



राष्ट्रीय प्रौद्योगिकी संस्थान – रायपुर

NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR

(Institute of National Importance)

G.E. Road, Raipur – 492010 (C.G.)

E-mail: deanacad@nitrr.ac.in

Website: www.nitrr.ac.in

No./NITRR/Dean (Academic)/2019/ 463

Dated: 09/8/2019

Admission against vacant non-sponsored M.Tech. seats

Spot admission

NIT Raipur will be going to conduct spot admission for M. Tech. admission against vacant non-sponsored seats.

1. Date of spot admission

19th August 2019, Reporting Time: 09:00 A.M.

Venue: E-class room, Ground Floor, NIT Raipur.

2. Who is eligible

- Candidates who satisfy eligibility criteria laid down by CCMT 2019 are eligible to participate in spot admission. Non - GATE candidates will also be permitted to participate to take a chance for admission.
- Candidates who have already been admitted and not withdrawn admission from an institute are not eligible for spot admission.
- Physical reporting by 12:00 Noon is must to participate in spot admission.**

3. Documents required at the time of reporting

- A Demand Draft of Rs. 83,000/- (20,000/- for SC/ST/SC-PWD/ST-PWD/Open-PWD/OBC-PWD) and separate Demand Draft of Rs. 500/- (processing fee **non refundable**) in favour of “**Director, NIT Raipur**” payable at Raipur. If the institute can not offer a seat to the candidate then, DD of Rs. 83,000/- (20,000/- for SC/ST/SC-PWD/ST-PWD/Open-PWD/OBC-PWD) will be returned to the candidate. **However, after reporting and submission of DD, if a candidate does not want to join the institute, the fee deposited by him i.e. Rs. 83,000/- (20,000/- for SC/ST/SC-PWD/ST-PWD/Open-PWD/OBC-PWD) will be forfeited by the institute.**
- GATE score card (2017/2018/2019)
- Class X (High School) Board Certificate as proof of date of birth.
- Mark sheet of Class XII (for subjects)
- All semester Grade/Mark sheet of qualifying examination.
- Degree/Provisional certificate, if degree is completed.
- Certificate of category (GEN/EWS/OBC/SC/ST), if applicable, issued by the competent authority in prescribed format.
- Undertaking by OBC in required format.
- Certificate for Person with Disabilities (PWD), if applicable.
- Course completion certificate (by result awaiting candidates)
- Soft copy of passport size photograph (30 to 40 kb) & signature (10 to 20 kb) in JPEG format.
- Transfer Certificate.
- Character Certificate.

- (n) Migration Certificate.
- (o) One set of self attested copy of all the above certificates.
- (p) Two passport sized photo
- (q) Anti ragging Affidavit in the attached formats.
- (r) Aadhar card copy/ Any other Govt. ID.

4. Procedure for Selection


- (a) If the numbers of GATE qualifying candidates in a particular category are more than number of available vacant seats, merit will be decided by their GATE score.
- (b) If the GATE qualified eligible candidates are not found, the seat will be filled by non-GATE candidates. However, such candidates will not be offered any institute scholarship/fellowship. Selection of Non-GATE candidates will be done based on an interview to be conducted at the departmental level on the same day from 3:00 pm onwards

The candidates, who are finally selected for admission, have to complete admission formalities latest by 22nd August 2019. M.Tech. 1st semester classes have already commenced from 25.07.2019.

5. Hostel accommodation

- (a) Available for boys and girls (very limited seats).
- (b) Application forms can be submitted after the issuance of institute admission letter.
- (c) Regarding hostel fee contact Chief Warden office of Hostel.

6. Important Note : The Category/ caste certificate must be permanent one and in the prescribed format. GEN-EWS and OBC-NCL certificates must have been issued on or after 01.04.2019. The category / caste certificate must have been issued by competent authority (i.e. Tahsildar and above).


09/08/19
Dean (Academic)

Copy to:

- 1. All concerned HODs, NIT Raipur to display on the notice board and necessary action.
- 2. Web master to upload in the institute's website.
- 3. Registrar, NIT Raipur.
- 4. P/S to Director, NIT Raipur
- 5. Prof. I/C D1- for information.

NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR (C.G.)

