



NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR

Office of Dean (Academic Research)

Mahatma Gandhi Avenue, Durgapur-713209, West Bengal, INDIA

**FORMATS OF CERTIFICATES/DECLARATIONS & UNDERTAKINGS
FOR PhD ADMISSION 2022-2023**

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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, 2022]

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 2022]

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 / town/*** _____ **in**
District/Division* _____ **of the State / Union Territory*** _____
_____ **belongs to the** _____ **Caste/**
Tribe* which is recognized as a Scheduled Castes [SC]*
/ Scheduled Tribes [ST]* under:

The Constitution (Scheduled Castes) Order, 1950 The

Constitution (Scheduled Tribes) Order, 1950

The Constitution (Scheduled Castes) Union Territories Order, 1951 The

Constitution (Scheduled Tribes) Union Territories Order, 1951

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

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956. The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment Act), 1976. The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962**. The Constitution (Pondicherry) Scheduled Castes Order, 1964**. The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967**. The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968**. The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968**. The Constitution (Nagaland) Scheduled Tribes Order, 1970**. The Constitution (Sikkim) Scheduled Castes Order, 1978**.[%]

The Constitution (Sikkim) Scheduled Tribes Order, 1978**. The Constitution (Jammu & Kashmir) Scheduled Tribes Order 1989**. The Constitution (SC) Orders (Amendment) Act, 1990**. The Constitution (ST) Orders (Amendment) Ordinance, 1991**. The Constitution (ST) Orders (Second Amendment) Act, 1991**. The Constitution (ST) orders (Amendment) Ordinance, 1996. The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act. 2002. The Constitution (Scheduled Caste) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste) Order (Amendment) Act, 2007.[%]

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

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes certificate issued to Shri / Shrimati _____, Father / Mother of Shri / Srimati / Kumari* _____
----- of village / town* ----- in the
District / Division* ----- of the State / Union Territory* -----
----- who belong to the ----- Caste / Tribe* which is
recognized as a Scheduled Caste* Scheduled Tribe* in the State / Union Territory*
issued by the ----- dated ----- ***

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

Place _____

Signature _____

Date _____

Designation _____

(with seal of office)

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

**** Please quote specific presidential order**

***** please delete the paragraph which is not applicable.**

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

- 1) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / 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-_____/_____/_____

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, 2022.
3. His / Her final result is awaited and will be published on or before September 30,
2022.

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 upto2022. But due to COVID-19 Pandemic, the Institute /University could not conduct the final examination of said course / programme which is likely to be completed by2022.
3. That I will submit my degree/provisional certificate issued by the Institute/University upto 30th September, 2022 / 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 PhD Programme may be cancelled.
4. That I further understand that if I am unable to qualify the minimum eligibility criterion for admission to PhD Programme, my admission will stand cancelled and the admitting Institution shall have no liability for the same.

Signature of the Candidate:

Name:

Date:

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 courses of pre final year and do not have any backlogs. But due to COVID-19 Pandemic, 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 Ph. D Programme may be cancelled.
4. That I further understand that if I am unable to qualify the minimum eligibility criterion for admission to Ph. D 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 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 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 due to COVID-19 Pandemic, 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 PhD Programme may be cancelled.

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

**UNDERTAKING FOR CASTE VALIDITY CERTIFICATE FOR
MAHARASHTRA STATE CANDIDATES**

To,

The Verifying Centre In-charge / Dean (Academic Research) /Head of the Department
NIT Durgapur

Subject: Undertaking for Caste Validity Certificate

Respected Sir,

I _____ S/o/D/o _____

R/o _____ has been selected / allotted seat in

Ph. D Admission 2022 (Name of the Institute) _____ I have not

submitted my Caste Validity Certificate as I am not in receipt of the same till date. I have applied for the

Caste Validity Certificate to Social welfare Department/ Tribal Welfare Department on

_____ (Date).

I herewith give the undertaking that I will submit the Caste Validity Certificate issued by competent authority at the time of physical reporting. I hereby declare that my application for the Caste Validity Certificate is under process and has not yet been rejected. In case I fail to submit the Caste Validity Certificate by the date as mentioned above or found ineligible or information provided herein or in Application Form found incorrect at any stage then the Institute reserves the right to cancel my admission automatically. In such event, I shall be fully responsible for all consequences arising out of such cancellation of admission. (Name of the Institute) _____ shall not be held responsible in any case. I also understand that, fee refund rules of (Name of the Institute) _____ will be applicable in case of cancellation of my admission.

Signature of the Candidate

Signature of Guardian /Parents

Name of the Candidate

Name of the Guardian /Parents

Date: _____

Date: _____

**Undertaking to be submitted by GEN-EWS Candidates, not having
the GEN-EWS certificate issued on or after 1st April 2022**

(To be given on Non-Judicial Stamp Paper of minimum Rs. 20/- and duly notarized)

I, _____ (Name of candidate)

S/D/O _____ resident of _____

do hereby solemnly affirm and state as follows:

1. That, I know that the GEN-EWS certificate required for NIT Durgapur PhD Admission 2022 should be issued on or after 1st April 2022.
2. That, due to Covid-19 lockdown, I could not get the required GEN-EWS certificate issued after 1st April 2022.
3. That, I am availing the temporary relaxation by the institute due to Covid-19.
4. That, I am fully aware that the GEN-EWS certificate issued on or after 1st April 2022 will be required at the time of admission at NIT Durgapur.
5. That, I am fully aware that at the time of admission, if I could not submit the required GEN-EWS certificate issued on or after 1st April 2022, my admission may be cancelled and I will not have any claim on the admission at NIT Durgapur.
6. That, if my admission is cancelled, the refund, if any, will be dealt as per Refund Rules of the institute.

I declare that I belong to Economically Weaker Sections, since the gross annual income of my family is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year 2021-22. I also declare that my 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.

Hence, I declare that I fulfill all the requirements for issuing of EWS certificate to me on or after 1st April, 2022.

Place: _____

Date: _____

Signature of the Candidate

Note: If the candidate does not have EWS certificate issued on or after 1st April, 2022, then she/he may upload this affidavit along with the proof of application submitted for issue of the EWS certificate and any older certificate, if available.

**Undertaking to be submitted by OBC-NCL Candidates, not having
the OBC-NCL certificate issued on or after 1st April, 2022**

(To be given on Non-Judicial Stamp Paper of minimum Rs. 20/- and duly notarized)

I, _____ (Name of candidate)
S/D/O _____ of Village / Town _____
District / Division _____ in _____ the _____
_____ State / UT belongs to the _____
_____ Community which is listed in Central List of OBCs
category available at website: <http://www.ncbc.nic.in> and I do hereby solemnly affirm and state
as follows:

1. That, I know that the OBC-NCL certificate required for NIT Durgapur PhD Admission-2022 should be issued on or after 1st April 2022.
2. That, due to Covid-19 lockdown, I could not get the required OBC-NCL certificate issued after 1st April 2022.
3. That, I am availing the temporary relaxation by the institute due to Covid-19.
4. That, I am fully aware that the OBC-NCL certificate issued on or after 1st April 2022 will be required at the time of admission at the Institute.
5. That, I am fully aware that at the time of admission, if I could not submit the required OBC-NCL certificate issued on or after 1st April 2022, my admission may be cancelled and I will not have any claim on the admission at NIT Durgapur.
6. That, if my admission is cancelled, the refund, if any, will be dealt as per Refund Rules of the institute.

It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2022.

Hence, I declare that I fulfill all the requirements for issuing of OBC-NCL certificate to me on or after 1st April, 2022.

Place: _____

Date: _____

Signature of the Candidate

Note: If the candidate does not have OBC-NCL certificate issued on or after 1st April, 2022, then she/he may upload this affidavit along with the proof of application submitted for issue of the OBC-NCL certificate and any older certificate, if available.

**(TO BE PRINTED ON THE LETTER HEAD OF THE HEAD OF THE INSTITUTION /
COMPANY)**

No. xxxx

Date: xx/xx/xxxx

No Objection Certificate for Professional PhD

With reference to your Advt. No. _____, dated _____, xx/xx/xxxx
the Head of the Institution / Company is pleased to permit Mr. / Mrs. /Miss. -----
----- to pursue his / her Ph.D. program (Part-time) at National Institute of Technology
Durgapur from the day of issuance of this letter for a period of three / four / five Years. Mr. /
Mrs. /Miss. ----- will be allowed to attend regular classes as per the
requirement of the part-time PhD program of NIT Durgapur for the course he / she is admitted.

