfare department (in case of ST category) of Maharashtra Government. The SC/ST/OBC-NCL candidates of Maharashtra State have to produce their caste validity certificate in the format available on the website.
- ST certificates from Tamil Nadu state must be issued by the concerned Revenue Divisional Officer.
- Candidates' inability to produce valid caste certificates would lead to cancelation of candidature, irrespective of the caste.

Application Process: Register and apply for the programme using the link - <https://nitdgp.ac.in/pg/>

Merit List Preparation:

Merit List for selection of admission will be prepared based on the GAT-B rank/score of the year 2026. In case of the same GAT-B score, to resolve and determine inter-se-merit of candidates, following criteria will be used in the stated order.

- i. In the unlikely event of candidates having the same GAT-B rank/score, Date of Birth will be considered. Elder candidate will be given preference.
- ii. In the highly unlikely event of candidates having the same GAT-B rank/score and Date of Birth, rank will be decided on the basis of Random number generation. Candidate with lower random number generated will be given preference.

Hostel:

The Institute is essentially a residential one and every student shall be required to reside on campus and be a boarder of the Hall of Residence to which s/he is assigned. However, no family accommodation will be provided inside the campus.

Fees: Rs. 51,100/- (tentative) for 1st semester other than mess charges and mess caution money. Detailed fee structure will be made available before actual admission process on the Institute Website.

Contact details:

<p>Prof. Sudit S. Mukhopadhyay Programme Coordinator Department of Biotechnology NIT Durgapur Phone: 9434788139 Email ID: sudit.mukhopadhyay@bt.nitdgp.ac.in</p> <p>Dr. Ashish Bhattacharjee Programme Coordinator Department of Biotechnology, NIT Durgapur Phone: 9434788034 Email ID: abhattacharjee.bt@nitdgp.ac.in</p>	<p>Head of the Department Department of Biotechnology NIT Durgapur Email ID: hod@bt.nitdgp.ac.in</p>
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**Sd/-
Dean (Academic)
NIT Durgapur**



National Institute of Technology Durgapur
Mahatma Gandhi Avenue, Durgapur 713209, West Bengal, INDIA

Seat Matrix and **details of participating institutions** for admissions to DBT supported Post **Graduate (DBT PG)** Programme in Biotechnology, in academic session **2026-28, through Graduate Aptitude Test-Biotechnology (GAT-B) 2026**

Name of the Institution / University and official website address	Name of the DBT supported Post Graduate Programme in Biotechnology	Name with complete contact details (including official email address, mobile number and official landline number) of DBT PG Programme Coordinator	DBT Sanctioned Intake/seats for academic session 2026-2028 for GAT-B 2026 qualified candidates*							Eligibility Criteria for Admission to DBT supported PG programme in Biotechnology at participating institution/university, through GAT-B 2026
			Total	UR	OBC-NCL	SC	ST	EWS	DA/PwD	
National Institute of Technology Durgapur https://nitdgp.ac.in	M.Sc life Sciences (with specialization in Microbial Biotechnology/ Plant & Animal Biotechnology)	Dr. Sudit S. Mukhopadhyay, Department of Biotechnology, National Institute of Technology Durgapur 713209 ssmukhopadhyay.bt@nitdgp.ac.in Contact: 9434788139	10	04	03	01	01	01	Nil	B.Sc in any branch of Life Sciences/ Chemistry/Physics For, Gen/EWS/OBC/NCL: minimum 6.5 CGPA or 60% marks in B.Sc. For, SC/ST minimum 6.0 CGPA or 55% marks in B.Sc.
Reservation Policy of Government of India shall be followed for admission to DBT supported Post Graduate (DBT PG) Programme in Biotechnology, in academic session 2026-28, through Graduate Aptitude Test – Biotechnology (GAT-B) 2026										

Head of the Department

DBT PG Programme, Coordinator

Place: Durgapur
Date: 4.07.2026

GAT-B-NITDGP-2026

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Castes or the Scheduled Tribes should submit in support of his claim an attested/self-certified copy of a certificate in the form given below, from the District Officer or the Sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the GAT-B-NITDGP-2026 would accept only attested/self-certified photocopies of such certificates and not any other copy.

This is to certify that Shri/Shrimati/Kumari* _____
_____ **son/daughter of** _____
_____ **of village/town/*** _____ **in**
District/Division* _____ **of the State/Union Territory*** _____
belongs to the _____ **Caste/Tribe* which is recognized as a Scheduled Castes**
[SC]*

/ Scheduled Tribes [ST]* under:

The Constitution (Scheduled Castes) Order, 1950

The Constitution (Scheduled Tribes) Order, 1950

The Constitution (Scheduled Castes) Union Territories Order, 1951

The Constitution (Scheduled Tribes) Union Territories Order, 1951

As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976. [%]

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956. The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment Act), 1976. The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962**. The Constitution (Pondicherry) Scheduled Castes Order, 1964**. The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967**. The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968**. The Constitution (Goa, Daman & 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 (Jammu & Kashmir) Scheduled Tribes Order 1989**. The Constitution (SC) Orders (Amendment) Act, 1990**. The Constitution (ST) Orders (Amendment) Ordinance, 1991**. The Constitution (ST) Orders (Second Amendment) Act, 1991**. The Constitution (ST) orders (Amendment) Ordinance, 1996. The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act. 2002. The Constitution (Scheduled Caste) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste) Order (Amendment) Act, 2007. [%]

