

Various dates mentioned in this Document are in accordance with the schedule notified by JoSAA/CSAB-2018. In case of change in schedule to be notified by JoSAA/CSAB-2018, these dates will be revised accordingly. Candidates are advised to visit [JoSAA-2018](#) and [CSAB-2018](#) website for latest update.

Indian Institute of Information Technology Una (H.P.)

Provisional Registration Slip (B.Tech.)

Entry No: _____/2018 Mr/Ms _____

Roll No: _____ S/oD/o _____

Department: _____ Section: _____

Date of Registration in the Institution: _____ July, 2018

Documents to be submitted (if any): _____

Admission/Registration is Provisional subject to (i) submission of **Fee Receipt** by **10.08.2018** and (ii) above document(s) by **15.09.2018**.

Assistant Registrar (Academic) or His Nominee

Indian Institute of Information Technology Una (H.P.)

Provisional Registration Slip (B.Tech.)

Entry No: _____/2018 Mr/Ms _____

Roll No: _____ S/oD/o _____

Department: _____ Section: _____

Date of Registration in the Institution: _____ July, 2018

Documents to be submitted (if any): _____

Admission/Registration is Provisional subject to (i) submission of **Fee Receipt** by **10.08.2018** and (ii) above document(s) by **15.09.2018**.

Assistant Registrar (Academic) or His Nominee

Indian Institute of Information Technology Una (H.P.)

Application Form for Registration

To

The Assistant Registrar (Academic)
NIT Hamirpur / IIIT Una

Sir,

Kindly allow my registration in First Semester (2018-19) as per following details:

Department _____

Branch _____

Roll No. _____

Name: Mr / Ms _____

(in English)

नाम: श्री / सुश्री _____

(हिंदी में)

Father's Name: _____

Address for Correspondence (in Capital Letters)

Permanent Address (in Capital Letters)

PIN Code:

Mobile:

PIN Code:

Mobile:

Yours faithfully,

Signature of the Student

For Official Use

Registration Number:

(to be assigned by the Academic Branch)

Assistant Registrar or His Nominee

Registration Card of the Concerned Branch

Indian Institute of Information Technology Una (H.P.)

B.Tech. Admissions, July 2018

Document Verification Form

Affix Passport
Size Photograph

Name: _____

JEE(Main) Roll Number: _____

Category: OP/SC/ST/OBC

Whether PwD: Yes / No

Entry Number: _____

Note: Each candidate is required to produce one set of documents/certificates alongwith other credentials given below. **A candidate will not be allowed admission if he/she fails to produce original documents/certificates for verification.** Formats of various certificates/affidavits alongwith pertaining instructions are available on the Institute website and candidates are advised to follow the same.

SNo	Details of Documents/Certificates	Y	N	NA
1.	Provisional Admission Letter issued from JoSAA-2018 with Upgradation Letter (Original)			
2.	Four Number of Colored Photographs			
3.	JEE (Main) Score Card issued by CBSE indicating JEE(Main) Rank (Self Attested)			
4.	JEE (Main) Admit Card for verification of Identity of the Candidate (Self Attested)			
5.	Mark Sheet/Certificate of Class X (High School) [as Date of Birth proof] (Self Attested) (Note: The candidates whose date of birth falls on or after October 01, 1993 are eligible. However, in the case of Scheduled Caste (SC), Scheduled Tribe (ST) and Person with Disability (PwD) candidates, upper age limit is relaxed by 5 years, i.e. on or after October 01, 1988.)			
6.	Mark Sheet and Pass Certificate of Class XII [as proof of (i) State of Eligibility (ii) Percentage of Marks] (Self Attested) (Note: (a) Indian nationals who passed the qualifying examination from Nepal/Bhutan or an institution abroad must bring passport. Permanent address given in the passport will determine the State of Eligibility. (b) Candidates having Senior Secondary Certificate from National Open School must bring the proof of place of examination centre of the final examination to determine the State of Eligibility.)			
7.	Conduct/Character Certificate from Head of Institution Last Attended (Self Attested)			
8.	Migration/Transfer Certificate (Original)			
9.	Photo ID Proof (Self Attested)			
10.	Valid Category Certificate (OBC/SC/ST) on JoSAA-2018 format [OBC-NCL Certificate must be issued on or after April 1, 2018] (Self Attested) (Note: The caste of the candidate must be in the state-wise central list)			
11.	Undertaking in Required Format (for OBC-NCL Candidates only) (Original)			
12.	Medical Fitness Certificate issued by the Medical Officer, NIT Hamirpur Health Centre or any Government Civil Hospital (Original)			
13.	Certificate of Persons with Disability (for PwD Candidates Only) on JoSAA-2018 format (Original) (Note: The certificate will be rejected if the disability is less than 40%)			
14.	An Undertaking by the Student - Institutional (in the given format) (Original)			
Affidavits				
15.	Affidavit (on stamp paper of ₹10 denomination in the given format) for giving reason for study gap (if any) duly signed by Oath Commissioner/Notary Public/Executive Magistrate (Original)			
16.	An Affidavit by the Student [Anti-ragging Measures generated online at antiragging.in] [two copies-one for Institute and other for Hostel] (Original)			
17.	An Affidavit by Parent/Guardian [Anti-ragging Measures generated online at antiragging.in] [two copies-one for Institute and other for Hostel] (Original)			

Fee (Institute and Hostel)

18.	<p>Undertaking to pay Following Fee</p> <p>(a) Remaining Institute Semester Fee</p> <p>The fee for students of all the categories (Open/SC/ST/OBC/PwD) is same.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">Description</th><th style="width: 35%;">Open/OBC (₹)</th><th style="width: 35%;">SC/ST & PwD (₹)</th></tr></thead><tbody><tr><td>Total Fee</td><td style="text-align: center;">1,07,900</td><td style="text-align: center;">1,07,900</td></tr><tr><td>Fee paid to JoSAA</td><td style="text-align: center;">35,000</td><td style="text-align: center;">15,000</td></tr><tr><td>Remaining Fee</td><td style="text-align: center;">72,900</td><td style="text-align: center;">92,900</td></tr></tbody></table> <p>The Remaining Fee is to be paid through SBI Collect as per the following schedule:</p> <ol style="list-style-type: none">i. Payment of Fee during August 1-3, 2018ii. Submission of Payment Receipt in the Office of Consultant, IIIT Una during August 6-10, 2018 <p>(b) Hostel Fee (to be paid through SBI Collect or through DD payable at SBI, NIT Hamirpur) [during August 1-3, 2018]</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tbody><tr><td style="width: 10%;">Boys</td><td style="width: 15%;">₹ 25,900</td><td style="width: 75%;">DD in favour of Warden, Kailash Boys Hostel, NIT Hamirpur</td></tr><tr><td>Girls</td><td>₹ 25,900</td><td>DD in favour of Warden, Ambika Girls Hostel, NIT Hamirpur</td></tr></tbody></table>	Description	Open/OBC (₹)	SC/ST & PwD (₹)	Total Fee	1,07,900	1,07,900	Fee paid to JoSAA	35,000	15,000	Remaining Fee	72,900	92,900	Boys	₹ 25,900	DD in favour of Warden, Kailash Boys Hostel, NIT Hamirpur	Girls	₹ 25,900	DD in favour of Warden, Ambika Girls Hostel, NIT Hamirpur				
Description	Open/OBC (₹)	SC/ST & PwD (₹)																					
Total Fee	1,07,900	1,07,900																					
Fee paid to JoSAA	35,000	15,000																					
Remaining Fee	72,900	92,900																					
Boys	₹ 25,900	DD in favour of Warden, Kailash Boys Hostel, NIT Hamirpur																					
Girls	₹ 25,900	DD in favour of Warden, Ambika Girls Hostel, NIT Hamirpur																					

Note: If the original documents/certificates are not in English/Hindi, duly certified English/Hindi version/translation of such documents/certificates shall be required during verification.

I hereby declare that the above statements are correct. In case I fail to submit the remaining fee and documents by the specified deadline, I shall accept the Institute decision for seat cancellation and forego my claim on the admission.

Signature of the Student

- The above documents have been verified with the originals.
- The documents/proofs at SNo _____ is/are not produced and he/she may be allowed provisional admission/registration subject to the production of these documents by the specified deadline.

Document Verifying Officer (1)

Document Verifying Officer (2)

Assistant Registrar (Academic) or His Nominee

Indian Institute of Information Technology Una (H.P.)

Data Sheet (Session 2018-19)

Date	___/___/2018	Entry Number: _____/2018	Roll Number: _____								
Name (in English):											
Name (in Hindi):											
Email:											
Date of Birth:	Religion:	Gender:	Main Category: (OP/OPPwD/SC/SCPwD/ST/STPwD/OBC/OBCPwD)								
<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y			
D	D	M	M	Y	Y	Y	Y				
Student's Mobile Number:		Student's Aadhar Number:									
You Belong to Urban Area / Rural Area (tick ✓ appropriate)		Country:	State:								
Correspondence Address	PIN:										
Permanent Address	PIN:										
Nearest Railway Station:											
JEE(Main) Roll No:	JEE(Main) Score:	JEE(Main) AIR-CRL:									
JEE (Main) AIR-Category:	Admitted Category: (OP/OPPwD/SC/SCPwD/ST/STPwD/OBC/OBCPwD)										
Country from where 10+2 Passed:		State from where 10+2 Passed:									
10+2 Percentage:	10+2 Year of Passing:	Type of School: Govt / Private (tick ✓ appropriate)	School in Urban Area / Rural Area (tick ✓ appropriate)								
Name of 10+2 School:		10+2 Board:									
UG Programme: B.Tech.	Branch (tick ✓ appropriate)	Computer Science & Engineering Electronics & Communication Engineering Information Technology									
Hostler: Yes /No (tick ✓ appropriate)	Hostel Name (tick ✓ appropriate): Shivalik Boys Hostel / Ambika Girls Hostel										
Father's Name:	Father's Mobile:	Father's Email:									
Mother's Name:	Mother's Mobile:	Mother's Email:									
Guardian's Name:	Guardian's Mobile:	Guardian's Email:									
Annual Family Income	₹										
Fees Status	JoSAA-2018	Amount: ₹	Date:								
	IIIT Una	Amount: ₹	Date:	Receipt No.:							
	Total	Amount: ₹									

Signature of the Student

Indian Institute of Information Technology Una (H.P.)

Undertaking

Name: _____ Branch: _____

Entry Number: _____ Roll Number: _____

- a. I hereby do undertake to devote my self to studies, games and such extramural activities as are recognized by the Institution authority during my stay at the institute and shall appear in all class tests / seminars / quizzes, mid-term examinations and end semester examinations whenever required to do so by the concerned teacher or institution authorities. I shall also abide by the rules/regulations of the Institution as amended from time to time.
- b. I do clearly undertake that my name may be removed from the Roll of the Institute or I may be finally rusticated or expelled from the institute, if I directly or indirectly take part in any movement or agitation to stage Dharna and Strike in the institute for any reasons whatsoever, or induces directly any other activity which in the opinion of the institution is subversive of institution discipline.
- c. I also do undertake that concealment of any material fact in any application or furnishing of wrong information which might be detected at any stage even after my admission would render me disqualified and any amount paid by me towards Institution fees, etc. would stand forfeited.
- d. I hereby declare that I was never involved or punished in any case of indiscipline during my School/College career so far. There is no enquiry pending against me with the School/College/Police/District authorities or the State to which I belong. In case the above declaration is proved false my admission in the Indian Institute of Information Technology Una may be cancelled, the amount deposited be forfeited and I would not be entitled to any claim whatsoever on the account.
- e. I have gone through the rules and regulations regarding ragging and disciplines of the Institution.

I hereby solemnly affirm that I will not indulge by the institute authorities for violation of these rules. I will have no claim against the order of the rustication, expulsion from the institution and expulsion from the hostel.

Dated:

Signature of Candidate

I certify that my son/daughter/ward seeks the admission with my knowledge and consent that I held myself responsible for his good conduct, maintenance of discipline and payment of fees during the period he is on the Institute Rolls.

I undertake to make the payment of Mess and other dues of my son/daughter/ward regularly and timely.

I have carefully studies the above undertaking.

Dated:

Signature of Parents/Guardian

Permanent Home Address (in CAPITAL LETTERS)	
.....	
.....	
.....	
Pin:	Tel. No./ Mobile No:
Email address:	

Indian Institute of Information Technology Una (H.P.)

B.Tech. Admissions, July 2018

Undertaking to Pay Remaining Fee

Department _____

Branch _____

Roll No. _____

Name: _____

I hereby undertake to pay the remaining fee of (a) Institute, and (b) Hostel (in case of Hostler only) as per the following given details. In case, I fail to do so by the specified deadline, I shall accept the Institute decision for seat cancellation and forego my claim on the admission.