VACANT SEAT MATRIX

Department	PG Program	OPEN	OBC	SC	ST	OC (PWD)	OBC (PWD)	SC (PWD)	ST (PWD)	EWS	Total
Civil Engineering-(CE)	Water Resources Development & Irrigation Engineering-(WI)	0	0	0	0	0	0	0	0	0	0
Chemical Engineering-(CH)	Chemical Engineering-(CE)	10	6	3	2	1	0	0	0	1	23
Electrical Engineering-(EE)	Power System & Control-(PG)	0	0	0	1	0	0	0	0	0	1
Electronics and Telecommunication Engineering-(ER)	VLSI & Embedded Systems-(VS)	0	0	2	0	0	0	0	0	0	2
Information Technology-(IT)	Information Technology-(IT)	2	0	0	2	1	0	0	1	0	6
Mechanical Engineering-(ME)	Industrial Engineering & Management-(IU)	0	1	2	1	0	0	0	0	0	4
	Machine Design-(MD)	0	0	1	0	0	0	0	0	0	1
	Thermal Engineering-(TI)	1	0	1	1	0	0	1	0	0	4
Total Seats Vacant		13	7	9	7	2	0	1	1	1	41

FORM-GEN-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 _____

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 in 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer _____

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.**

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

** **Note2:** The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*** **Note3:** 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.

OBC-NCL Certificate Format**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

FORMAT FOR DECLARATION TO BE SUBMITTED BY OBC CANDIDATES

I, _____, son/daughter of
Shri _____ resident of village/town/city _____
district _____ of State/UT _____ 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, 2019.

Place: _____

Date: _____

Signature of the Candidate

0^0

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/ Shrimati/ 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 / 1st 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-II

Disability Certificate

(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)

(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:

1. he/she is a case of:
 - a. locomotor disability
 - b. blindness
 (Please tick as applicable)
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 be specified).
4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorized Signatory of notified Medical Authority)

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

Form-III
Disability Certificate
(In cases of multiple disabilities)
(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 are 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 %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

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

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____ percent

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) _____

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing 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

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

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.

FORM-DYSLEXIC-1

FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY DYSLEXIC CANDIDATE
{To be obtained from any Dyslexia Association*}

Date:

PSYCHO-EDUCATION EVALUATION REPORT

Name of the candidate:

Date of Birth:

Registration in the Dyslexia Assn. (date / number):

Name of the Father/Mother/Guardian:

Name/address and Regn. No.
of the Dyslexia Association :

Physical & Neurologic Assessment: []

Psychological Assessment: []

WISC Verbal IQ:
 Performance IQ:
 Full Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)**
2. The disability is **PERMANENT** in nature.

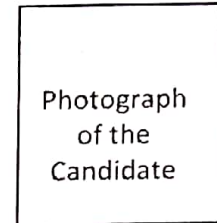
*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkata, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
2. Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1, 1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, LJ Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Centre Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

**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.

Name of the certifying official:

Seal:



FORM-DYSLEXIC-2

***CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE
PRINCIPAL OF THE SCHOOL/COLLEGE LAST ATTENDED**

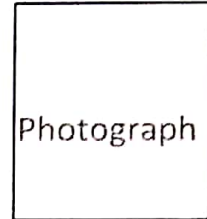
Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the School/College:



Certified that Shri/Shrimati/Kumari _____
son/daughter of _____ of
_____ village/town passed his/her Class XII from this
school and as per records, availed concession under dyslexic category.

Signature with seal:

***A candidate passing Class XII 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.**

" ON NON JUDICIAL STAMP PAPER OF RS. 10/-"

AFFIDAVIT BY THE STUDENT

I, _____ *(full name of student)*
s/o d/o Mr./Mrs./Ms. _____, having
been admitted to _____ *(name of the institution)*, have
received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher
Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully
understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what
constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am
fully aware of the penal and administrative action that is liable to be taken against me in case
I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to
promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behaviour or act that may be constituted as ragging
under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or
omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to
clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken
against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any
institution in the country on account of being found guilty of, abetting or being part of a
conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be
untrue, I am aware that my admission is liable to be cancelled.

Declared this ___ day of _____ month of _____ year.

Signature of deponent
Name:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of
the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of _____ (month), (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) of (month),
(year) after reading the contents of this affidavit.

OATH COMMISSIONER

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of _____, _____ (full name of student) _____, having been admitted to _____ (name of the institution) _____, have received a copy of the UGC

Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that
a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ___ day of _____ month of _____ year.

Signature of deponent
Name:
Address:
Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month), (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) of (month), (year) after reading the contents of this affidavit.

OATH COMMISSIONER