



NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

MAHATMA GANDHI AVENUE
DURGAPUR 713 209, WEST BENGAL, INDIA

Website: www.nitdgp.ac.in

**Admission to M. Tech. (Self-Sponsored) Programme (2024-2026)
(without scholarship)**

ADVERTISEMENT

Timeline:

Activities	Date
Publication of detailed advertisement with vacancy	August 07, 2024
Written Test by respective department (in walk-in mode)	August 12, 2024
Uploading of the name of selected candidates on the Institute Website	August 14, 2024
Admission and enrolment of selected candidates	August 16, 2024
Commencement of Classes	August 19, 2024

Application Processing Fee: ₹ 1000 (Demand Draft in favour of "National Institute of Technology Durgapur" Payable at Canara Bank, NIT Campus, Durgapur).

Vacancy Details:

Specialization / Program Name	OC	OC-PWD	EWS	EWS-PWD	SC	SC-PWD	ST	ST-PWD	OBN	OBN-PWD	Total
Geotechnical Engineering	7	1	2	0	2	0	1	0	6	0	19
Environmental Science and Technology	1	1	2	0	2	0	2	0	5	0	13
Power Systems	5	1	2	0	0	0	0	0	2	0	10
Instrumentation and Control	4	0	2	0	0	0	1	0	3	0	10
Operations Research	0	0	2	0	0	1	2	0	2	0	7
Fluid Mechanics and Heat Transfer	6	0	2	0	2	0	1	0	5	0	16
Machine Design	4	0	2	0	3	0	2	0	4	0	15
Thermal Engineering	7	1	2	0	1	0	1	0	5	0	17
Total	34	4	16	0	10	1	10	0	32	0	107

ELIGIBILITY:

Category	10 + 2	Percentage Marks / CGPA	
		GATE Qualified, but not allotted a seat through CCMT 2022	Non-GATE Qualified
OPEN/OBC-NCL/OPEN-EWS	60%	60% or 6.5 CGPA	<ul style="list-style-type: none"> 7.5 CGPA (on a 10-point scale) or 70% for B. Tech. or equivalent. 6.5 CGPA (on a 10-point scale) or 60% for M. Sc.
SC/ST	55%	55% or 6.0 CGPA	<ul style="list-style-type: none"> 7.0 CGPA (on a 10-point scale) or 65% for B. Tech. or equivalent. 6.0 CGPA (on a 10-point scale) or 55% for M. Sc.

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 in the application form.

QUALIFYING DEGREES

Department	M. Tech program Name	Qualifying degree / eligibility
Civil Engineering	Geotechnical Engineering	B. Tech./BE in <ul style="list-style-type: none"> ● Civil Engg ● Civil Technology ● Construction Engineering / Construction Technology eqv from IEI / ICE with 2 years of professional experience
Earth & Environmental Studies	Environmental Science & Technology	B.E./B.Tech. in <ul style="list-style-type: none"> ● Agriculture Engineering ● Biotech Engineering ● Biotechnology ● Chemical Engineering ● Chemical Technology ● Civil and Environmental Engineering ● Civil and Water Management ● Civil Engineering ● Civil Engineering (Environmental Engineering) ● Civil Engineering (Public Health Engineering) ● Civil Engineering Environment and Pollution Control ● Civil Environmental Engineering ● Civil Technology ● Environment and Pollution Control ● Environmental Engineering ● Environmental Science and Engineering ● Environmental Science and Technology ● Energy and Environmental Management ● Nanotechnology ● Nano Science and Technology ● Water Management ● Polymer Engineering ● Polymer Engineering and Technology ● Energy and Environmental Management ● Mining Engineering ● Health Science and Water Engineering ● Chemical Engineering (Desalination and Water Treatment) ● Chemical and Polymer Engineering ● The Institution of Engineers (India) (IE) M.Sc. in <ul style="list-style-type: none"> ● Agricultural Science ● Biotechnology ● Chemistry ● Applied Chemistry ● Earth Science ● Environmental Science ● Geology ● Geology and Geoinformatics