(a) Remaining Institute Semester Fee

Description	Open/OBC (₹)	SC/ST & PwD (₹)
Total Fee	1,07,900	1,07,900
Fee paid to JoSAA	35,000	15,000
Remaining Fee	72,900	92,900

The **Remaining Fee** is to be paid through SBI Collect as per the following schedule:

- Payment of Fee during **August 1-3, 2018**
- Submission of Payment Receipt in the Office of Consultant, IIIT Una during **August 6-10, 2018**

(b) Hostel Fee (to be paid through SBI Collect or through DD payable at SBI, NIT Hamirpur) [during **August 1-3, 2018**]

Boys	₹ 25,900	DD in favour of Warden, Shivalik Boys Hostel, NIT Hamirpur
Girls	₹ 25,900	DD in favour of Warden, Ambika Girls Hostel, NIT Hamirpur

Name and Signature of the Parent/Guardian (with date)

Signature of the Student (with date)

Guidelines for Payment of Remaining Fee Through SBI Collect for B.Tech. IIIT Una

1. Goto **www.onlinesbi.com** and select option **State Bank Collect**
2. Accept terms & conditions and **Proceed** further
3. Select State of Corporate/Institute: **Himachal Pradesh** and Type of Corporate/Institute:
Educational Institute
4. Select Educational Institute Name: **NIT Hamirpur** and click on **Submit**
5. Select Payment Gateway **IIIT Una** and fill the details to proceed further

Note: Print the Receipt for further record.

Online Generation of Anti Ragging Affidavit Through antiragging.in

Use **JEE (Main) Roll Number** for Registration/Enrolment

Institution Information

Name of Director: Prof. S. Selvakumar

Institute Phone Number: +91 1972 254077

Class Wise Number of Students

SNo	Class	Number of Students
1.	B.Tech., Electronics & Communication Engineering	60
2.	B.Tech., Computer Science & Engineering	60
3.	B.Tech., Information Technology	40

MEDICAL EXAMINATION REPORT

(To be issued by Govt Civil Hospital or NIT Hamirpur Dispensary)

Entry Number: _____

Roll Number: _____

GENERAL EXPECTATIONS		
Candidate will have good general physique with		
(a)	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
(b)	Hearing	should be normal. Defective hearing should be corrected
(c)	Heart and Lungs	should not have any abnormality and no history of mental disease or Epileptic fits

PERSONAL HISTORY

1.	Name	
2.	Father/Guardian's Name	
3.	Age Date of Birth	Years _____ Months _____
4.	Sex	
5.	Identification Mark on the Body (This can be a mole, scar or birthmark)	
6.	Major illness/operation (Specify nature of illness/operation)	

Declaration by student:

I am not suffering from any chronic illness like Epilepsy, Bronchial Asthma, etc.

Signature of the Candidate

MEDICAL CERTIFICATE

(Item 7-19 to be filled by Medical Officer conducting the Medical examination)

7.	Height	cm.
8.	Weight	Kg.
9.	Past History	(a) Mental Disease (b) Epileptic fit
10.	Chest	(a) Inspiration cm. (b) Expiration cm.
11.	Vision with or without glass	(a) Right eye (b) Left eye (c) Colour Blindness
12.	Hearing	
13.	Abdomen	(a) Liver (b) Spleen
14.	Respiratory system	
15.	Nervous system	
16.	Blood Group	
17.	Heart	(a) Sounds (b) Murmur
18.	(i) Hernia (ii) Hydrocele	
19.	Any other defects	

Certified thatson/daughter of

- (i) fulfills the prescribed standard of physical fitness and is FIT for admission to engineering/ architecture/ science stream.
- (ii) does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for admission due to following defects:

Signature of the Medical Officer

Date:

Regn. No.:

SEAL

STUDY GAP AFFIDAVIT

I _____ S/D/o _____

R/o _____

do hereby solemnly and state as under:

- 1 That my above name and address is correct.
- 2 That I have passed **12th** class from **H.P./CBSE/ICSE/other** _____
Board in the year _____ with PCM _____% & English _____%.
- 3 That there is a gap of _____ year/s between passing of **12th** class and now seeking admission in the **Indian Institute of Information Technology Una (HP)** .
- 4 That during this gap period I was doing _____.
_____.
- 5 That during this gap period, I was neither studying anywhere nor passed any other examination.
- 6 That I was not involved in any criminal offence whatsoever and I was not punished for any offence by any Court of law during this gap period.

