# NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

MAHATMA GANDHI AVENUE

DURGAPUR 713 209, WEST BENGAL, INDIA

Website: www.nitdgp.ac.in


## Academic Section

**Ref no: NITD/Acad/2026/PG_Admission/MTech/Self-sponsored** **Dated: 19.08 2026**

## NOTICE

## MTech Students' Admission-2026 (Self sponsored)

### The following steps will be followed for admission

**Online admission** of the selected First semester students for **MTech** will be held on **Aug 20-21, 2026** (Reporting- 10AM to 1PM)**.** Failure to enroll in the given time will be considered as not interested for admission and the resultant vacancy will be filled up from the waitlisted candidates.

**Step 1: Pay the total fee to the account details given as under:**

- **GEN/OBC/EWS: Rs 83,600/-**
- **SC/ST: Rs 48,600/-**

***Payment Link:*** **https://payments.billdesk.com/bdcollect/bd/nitdurgapur/10892**

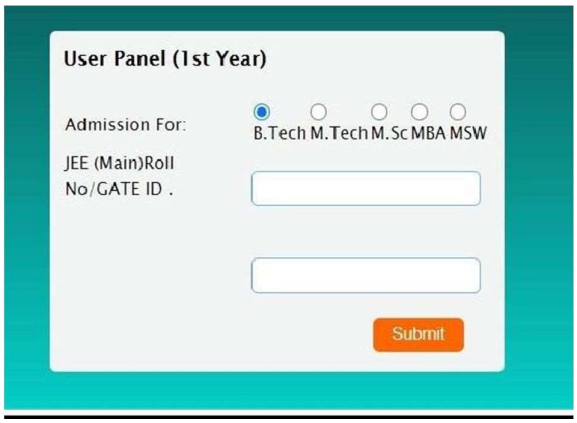
**Mess Advance shall be collected during the Hostel Entry. Follow the hostel notice on NIT Durgapur website**

**Online Admission Procedure**

**Go through the instruction carefully before clicking the link, which will be active only during admission days. You are advised to complete the process of online admission after physical reporting.**

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

Then select "Apply for Admission (M.Tech/ M.Sc -2026 Batch)". You will reach this page:




**Step 2: Click on 'M. Tech.'**.

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

**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 as specified below

| Field | Documents |
|---|---|
| Compulsory field 1 | Passport size colour photograph (<50kb) |
| Compulsory field 2 | Signature (<20kb) |
| Compulsory field 3 | Proof of Date of Birth (officially valid) |
| Document 1 | Photo ID Proof as per Govt. of India norms (preferably Aadhaar Card) |
| Document 2 | **Mark sheets and certificates/rank cards of 10th, 12th, Graduation and National qualifying examination compiled in a SINGLE PDF.** Candidates appearing in the graduation programme 2026 have to fulfill the minimum eligibility criteria. If final semester mark sheet / degree certificate is not available, a signed undertaking form is to be submitted. (PDF) |
| Document 3 | Migration/ College leaving Certificate from last Institute / University attended. If not available, a signed undertaking for submission by 30/09/2026. (Given below) |
| Document 4 | 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 |
| Document 5 | Payment Proof |
| Document 6 | Anti-drug declaration and Medical certificate |
| Document 7 | Anti-ragging affidavit (need not be notarised), 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:<br>• Personal Details: Data/information will be provided by the applicant<br>• Parent/Guardian Details: **Data/information** will be provided by the applicant<br>• COLLEGE DETAILS: West Bengal / Engineering / NIT Durgapur / National Institute of Technology Durgapur / YES / Choubey / Prof/ Arvind / Male/ 343- 2546397/ Durgapur – Faridpur PS<br>• COURSE DETAILS: Postgraduate Degree/<allotted branch>/< blank>/ 20/2<br>**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 |

**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@nitdgp.ac.in with links for downloading your Admission documents of NIT Durgapur. This may take about 24 - 72 hours. Do not reply to the email you receive.**

Sd/-
**Dean (Academic)**
**19.08.2026**

# SELECTION LIST FOR ADMISSION

| Unique ID | Specialization | Name of the Student |
|---|---|---|
| NITD/M.Tech/2026/SELFSPON/01 | Sustainable Materials and Technology | PARTHIB SOO |
| NITD/M.Tech/2026/SELFSPON/02 | | ARITRI SARKAR |
| NITD/M.Tech/2026/SELFSPON/03 | AI and Data Analytics in Process Engineering | RIDH MALLICK |
| NITD/M.Tech/2026/SELFSPON/04 | Structural Engineering | SUKDEB RAJAK |
| NITD/M.Tech/2026/SELFSPON/05 | | DIPANJAN SEN |
| NITD/M.Tech/2026/SELFSPON/06 | | DIPANJAN MITRA |
| NITD/M.Tech/2026/SELFSPON/07 | Geotechnical Engineering | SOMBIT PAL |
| NITD/M.Tech/2026/SELFSPON/08 | | ROWING GHOSH |
| NITD/M.Tech/2026/SELFSPON/09 | | SHREYA NANDANI |
| NITD/M.Tech/2026/SELFSPON/10 | Robotics and Artificial Intelligence | SWATI SINGHANIA |
| NITD/M.Tech/2026/SELFSPON/11 | | PRIYA |

**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 classunder:

(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, dated25/05/95.

(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, dated07/12/2016.

(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 indicatedbelow:

(i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First Class Stipendiary Magistrate/ Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1$^{ST}$ 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_____

1. ***This is to certify that Shri /Smt./ Kumari_____, son / daughter / wifeof***

**_____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. andabove;
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 I8 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 / MotherofShri/ Srimati/ Kumari* ---------- of village / town* in the District/ Division*_____of the State/ UnionTerritory* ---------- who belong to the Caste / Tribe* which is recognized as a Scheduled Caste*Scheduled Tribe* in the State / Union Territory* issuedbythe dated ***

3. Shri / Shrimati / Kumari*_____and/or* his/her* family ordinarily reside(s) in the village/town*_____of _____District / Division* of the State / Union Territoryof _____.

***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

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

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 disabilityis:

**(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 |
|---|---|---|
| | | |

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

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-_____/_____/_____

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*

***TESTIMONIALTOBEPRODUCEDBY DYSLEXICCANDIDATES***

{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 are completed on 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

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 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 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 AVAIBILITY 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 of ……Course/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:**

# APPENDIX

**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:

(a) 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.

(b) 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.

(c) 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.

(d) Resolution No. 12011/96/94-BCC, dated 9/03/96.

(e) 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.

(f) Resolution No. 12011/13/97-BCC, dated 03/12/97.

(g) Resolution No. 12011/99/94-BCC, dated 11/12/97.

(h) Resolution No. 12011/68/98-BCC, dated 27/10/99.

(i) 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.

(j) 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.

(k) 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.

(l) Resolution No. 12016/9/2000-BCC, dated 06/09/2001.

(m) Resolution No. 12011/1/2001-BCC, dated 19/06/2003.

(n) Resolution No. 12011/4/2002-BCC, dated 13/01/2004.

(o) 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.

(p) Resolution No. 12015/2/2007-BCC, dated 18/08/2010.

(q) Resolution No. 12015/2/2007-BCC, dated 11/10/2010.

(r) Resolution No. 12015/13/2010-BC-II, dated 08/12/2011.

(s) Resolution No. 12015/05/2011-BC-II, dated 17/02/2014.

(t) Resolution No. 12011/6/2014-BC-II, dated 07/12/2016.

(u) Resolution No. 12011/13/2016-BC-II, dated 22/12/2016.

(v) Resolution No. 20012/1/2017-BC-II, dated 19/01/2017.

(x) 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. 36012/22/93-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 & ASSET 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 _____

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).

Signature with seal of Office Name & Designation

*(Recent passport size attested photograph of the applicant to be affixed)*

**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 covers all sources i.e. salary, agriculture, business, profession, etc.

** The term "Family" for this purpose includes the person who seeks the 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 a photograph is an integral part of the certificate, 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 Caste [SC]*/Scheduled Tribe [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 subsequent Presidential Orders and Acts of Parliament up to date.

***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/Shrimati/Kumari* _____ of village/town* _____in the District/Division* of the State/Union Territory* _____who belongs 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 Scheduled Caste/Scheduled 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.

## FORMAT OF COURSE COMPLETION CERTIFICATE

**[TO BE ISSUED ON THE OFFICIAL LETTERHEAD OF THE INSTITUTE/UNIVERSITY]**

This is to certify that:

1. Mr./Ms. _____ (full name) bearing Roll No. _____ is a registered student of _____(course/programme) in our institute/university.

2. He/She has completed all requirements of the course/programme and all of his/her examinations are 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.

Date: _____

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

## 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/University……with Enrollment No. .....

2. That I am in the final year of the aforesaid course/programme and have completed all the requirements of the course/programme which was to be completed up to 2026. However, the Institute/University could not conduct the final examination of the 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 up to 30th September, 2026 / 15 days after result declaration of the institute where I am studying / the date given by the admitting institute/Govt. of India notification, failing which I understand that my admission in the MBA Programme may be cancelled.

4. That I further understand that if I am unable to qualify the minimum eligibility criterion for admission to the 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 PREFINAL YEAR / SEMESTER MARKSHEET / MIGRATION CERTIFICATE

**Undertaking Form for Result-Awaited Candidates — Late Submission of Documents**

I, ..... s/o, d/o ……am taking admission in the MBA programme, 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 September 30, 2026. I also understand that, otherwise, my candidature for the aforesaid programme will be automatically cancelled and no refund of my fees will be made.

Signature: _____ Date: _____

Place: _____

## FORMAT OF SELF DECLARATION ABOUT NON-AVAILABILITY 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 of ..... Course/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. However, 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 the PG Programme may be cancelled.

4. That I further understand that if I am unable to qualify the minimum eligibility criterion for admission to the 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: _____

**ANNEXURE**

## ANTI-DRUG DECLARATION FORM TO BE SIGNED BY THE STUDENT

I……..(name)son/daughter/ward of 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, safe 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:**

**……**

# 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. In particular,

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<br>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<br>(a) Liver<br>(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.<br>(b) Does not fulfill the standard of physical fitness and is unfit/temporarily unfit for admission due to following defects:<br>(c) Fulfilled norms / standards of vaccination of CoVID 19 – with all required doses.<br>(d) Any other comments: | | | | |

| | | | | |
|---|---|---|---|---|
| | Name of the Doctor | Signature | Registration number | Seal of the Doctor |