2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes certificate issued to Shri/Shrimati _____, Father/Mother of Shri/Srimati/Kumari*

_____ of village/town* _____ in the District/Division* _____ of the State/Union Territory* _____, who belong to the _____ Caste/Tribe* which is recognized as a Scheduled Caste* / Scheduled Tribe* in the State/Union Territory* issued by the _____ dated _____ . %

3. Shri/Shrimati/Kumari* _____ and/or* his/her* family ordinarily reside(s) in the village/town* _____ of _____ District/Division* of the State/Union Territory of _____.

Place _____

Signature _____

Date _____

Designation _____

(with seal of office)

*** Please delete the words which are not applicable**

**** Please quote specific presidential order**

% please delete the paragraph which is not applicable.

^ List of authorities empowered to issue Schedule Caste / Schedule Tribe Certificates:

- 1) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy 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 Tehsildar.
- 4) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTES:

- 1) The term ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

GAT-B-NITDGP - 2026

**UNDERTAKING FOR CORRECTION OF DATE OF BIRTH
CERTIFICATE**

I, _____ Son/daughter of _____
_____ resident of _____

-----do hereby solemnly affirm and declare as under:

This is to certify that:

1. In the GAT-B-NITDGP 2026 counseling bears the date of birth of mine as-----
-----**(incorrect date of birth)** instead of -----
(correct date of birth) in the said document. That I therefore, request the
concerned authority in GAT-B-NITDGP 2026 counseling to please update and
rectify my date of birth as----- --.
2. I am enclosing a self-attested copy of Passport / Aadhar Card/ Driving License
/ Voter ID Card/ PAN Card/ Birth Certificate issued by Municipal
Corporation/authority empowered to register the birth as a proof of my correct
date of birth.
3. I understand that my allotment of seat will stand canceled if the presently
allotted seat is based on my claimed date of birth; and after updating the
corrected document if I do not satisfy the minimum eligibility criteria, I will
NOT be considered for the subsequent rounds of the Counselling process.

Place: _____

Date: _____

Signature of the Candidate

GAT-B-NITDGP – 2026

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 is likely to complete all requirements of the course / program and all of his/her examinations is likely to be completed by July 2026.
3. His / Her final result is awaited and is likely to be published on or before September 30, 2026.

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

Date - _____

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.

GAT-B-NITDGP – 2026

FORMAT FOR DYSLEXIA CERTIFICATE - I

MEDICAL CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATES

{Psycho-Education Evaluation Report - To be obtained from any Dyslexia Association*}

No. - _____

Date - ____/____/____

Name of the candidate: _____

Date of Birth: ____/____/____

Name of the Father/Mother/Guardian _____

Registration in the Dyslexia Association: No _____

Date - ____/____/____

Passport size
photograph
of the
Candidate

Name & Address of the Dyslexia Association: _____

Registration No. of the Dyslexia Association: _____

Physical & Neurologic Assessment: []

Psychological Assessment: [] WISC

Verbal IQ:

Performance IQ:

Full Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that

The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)**

The disability is **PERMANENT** in nature.

*Some Dyslexia Associations:

- 1) Dyslexia Trust of Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
- 2) Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1, 1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
- 3) Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
- 4) The Dyslexia Association of India, MZ-47, The Center Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

**Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

Official Seal:

[Signature]

Name of the certifying official: _____

GAT-B-NITDGP - 2026

FORMAT FOR DYSLEXIA CERTIFICATE - II

TESTIMONIAL TO BE PRODUCED BY DYSLEXIC CANDIDATES

{Testimonial - To be obtained from the Principal of the school/college last attended*}

No. - _____

Date - ____/____/____

Name of the candidate: _____

Date of Birth: ____/____/____

Name of the Father/Mother/Guardian _____

Registration in the Dyslexia Association: No _____

Date - ____/____/____



Name & Address of the School/College: _____

Certified that

Shri/Shrimati/Kumari _____

son/daughter of _____ of

_____ Village / Town passed his/her Class X from this school and as per

records, he/she has availed concession under dyslexic category.

Official Seal:

[Signature]

Name of the Principal: _____

*A candidate passing Class X or equivalent through open school system or in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.

GAT-B-NITDGP – 2026

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKERSECTIONS

Government of

(Name & Address of the authority issuing the certificate)

[This certificate **MUST** have been issued on or after 1st April 2026]

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.

GAT-B-NITDGP – 2026

FORMAT FOR OBC [NCL] CERTIFICATE

TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION THROUGH
GAT-B-NITDGP-2026

[This certificate MUST have been issued on or after 1st April 2026]

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.

GAT-B-NITDGP2026

FORMAT FOR DECLARATION TO BE SUBMITTED BY OBC CANDIDATES

I, _____, son/daughter of
Shri _____ resident of village/town/city _____
district _____ of State/UT _____ hereby declare that I belong
to the _____ community which is recognised 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, 2026.

Place: _____

Date: _____

Signature of the Candidate