DEPONENT VERIFICATION

That the above statement is true to the best of my knowledge and belief and nothing has been concealed there from.

DEPONENT

Indian Institute of Information Technology Una (H.P.)

Permission to Reside as a Day Scholar

To

The Dean (S & AA)
NIT Hamirpur / IIIT Una

Sir,

Kindly grant me permission to reside as Day Scholar outside the Institute Campus:

Department _____

Branch _____

Roll No. _____

Name: Mr / Ms _____

(in English)

नाम: श्री / सुश्री _____

(हिंदी में)

Father's Name: _____

Reasons to Stay Outside NITH Campus: _____

Address Where Willing to Stay (in Capital Letters)

Permanent Address (in Capital Letters)

PIN Code:

Mobile:

PIN Code:

Mobile of Parents:

Yours faithfully,

Signature of the Student

For Official Use

Dean (S & AA) or His Nominee

Forwarded for Permission of Dean (S & AA)

Assistant Registrar or His Nominee

FORM-SC/ST

SC/ST Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES

1. This is to certify that Shri/ Shirmati/ Kumari* _____ son/daughter*
of _____ of Village/Town* _____
District/Division* _____ of State/Union Territory* _____ belongs to
the _____ Scheduled Caste / Scheduled Tribe* 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 Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

- * The Constitution (Jammu and 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 (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;**
- * The Constitution (Dadara and Nagar Haveli) Scheduled Tribes Order, 1962;
- * The Constitution (Pondicherry) Scheduled Castes Order, 1964;
- * The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;
- * The Constitution (Goa, Daman and 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 and Kashmir) Scheduled Tribes Order, 1989;
- * The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- * The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- * The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

2. # 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 District/Division* _____ of the State State/Union
Territory* _____ who belong to the Caste / Tribe* which is recognised 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 Village/Town*
_____ of _____ District/Division* of the State Union Territory* of _____.

Signature: _____
Designation _____
(with seal of the Office)

Place: _____ State/Union Territory* _____

Date: _____

* Please delete the word(s) which are not applicable.
Applicable in the case of SC/ST Persons who have migrated from another State/UT.
IMPORTANT NOTES

The term "ordinarily reside(s)***" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshdweep Island).
6. Certificate issued by any other authority will be rejected

FORM-OBC-NCL

OBC-NCL Certificate Format

(To be issued on or after 01.04.2018)

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL) APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kum* _____ Son/
Daughter* of Shri/Smt.* _____ of Village/
Town* _____ District/Division* _____ in the
State/Union Territory _____ belongs to the
_____ community that is recognized as a backward class under
Government of India**, Ministry of Social Justice and Empowerment's Resolution No.
_____ dated _____ ***

Shri/Smt./Kum. _____ and/or
his/her family ordinarily reside(s) in the _____ District/Division of
the _____ State/Union Territory. 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) dtd. 30/05/2014.

District Magistrate /
Deputy Commissioner /
Any other Competent Authority

Dated:

Seal

* **Please delete the word(s) which are not applicable.**

** **As listed in the Annexure (for FORM-OBC-NCL)**

*** **The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.**

NOTE:

- (a) The term 'Ordinarily resides' 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/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar' and
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides

ANNEXURE for FORM-OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12018/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014

OBC Undertaking

Declaration / undertaking - for OBC Candidates only

I, _____ son/daughter of Shri _____ resident of village/town/city _____ district _____ State hereby declare that I belong to the _____ community which is recognised as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2018.

Place:

Signature of the Candidate*

Date:

****Declaration/undertaking not signed by Candidate will be rejected***

Form-IV Disability
Certificate

(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See rule 4)

Recent PP size Attested Photograph (Showing face only) of the person with disability

Certificate No. _____ Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum. _____

_____ son/ wife/daughter of Shri

_____ Date of Birth (DD/MM/YY) _____ Age _____ years,

male/female _____ Registration No. _____

permanent resident of House No. _____ Ward/Village/Street

_____ Post Office _____ District

_____ State _____

whose photograph is affixed above, and am satisfied that he/she is a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.
3. Reassessment of disability is:
 - a. not necessary
 - Or
 - b. is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY)
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Note: 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