Sincerely Yours,

(Head of the Institute / Company)

(Seal)

(To be printed on the letterhead of the Institute)

No. xxxx

Date: xx/xx/xxxx

No Objection Certificate from NIT Durgapur

This is to certify that Mr./Ms. _____ s/o
_____ has joined the Department /
Section of _____ as a
_____(specify designation) on dd/mm/yyyy in NIT Durgapur. I have no
objection if he / she applies for and eventually, secures a PhD admission with respect to *Advt. No.*
_____, dated _____.

(Signature of Competent Authority)

Designation

Seal & Date

**(TO BE PRINTED ON THE LETTERHEAD OF
THE PRINCIPAL INVESTIGATOR/PROPOSED SUPERVISOR)
&
FORWARDED BY THE OFFICE OF DEAN (R &C))**

No. xxxx

Date: xx/xx/xxxx

NO OBJECTION CERTIFICATE

(Applicable for candidates who are applying under the **CATEGORY C** and who are already engaged as JRF/SRF/others in any externally funded (Govt./Company/Others) Sponsored Projects in the Institute)

This is to certify that Mr./Ms. _____ S/o or D/o
_____ has joined a project entitled
“ _____ ”, which is funded by
_____ as a JRF/SRF/Others (specify)
_____ on dd/mm/yyyy in the
Department/Centre _____ of NIT Durgapur.

The completion date of this project is dd/mm/yyyy.

I have no objection, if he/she applies for and eventually secures a PhD admission with respect to
Advt. No. _____, dated _____.

I shall be happy to supervise this candidate for his/her PhD.

Yours sincerely,

(Name & Signature of the Principal Investigator)

Project Seal & Date

Forwarded by

(HOD/Centre Coordinator)

Forwarded by

(Dean (R & C))

**(TO BE PRINTED ON THE LETTERHEAD OF
THE PROPOSED SUPERVISOR)**

No. xxxx

Date: xx/xx/xxxx

NO OBJECTION CERTIFICATE

(Applicable for candidates who are applying under the **CATEGORY B** and who have financial support/scholarship from Government Programs (sponsored by DST, CSIR, UGC, DST-INSPIRE, etc.) to carry out research studies as Regular Research Scholar)

This is to certify that Mr./Ms. _____ S/o or D/o _____ has obtained a fellowship under the scheme “_____”, which is funded by _____ as a JRF/SRF/Others (specify) _____ on dd/mm/yyyy in the Department/Centre _____ of NIT Durgapur. The said fellowship will be available till dd/mm/yyyy.

I have no objection, if he/she applies for and eventually secures a PhD admission with respect to the **Advt. No.** _____, dated _____.

I shall be happy to supervise this candidate for his/her PhD.

Yours sincerely,

(Name of the Proposed Supervisor)
Department/Centre:
Stamp & Date

Sponsorship Certificate for Ph.D. Programme

**(A sponsored candidate must furnish this certificate along with the application form,
printed on the letterhead of the organization)**

Certified that Mr./Ms. _____ an applicant selected for admission to the PhD programme in the Department _____ of the National Institute of Technology, Durgapur in the _____ (Odd/Even) Sem. of the Session _____ - _____ is employed with our organization named _____ and that he/she will be sponsored by us for undergoing the Ph.D. programme. The following are the relevant particulars, related to him / her:

- (1) Date of joining with the organization: _____
- (2) Present Designation _____ Nature of duty _____
- (3) Present place of posting _____
- (4) Period of sponsorship granted, from _____ to _____
- (5) Date of being relieved of duties to join the programme in the Institute _____
- (6) Total period of leave granted by the organization _____ Year _____ Months _____ Days for undergoing the programme (Residential requirement)
- (7) In the case of candidates who intend to apply, after academic registration in the Institute, for permission to work externally at the place of employment whether:
 - (a) Necessary research facilities are available in the organization _____
 - (b) The organization agrees to provide him/her those facilities _____
 - (c) Name & Designation of the expert in the organization can guide partly research work in this case if necessary (with a brief bio-data) _____

Certified further that his/her services with the Organization will be retained during the period he/ she carries out the studies / research work at NIT Durgapur and on completion thereof he /she will be accepted for joining back. It has been noted that for the sponsored students /scholars the NIT Durgapur does not have any financial commitment whatsoever and all necessary expenses for his/ her study will be borne by the Organization.

Date _____ Signature of Competent Authority _____

Full Name : _____

Designation : _____

Official Stamp : _____

Name & Designation of the expert in the organization can guide partly research work in this case if necessary (with a brief bio-data)_____

N.B.: Please strike out the items not applicable. All the columns must be filled in; otherwise the Sponsorship Certificate will not be acceptable.