Electrical Engineering	Power Systems	<p>B. Tech./BE in</p> <ul style="list-style-type: none"> ● Electrical Engineering ● Electrical Power Engineering ● Electrical and Power Engineering ● Power System Engineering ● Electrical and Electronics Engineering <p>eqv from IEI with 2 years of professional experience</p>
	Instrumentation and Control	<p>B. Tech./BE in</p> <ul style="list-style-type: none"> ● Applied Electronics and Instrumentation ● Applied Electronics and Instrumentation Engineering ● Control & Industrial Automation ● Control and Electrical Engineering ● Control and Instrumentation ● Control Engineering ● Control System Engineering ● Electrical and Computer Engineering ● Electrical and Electronics ● Electrical and Electronics (Power System) ● Electrical and Electronics Engineering ● Electrical and Instrumentation Engineering ● Electrical and Mechanical Engineering ● Electrical and Power Engineering ● Electrical and Renewable Energy Engineering ● Electrical Engineering ● Electrical Engineering (Power) ● Electrical Engineering and Industrial Control ● Electrical Instrumentation and Control Engineering ● Electrical Power Engineering ● Electrical, Electronics and Power Engineering ● Electronic Instrumentation and Control Engineering ● Electronics and Control Systems ● Electronics and Electrical Communication Engineering ● Electronics and Electrical Engineering ● Electronics and Information Systems ● Electronics and Instrumentation ● Electronics and Instrumentation Engineering ● Electronics and Power Engineering ● Electronics and Telematics Engineering ● Electronics Communication and Instrumentation Engg ● Electronics Design Technology ● Electronics Engineering ● Electronics Engineering (Design and Manufacturing) ● Electronics Engineering (specialization in System Engg) ● Electronics Engineering with minor in System Engineering ● Electronics Instrument and Control ● Electronics Science and Engineering ● Electronics System Engineering ● Electronics Technology ● Industrial Electronics ● Instrument Technology ● Instrumentation ● Instrumentation and Control Engineering ● Instrumentation and Control System

		<ul style="list-style-type: none"> ● Instrumentation and Electronics Engineering ● Instrumentation and Process Control ● Instrumentation Engineering ● Instrumentation Technology ● Medical Instrumentation ● Power and Energy Systems Engineering ● Power Control and Drives ● Power Electronics ● Power Electronics and Instrumentation Engineering ● Power Engineering ● Power System Engineering ● Radio Physics and Electronics ● The Institution of Engineers (India) (IE) <p>eqv from IEI with 2 years of professional experience</p>
Department of Mathematics, Computer Science and Engineering and Management Studies	Operations Research	BE/B. Tech. in <ul style="list-style-type: none"> ● any branch of Engineering/ Technology M Sc in <ul style="list-style-type: none"> ● Mathematics ● Statistics ● Operations Research ● Mathematics and Computing MCA
Mechanical Engineering	Fluid Mechanics and Heat Transfer	B. Tech. / BE in <ul style="list-style-type: none"> ● Aerospace Engineering ● Mechanical Engineering ● Power Engineering ● Power Plant Engineering
	Machine Design	B. Tech./BE in <ul style="list-style-type: none"> ● Applied Mechanics ● Mechanical Engg <p>eqv from IEI with 2 years of professional experience</p>
	Thermal Engineering	B. Tech. / BE in <ul style="list-style-type: none"> ● Aerospace Engineering ● Mechanical Engineering ● Power Engineering ● Power Plant Engineering

SPECIAL ELIGIBILITY CRITERIA:

Candidates willing to apply for M. Tech. program in Environmental Science and Technology must have passed in 10+2 examination with Mathematics.

APPLICATION CHECKLIST

Applicants need to be personally present on 12th August 2024 (10AM) in the respective department for the selection examination. The following documents shall be brought along with the filled-in application form. An application without the copies of the required documents will be rejected.

- (i) Signed photo copy of marks sheet / Grade card of the secondary, higher secondary and other university examinations.
- (ii) Signed photo copy of the certificate / provisional certificate of the qualifying examination
- (iii) Signed photo copy of proof of date of birth
- (iv) Original Draft of ₹1000 as an application processing fee
- (v) Original Category certificate (OBC-NCL/EWS/SC/ST) from a competent authority. For OBC-NCL and EWS candidates the certificate must be issued on or after 01/04/2024 by the competent authority.

ADMISSION PROCEDURE FOR M.TECH PROGRAMMES (SELF-SPONSORED)

Eligible candidates are advised to report to the office of respective Head of the Departments in time as mentioned in **Page No. 1**. The selection will be made by the respective department based on 30% weightage in Class XII marks, 30% weightage on the qualifying degree marks and 40% weightage on the written admission test. The minimum eligibility marks for selection shall be 40% in the written admission test. Before the commencement of written test, all the relevant and required testimonials shall be verified at the respective departments.

