

FORMAT OF CERTIFICATE FOR PERSON WITH DISABILITY

To be issued by Medical Board from Government Hospital

Name of the candidate: Mr./Ms.* _____

Father's Name: _____

Permanent Address: _____

Percentage loss of earning capacity (in words):

Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: _____

Name of the disease-causing handicap: _____

Whether handicap is temporary or permanent: _____

Whether handicap is progressive or non-progressive: _____

The candidate is FIT / UNFIT to pursue further studies.

(*Strike out whichever is not applicable)

Member
(Orthopaedic Specialist)

Member

Principal Medical Officer

Date:

Seal of Office

NOTE:

1. The medical board must have one orthopaedic specialist as its member.
2. Candidate having temporary or progressive handicap will not be considered against these seats.



FORMAT OF CERTIFICATE FOR ECONOMICALLY WEAKER SECTION (EWS)

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/
wife of _____ permanent resident of _____,

Village/Street _____ Post Office _____

District _____ in the State/Union Territory Economically Weaker Sections,
since the gross annual income* of his/her 'family'*** is below Rs. 8 lakh (Rupees Eight
Lakh only) for the financial year _____. His/her family does not own or possess any
of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

Shri/Smt./Kumari _____ belongs to the _____ caste

which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward

Recent
Passport
size attested
Photograph

Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note2: The term "Family" for this purpose include 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.

***Note 3: 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 OF CERTIFICATE TO BE PRODUCED
BY OTHER BACKWARD CLASSES**

This is to certify that Shri / Smt. / Kum. _____
 Son/ Daughter of Shri / Smt _____ of
 Village/Town _____ District/Division _____ in the State
 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. | viii. 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. |
| 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. | ix. 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. |
| 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. | x. 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. |
| iv. Resolution No. 12011/96/94-BCC dated 9/03/96. | xi. Resolution No. 12015/9/2000-BCC dated 06/09/2001. |
| 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. | xii. Resolution No. 12011/1/2001-BCC dated 19/06/2003. |
| vi. Resolution No. 12011/99/94-BCC dated 11/12/97. | xiii. Resolution No. 12011/4/2002-BCC dated 13/01/2004. |
| vii. Resolution No. 12011/68/98-BCC dated 27/10/99. | xiv. 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. |

Shri / Smt. / Kum. _____ and / or his
 family ordinarily reside(s) in the _____ District / Division of

_____ State. 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.

Dated: _____

District Magistrate / Deputy Commissioner / Competent Authority

Seal

NOTE:

The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

FORMAT OF CERTIFICATE IN RESPECT OF DEFENCE CATEGORY (CW)

CERTIFICATE FOR AVAILING ADMISSION AGAINST DEFENCE QUOTA OFFICE OF THE ZILA/RAJYA SAINIK BOARD

This is to certify that Master/Miss _____
son/daughter of _____ resident of _____
_____ the above named
officer/JCO/OR pertains to the category marked below:- (Select one from below)

- a. Killed in Action on _____ During _____
- b. Disabled in Action on _____ and boarded out from service on _____ during _____.
- c. Died in peace time on _____ with death attributable to military service.
- d. Disabled in peace time and boarded out from service with disability attributable military service.
- e. Gallantry Award Winner (_____)
- f. Ex-Serviceman.
- g. Serving Soldier

(Category _____ above)

Mr./Miss _____ son/daughter of the above
named officer/JCO/OR is eligible for Admission in DTU, IGDTUW or NSUT against the
Defence quota under priority His/Her Ex-Serviceman Widow Identify Card No. is DLH-

01 _____

NO _____ / RSB SECRETARY

(Round stamp of office)

(Zila/Rajya Sainik Board)

**FORMAT OF CERTIFICATE FOR AVAILING ADMISSION
AGAINST KASHMIRI MIGRANT QUOTA**

**Kashmiri Migrant Quota
(To be submitted at the Time of Admission)**

Certified that Shri/Kum./Smt. _____

Son/daughter/wife Shri/ _____ resident of _____
_____ is registered as migrant from Jammu & Kashmir.

The Registration number is _____ dated _____.

It is also certified that Shri/Kum./Smt _____ is registered in
Delhi/ _____ as J & K Migrant on _____.

Name & Signature of

Deputy Commissioner/Competent Authority
(Office Stamp)

Place:.....

Date:.....

Note: No document other than this will be accepted by the University for claiming reservation against the Kashmiri Migrant Seat.