



NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

MAHATMA GANDHI AVENUE
DURGAPUR 713 209, WEST BENGAL, INDIA
Website: www.nitdgp.ac.in

Instructions for Online Enrolment, Physical Reporting for Classes and Hostel Allotment

Date: 20.07.2026

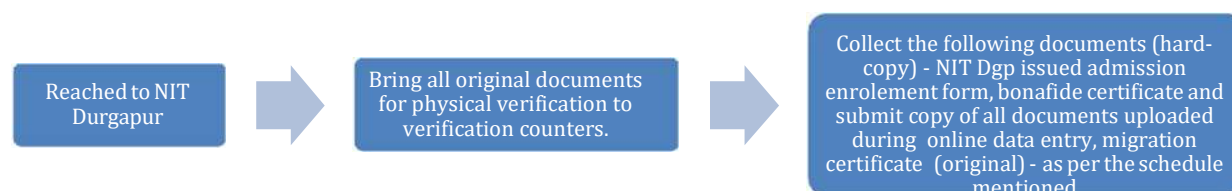
1st year M.Tech. and M.Sc. students (Admission Year 2026-27) will be reporting physically to NIT Durgapur as per the dates given below.

Program Name	Online Admission	Hostel Allotment* (Physical Reporting)	Class start
M.Tech., M.Sc. (allotted through ICCR, SII, DASA, MEA etc.)	August 06-10, 2026	August 12, 2026	August 13, 2026
M.Tech., M.Sc. (allotted through CCMT / CCMN, allocated before NSR)	August 05-09, 2026	August 11-12, 2026	
M.Tech., M.Sc. (allotted through CCMT / CCMN, allocated in NSR round)	August 07-09, 2026	August 11-12, 2026	
M.Tech. (Sponsored & Self-Sponsored)	To be notified later		

Balance admission fees (As shown in Table below) to be paid by the applicants using the payment link <https://payments.billdesk.com/bdcollect/bd/nitdurgapur/10892>

Program Name	Balance Fees to be paid to NIT Durgapur		SII & ICCR	DASA and MEA
	Gen/EWS/OBC	For SC/ST		
	Allotted through CCMT		Rs. 48,600 +USD 1,500	Shall be mentioned later (Case by case basis. As per the fee structure)
M.Tech.	Rs. 43,600	Rs. 33,600		
	Allotted through CCMN			
M.Sc.	Rs. 31,100	Rs. 33,600		
	Gen/OBC	For SC/ST/EWS		
M.Sc. Life Sciences (DBT)	Rs. 56,100	Rs. 48,600	NA	NA

Physical Reporting Flowchart



**Please note that there will be a separate notification from Hostel Administration with respect to allotment of rooms in the respective halls of residence.*



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Online Admission Procedure

Go through the instruction carefully before clicking the link, which will be active only during admission days (Daily working hours – 10AM to 5PM).

Step 1: Click on <http://103.208.233.173/default.aspx?ReturnUrl=%2f>

You will reach this page.



Step 2: Click on ‘M. Tech.’ or ‘M.Sc.’ or MBA as relevant.

Step 3: Enter PID and DOB in dd/mm/yyyy format

- PID for MTech (allotted through CCMT) candidates is the **GATE** Registration number and
- PID for MSC (allotted through CCMN) candidates is the **JAM** Registration number
- For rest of the candidates, it will be emailed to them.

Step 4: Click on ‘Submit’- In the next page fill up the details in the appropriate fields.

Step 5: Click on ‘Save and Continue’ – In the following page upload the requisite documents similar to that you have done in the CCMT/CCMN portal.

Step 6: First Click on ‘Save’ and then ‘Next & Preview’- You will be able to see the entire entries and uploading of documents you made. Check it carefully and if found correct click the „Submit’ button. Otherwise, ‘Back and Edit’ for the necessary correction.

After submission you will get a message of your successful submission on the same screen. Your submission is subject to the approval of the Admission Committee of NIT Durgapur. **On approval you will receive a mail from pr@admin.nitdgp.ac.in with links for downloading your Admission documents of NIT Durgapur. This may take about 48 - 72 hours. Do not reply to the email you receive.**

For further query, you are advised to mail admission.pg@nitdgp.ac.in, or contact at 9434789054/ 8918036769, **10 AM to 5PM, only.**

Sd/-

Dean (Academic Courses)

20.07.2026



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DOCUMENTS TO BE UPLOADED BY CANDIDATES

Field	Documents Required	Self-sponsored / DBT-M.Sc. LS	Sponsored	Allotted through ICCR, SII, DASA, MEA
Compulsory field 1	Passport size colour photograph (<500kb)	Same	Same	Same
Compulsory field 2	Signature in blue pen (<100kb)	Same	Same	Same
Compulsory field 3	Proof of Date of Birth (officially valid)	Same	Same	Same
Document 1	Photo ID Proof as per Govt. of India norms (preferably Aadhaar Card)	Same	Same	Valid Passport (relevant pages in single pdf)
Document 2	GATE Score card / JAM Score Card / GAT-B Score Card (as applicable)	Not Required	NOC	Not Required
Document 3	Provisional Seat Allotment Letter	Not Required	Offer letter	Offer letter
Document 4	Degree / Provisional certificate/ Final semester grade (mark) sheet. If not available, a signed undertaking for submission by 30/09/2026 (Given below) along with the last semester/year Grade/Mark sheet.	Same	Same	Same
Document 5	Migration/ College leaving Certificate from last Institute / University attended. If not available, a signed undertaking for submission by 30/09/2026. (Given below)	Same	Same	Same
Document 6	Valid Certificate of Category (EWS/OBC-NCL/SC/ST), if applicable, as per Government of India, issued by the competent authority. EWS/OBC-NCL certificate must be valid for 2026-27 financial year. If not available, a signed undertaking for submission by 30/09/2026. (Given below)	Same	Same	Not Required
Document 7	Payment Proof (balance fees to be paid to NIT Durgapur)	Same	Same	Same
Document 8	Antidrug declaration and medical certificate as per given format.			
Document 9	Anti-ragging affidavit (<i>need not be notarised</i>), fill at https://www.antiragging.in/affidavit_university_form.php and upload the signed copy (signed by the candidate and parent). While filling up the form, the students are advised to use the following information: • Personal Details: Data/information will be provided by the applicant • Parent/Guardian Details: Data/information will be provided by the applicant as • COLLEGE DETAILS: West Bengal / Engineering / NIT Durgapur / National Institute of Technology Durgapur / YES / Choubey / Prof/ Arvind / Male/ 343-2546397/ Durgapur – Faridpur PS • COURSE DETAILS: Undergraduate Degree/<allotted branch>/< blank>/ 110/4 Note: At the end of filling the form, there will be a message stating that “mail the form to Admitting Institute”. It is not required. You need to take print of the form, put signature of the candidate and parents, scan it and upload during admission	Same	Same	Same



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Undertaking Form

LATE SUBMISSION OF DOCUMENTS / DECLARATION OF COURSE COMPLETION

I, ___s/o or d/o ___am taking admission in MTECH / MSC /MBA program, 2026-2028 at NIT Durgapur.

I was a bonafide student of _____ Course/Programme in Institute/University _____with Enrollment no ____and

(a) I am in final year of the aforesaid course/programme and have completed all the requirements of the course/programme which was to be completed upto _____2026.

But, the Institute/University could not conduct the final examination of said course/programme which is likely to be completed by _____2026.

Or

(b) I have completed all the requirements of the course/programme for the award of degree and do not have any backlogs. But, the provisional/degree certificate / Migration Certificate has not been issued by the Institute/University,

I am unable to produce the following document(s).

1. _____

2. _____

3. _____

I hereby undertake that I shall produce the above document(s) latest by **30th September, 2026**, failing which I understand that my admission in MTECH / MSC / MBA Programme may be cancelled.

Signature: _____

Date: _____

FORMAT FOR OBC [NCL] CERTIFICATE

TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION

[This certificate must be 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.

FORMAT FOR EWS CERTIFICATE

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Government of

(Name & Address of the authority issuing the certificate)

[This certificate must be issued on or after 1st April 2026]

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

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.

Shri / Smt. / Kumari _____ belongs to _____ the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Recent Passport
size attested
photograph of the
applicant

Signature with seal of Office _____

Name _____

Designation _____

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.

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 his integral part of the certificate, the NIT Durgapur 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)ScheduledCastesOrder,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 / Addl. Assistant Commissioner / Taluka Magistrate / Executive Magistrate and equivalent as per GOI orders.
- 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/her 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.

2) ST candidates belonging to Tamil Nadu state should submit caste certificate only from the Revenue Divisional Officer.

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._____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 _____ 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 percentage)
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/ l
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

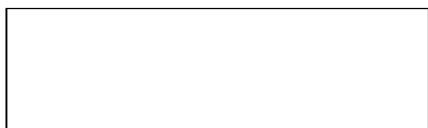
{In cases of any other case not covered in Format – II & III}

(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_____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 percentage)
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]

(i) Is recommended/after _____years _____months, and therefore this certificate shall be valid till (DD/MM/YY)_____.

@ - e.g. Left / Right/both arms/ l 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: _____

^ Counter signature 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 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), 34494/1, 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: _____

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- ____/____/_____

Passport size
photograph
of the
Candidate

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.

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 registered 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 likely to be completed by August 15, 2026.
- 3 His / Her final result is awaited and will be published on or before September 30,
2026.

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

Date- _____

FORMAT OF SELF DECLARATION ABOUT COURSE COMPLETION

Undertaking format of Self Declaration about Course Completion

I.....D/o / S/o Shri.....R/o
.....

do hereby declare on oath as under:

1. That I am a registered student.....of
Course/Programme in Institute/Universitywith
Enrollment no.....
2. That I am in final year of the aforesaid course/programme and have completed all the requirements of the course / programme which was to be completed upto ____2026. But, the Institute /University could not conduct the final examination of said course / programme which is likely to be completed by .2026.
3. That I will submit my degree/provisional certificate issued by the Institute/University upto 30th September, 2026 / 15 days after result declaration of the institute where I am studying / the date as given by the admitting institute/Govt. of India notification, failing which I understand that my admission in MBA Programme may be cancelled.
4. That I further understand that if I am unable to qualify the minimum eligibility criterion for admission to MBA Programme, my admission will stand cancelled and the admitting Institution shall have no liability for the same.

Signature of the Candidate:

Name:

Date:

**FORMAT OF SELF DECLARATION ABOUT NON AVAILABILITY OF PROVISIONAL / DEGREE
CERTIFICATE / MIGRATION CERTIFICATE**

Undertaking form for Result Awaited candidates

LATE SUBMISSION OF DOCUMENTS

I, _____s/o _____, d/o
_____am taking admission in MBA
program, ODD Semester 2026-2027 at NIT Durgapur. However, I am unable to
produce the following document(s).

1. _____
2. _____
3. _____

I hereby undertake that I shall produce the above document(s) latest by Sept. 30,
2026. I also understand, otherwise my candidature for the aforesaid programme will be
automatically cancelled and no refund of my fees will be made.

Signature: _____

Date: _____

Place: _____

Steps for Anti-Ragging Affidavit

Step 1: Got to https://www.antiragging.in/affidavit_university_form.php

Step 2: Click on 'University' tab

← → ↻ antiragging.in/affidavit_registration_disclaimer.html

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YOU ARE GOING TO FILL AN AFFIDAVIT FOR ANTIRAGGING

TO BE FILLED BY A STUDENT
Fields marked with * are compulsory.

- If you do not have an E mail address please create one before you fill this form.
- If your mother or father or guardian does not have a phone or a mobile phone or email then please give the numbers or email of their friends or relations or neighbors.
- If you do not have a mobile number, then please give the mobile number of your friend of the same college.

After filling this form successfully you can download the Student's Anti Ragging Undertaking and the Parents Anti Ragging Undertaking from Website. Please print both the Undertaking, sign them yourself, request your parents to read the details and request them to sign their Undertaking and then present both at your college at the time of registration, each year.

Choose your Educational Institution Type
(Follow "" For Help)

Affiliated College **Standalone College** **University**

Click on here

Step 3: Fill up Student's and Guardians' details

→ ↻ antiragging.in/affidavit_university_form.php

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Affidavit Registration Form For Universities

Fields marked with * are compulsory.

Student's Details

First Name *	Middle Name (optional)	Surname / Last Name *
ABC	NB	KJH
Mobile Number (+91)*	Email*	Gender *
8567921301	xbca1@gmail.com	Male
City*	State*	Select Nationality*
Durgapur	WEST BENGAL	Indian

Parent / Guardian Details

Parent / Guardian Name*	Parent / Guardian Phone Number (+91)*	Parent / Guardian Email*
KHJS	8567921302	xbca2@gmail.com
Parent / Guardian City*	Parent / Guardian State*	Parent / Guardian address*
Durgapur	WEST BENGAL	M. G. Avenue, Durgapur

Step 4: Fill up University details as given below

University and Course Details		
State in which University is based*		University Name (Select University State First)*
WEST BENGAL		National Institute of Technology Durgapur (U-0577)
Select University First And Then Fill The Following As Per The University Details		
University Vice Chancellor Name *		University Phone Number (+91)*
Prof.	Arvind Choubey	3432546397
		University Landline Number (Optional)
		University Landline Number
Details Of The Course (UG/PG/Diploma)*		Name of the Course *
Post Graduate Degree		Mechanical Engineering
		Number of students in your class*
		20
Current year of study*		Nearest Police station to your University*
1		Durgapur - Faridpur PS
UGC Regulations		
☒	I confirm that I have read UGC's regulations on Ragging.(To read, click on the link ABSTRACT OF UGC REGULATIONS ON RAGGING)	
☒	I confirm that I have read the Judgment of the Hon. Supreme Court on prevention of Ragging.(To read, click on the link SUMMARY OF THE JUDGMENT OF THE HON. SUPREME COURT)	
☒	I promise that I will not indulge in Ragging or any form of violent behaviour. Neither will I tolerate being ragged or subjected to violence.	
☒	I understand that if I am accused of Ragging, the responsibility is on me to prove that I am not guilty.	
☒	I will not remain a spectator to acts of Ragging. I will report the matter immediately to my Principal/Director and/or to the Anti Ragging Help line at 1800 180 5522 or email to info@antiragging.in	
Confidential Survey		
Please answer these questions truthfully and honestly because this survey is totally Confidential, So no part of this survey is going to show anything to your University. Your University will only know that you have participated in this survey		
Were you ever ragged ? *		☒ No ☐ Yes
Did you ever rag anybody ? *		☒ No ☐ Yes
What is the phone number of National Anti Ragging Help Line *		18001805522
Does ragging happen in your University ? *		☒ No ☐ Mild ☐ Severe
WARNING: Please Recheck Your Details (specially Email addresses and Mobile) Before Submitting the form		
☒ I have rechecked the form and confirm that all the details are correct.		
Submit Form		



NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

MAHATMA GANDHI AVENUE
DURGAPUR 713 209, WEST BENGAL, INDIA

Website: www.nitdgp.ac.in

MEDICAL CERTIFICATE

Ref no: NITD/Acad/26-27/UG-PG-PhD/2

Date:

...../...../2026

MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)					
GENERAL EXPECTATIONS					
Candidates should have good general physique. Inparticular,					
a) Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.					
b) Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and uniocular persons are restricted from admission to certain discipline of study.					
c) Hearing should be normal. Defective hearing should be corrected.					
d) Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.					
1	Name of the candidate:				
2	Identification Mark (a mole, scar or birthmark), if any				
3	Major illness / operation, if any (specify nature of illness/operation)				
To be filled by a Medical Officer					
4	Height in cm =		Weight in kg =		
5	Past History	a) Mental illness b) Epileptic Fit			
6	Chest (a) Inspiration in cm		(b) Expiration in cm		
7	Blood Group				
8	Hearing				
9	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Uniocular vision
10	Respiratory System				
11	Nervous System				
12	Heart		(a) Sounds	(b) Murmur	
13	Abdomen (a) Liver (b) Spleen	Hernia		Hydrosol	
14	Any other defects:				
(a) The candidate fulfils the standard physical fitness and is FIT for admission to the Technology Programme.					
(b) Does not fulfill the standard of physical fitness and is unfit/temporarily unfit for admission due to following defects:					
(c) Fulfilled norms / standards of vaccination of CoVID 19 – with all required doses.					
(d) Any other comments:					
Name of the Doctor Signature Registration number Seal of the Doctor					

ANNEXURE

ANTI-DRUG DECLARATION FORM TO BE SIGNED BY THE STUDENT

I.....(name)son/daughter/wardof
Mr./Mrs./Ms.....(name) admitted to.....(course
and year).....in (Institution) during the year, hereby agree to the following terms:

1. I am aware that the possession, use, sale and distribution of alcohol/tobacco/any psychoactive substances are wrong and harmful.
2. I shall refrain from using, being under the influence of, possessing, furnishing, distributing, selling or conspiring to sell or possess, or being in the chain of sale or distribution of alcohol/tobacco/any psychoactive substances within the premises of the institute/university or during any sponsored activities by the institute/university.
3. I shall report to the authorities of the institution any irregular behaviour that I observe in relation to the possession, use, sale and distribution of alcohol/tobacco/any psychoactive substances which may have occurred at the institution or during any activities conducted by any students or institution.
4. I shall support and actively participate in any substance use prevention education programmes which may be organized by the institution/government which would enable me to be a better student and citizen of India.
5. I shall co-operate with the authorities of the institution and other relevant authorities in their investigation of any substance-related incident of which I may have information, and to prevent the possession, use, sale and distribution of any psychoactive substances in or around my institution.

Date:

Signature:

Name of the Student:

.....