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 he/she is assigned. However, no family accommodation will be provided inside the campus.

FEES

The fee structure is available in the Institute website (<https://nitdgp.ac.in/p/fees-1>)

SCHOLARSHIP

This category students are not entitled for any scholarship from the Institute.

Sd/-

Dean (Academic)

Dated: 07-08-2024



National Institute of Technology Durgapur
Mahatma Gandhi Avenue, Durgapur-713 209
West Bengal, INDIA

Paste here a
recent Passport
size Photograph

Admission to M. Tech (Self-Sponsored) Programme (2024-26)
(without scholarship)

1. Name of the Department/ Specialization : _____
2. Name of the Candidate (BLOCK LETTER): _____
3. Father's Name (BLOCK LETTER): _____
4. (a) Date of Birth: _____ (b) Gender (Male/Female/Transgender): _____
(c) Marital Status: Married/ Single _____ (d) Category (OP/OP-EWS/OB/SC/ST): _____
(e) Physically Challenged (Yes/ No): _____
5. Academic Qualification: (Starting from Standard 10 Examination)

Name of Exam. Passed	Name of the School/College/ Institute/ University	Year of Passing	Discipline / Specialization	Percentage of Marks/ CGPA
10 th				
10+2 / Diploma				
B.E./B.Tech. /AMIE etc.				
Others, if any				

5. Details of GATE Qualification, if applicable:

6. Payment Transaction ID/UTR number & Date of Payment : _____

7. (a) Address for Communication: _____
(BLOCK LETTER)

(b) Telephone / Mobile No. (Whatsapp No.): _____

(c) E-mail ID : _____

DECLARATION BY THE CANDIDATE

I do hereby declare that the information furnished in this application is true to the best of my knowledge and belief. If selected, I promise to abide by the rules and regulations of the Institute. I also declare that I have not been allotted any seat through CCMT – 2024 to any of the participating Institutes and will not withdraw from the course midway till the completion of the programme.

Date: _____

Place: _____

Full Signature of the Applicant

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, 2024]

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 2024]

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.

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 /t own/*** _____ **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 bespecified).

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]

(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

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.ChettyRoad,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,TheCenter Stage Mall, Plot No 01, Block L, Sector 18,NOIDA201303

**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- _____ / _____ / _____



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, 2024.
3. His / Her final result is awaited and will be published on or before September 30,
2024.

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

Date- _____

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/University.....with 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 upto2024. But, the Institute /University could not conduct the final examination of said course / programme which is likely to be completed by2024.
3. That I will submit my degree/provisional certificate issued by the Institute/University upto 30th September, 2024 / 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 PG Programme may be cancelled.
4. That I further understand that if I am unable to qualify the minimum eligibility criterion for admission to PG 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 PREFINAL YEAR / SEMESTER MARKSHEET

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 / University.....with Enrollment no.....
2. That I have completed all the requirements of the courses of pre final year and do not have any backlogs. But, the mark sheet of pre final year / semester has not been issued by the Institute/University.
3. I undertake that I will submit my mark sheet(s) of all years/semesters along with provisional/degree certificate issued by the Institute/University within the time limit specified by my finally allotted institute, failing which I understand that my admission in PG Programme may be cancelled.
4. That I further understand that if I am unable to qualify the minimum eligibility criterion for admission to PG Programme, my admission will stand cancelled and the admitting Institution shall have no liability for the same.
5. Any misinformation/ wrong information furnished will lead to cancellation of admission and fees deposited will be forfeited.

Signature of the Candidate in full:

Name:

Date:

FORMAT OF SELF DECLARATION ABOUT NON AVAIBILITY OF PROVISIONAL / DEGREE CERTIFICATE

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

do hereby declare on oath as under:

1. That I am a registered student ofCourse/Programme in
Institute / University.....with
Enrollment no.....

2. That 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 has not been issued by the Institute/University.

3. I undertake that I will submit my degree/provisional certificate issued by the Institute/University within the time limit specified by my admitting institute, failing which I understand that my admission in PG Programme may be cancelled.

4. That I further understand that if I am unable to qualify the minimum eligibility criterion for admission to PG Programme, my admission will stand cancelled and the admitting Institution shall have no liability for the same.

5. Any misinformation/ wrong information furnished will lead to cancellation of admission and fees deposited will be forfeited.

Signature of the Candidate:

Name:

Date: