

**NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR**

(An Institute of National Importance)

**Admission Form**

# M. Tech. (Sponsored)First Semester, Session 2019-20

Name of the candidate……………………..………………………………….……………………...……….…………….

DoB …………………..………. Gender……………….…………Blood Group………………………..……………….

Photo

Email ID………………………………..…………..…………Mob. NO…………………………….…………………………

Aadhar No……………………………………………………………………………………………………………………………..

Father’s Name…………………………………………….…………………………………………..…..……………………….

Mother’s Name……………………………………………………………………..…………………..…………………………

Ph. No………………………………………………..Mob. No…………………..………………………………………………

Postal Address…………………………………………………………………………..…………………….…………………..

……………………………………………………………………………..…………………………………………..…………………….. P.O:………………………………………………………………………………………Dist:……………………………………….. State…………………………………………………………………………………….Pin……………………………………………

# Details of Qualifying Examination

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of  Exam | Name of Board/University | Name of School/ Institution | Subject Stream | Marks Obtained/  Division | CGPA/C PI | Year& Month of  Passing |
|  |  |  |  |  |  |  |

CCMT Roll No…………………………………Gate Score…………………………………….....GATE ALL India Rank:…………………………

Physically Challenged- PH Yes ( ) No. ( ) Category- GEN ( ) OBC ( ) SC ( ) ST ( )

Allotted Category…………………………………………………………………………………

Allotted Branch …………………………………………..………………………………………

### Details of Fee Payment

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Amount** | **Bank Name** | **Payment Date** | **SBI /HDFC Collect**  **Ref. No.** |
| Rs. 53,000/- (For  Gen/OBC/SC/ST) |  |  |  |

**Declaration by the Candidate**

I, hereby, solemnly declare that the information furnished above is true to the best of my knowledge and belief. If any information furnished by me is found incorrect, I will liable for disciplinary action and the fees deposited by me shall be forfeited. I fully understand the rules and regulations of the institute and the provisions made there in are acceptable to me. I also declare that I will undergo such punishment as may be imposed upon me by the Authorities for errors and/or omissions including suppression of facts etc, if any.

Date……………… Sig. of Father/Mother Signature of the Student

**Annexure-II**

AN AFFIDAVIT BY THE STUDENT on Non Judicial Stamp Paper of Rs.10/-

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.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. 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.
3. I hereby solemnly aver and undertake that
   1. I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
   2. 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.
4. 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.
5. 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

**Annexure-III**

AFFIDAVIT BY PARENT/GUARDIAN on Non Judicial Stamp Paper of Rs.10/-

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.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. 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.
3. I hereby solemnly aver and undertake that
   1. My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
   2. 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.
4. 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.
5. 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