

GOVIND BALLABH PANT UNIVERSITY OF AGRICULTURE & TECHNOLOCY, PANTNAGAR-263145, U.S. NAGAR (Uttarakhand)

APPLICATION FORM (For B. Tech. Programme 2021—22)

JEE main Application No.				Passport Size Photographs
Branch Allotted				T Hotographs
Category Alloted				
Adhaar No				
TO BE FILLED IN B	Y THE CAN	DIDATE (Use	Capital Letters)	
1. Name of the candidate (In Engl	lish)			
(In Hind	li)			
2. Father's Name				
Mother's Name 3. Guardian's Name				
3. Guardian's Name (if Parents are not alive)				
4, Date of Birth				
(As per Class X certificate)	(date)	(month)	(year)	
5. Age on 30-6-2021	day(s)	month(s)	years	
6. Yearly income of the Father/O	•	` '	years	
7. (a) Permanent Address:		_		
				+++++
			PI	N
(b) Mailing Address:				
 				
				N
Telephone No. with STD Code _		Mobi	le No. (if any)	
E-mail Address (if exists):				
8. Sex (Male or Female)	Mari	tal Status	Married/Unr	married
9. Passport No. (Essential for fore	ign national ca	ndidates)		
10. Nationality		1	1. State of Domicile: _	
12. Category Code:				
13. Mark of Identification:		I		
14. Details of Exam Fee depos				
Bank Draft No./Cash Receipt		on ld.No		Date
Name of Branch issuing Bank	Draft		Amount	:

15. Particulars of Examinations Passed:

Examination	Board/University	Year of Passing	Division	Marks Obtained & Percentage	Name of Institution	Subject(s)
High School or Equivalent						
Intermediate or equivalent						
Diploma						

16.	Have you ever been debarred from seeking admission or dropped from G.B.P.U.A. & T., Pantnagar	Yes/No
17.	Have you ever been a student of GBPUA&T, Pantnagar? If yes, give your Id. No were	_and
	you admitted to this University through University Entrance Test/All India Test condu ICAR/VCUGATE or Sponsored by Govt. of India/state Govt. (Please Tick).	uced by
18.	Do you fulfill the domicile requirement of Uttarakhand State tor admission in G.B. Pant University of Agriculture & Technology, Pantnagar?	Yes/No
19.	Have you been awarded a fellowship by the ICAR/CSIR/UGC/GATE/DBT/Govt. of India? if so, attach a valid proof?	Yes/No

DECLARATION

I, the undersigned, hereby declare that the statements made above are true to the best of my knowledge and belief. I fully understand that any wrong statement made in this application may result in cancellation of my candidature or termination of my admission at any stage at my cost, risk and responsibility. I have carefully gone through all the details in the Prospectus and I agree to abide by all eligibility requirements and conditions laid down therein. I further declare that I have not been involved as an accused in a case involving a cognizable offence or have not been convicted of such an offence or of an offence involving moral turpitude. I also declare that 1 am fully aware of the fact that in the event of the above statement being found wrong at any time, my admission shall be liable to be cancelled.

Countersigned		
Signature of Parents or Guardian (if Parents are not alive)	X X	Signature of the candidate in running hand (Not in Capital Letters) Date
	Left hand Thumb impression of the candidate	

BIO-DATA

TO BE FILLED IN BLOCK CAPITAL

Batch2021	Bran	ch Allotted				
Aadhaar No	Cate	gory Allotted		. Passport Size		
	_				Photographs	
I.D. No		••••				
Date & Place of Birth						
Marital Status	• • • • • • • • • • • • •	Married	l/Unmarr	ied		
Name of State to which	n you					
Belong						
Category		Sub Category				
Father's Name		Mobile No	D			
Mother's Name		Mobile N	To			
Permanent Address						
Occupation of Father/Gu	ardian		• • • • • • • • • • • • • • • • • • • •			
Education Qualification				Т	T	
Examination Passed	Year	Name of the University/ Board	Div.	%	No. of attempt	
High School						
Intermediate						
Pre-University /Other						
Marks obtained in JEE (N	Mains)					
All India Rank obtained i	in JEE (Ma	ains)				
If there is any gap in educ	cational ca	reer above				
Please specify the reason	s therefore	.				
Name of Advisor		Date of	Registrati	on		
Signature of candidate						

CHECK LIST TO BE FILLED IN BY THE CANDIDATE

	emic Record ne of Examination	Board or Unive	ersity	Division Obtain		Percentage	Year of Passing	Subject	
Hig	h School								
	rmediate								
Deg	ree / Diploma								
Uni [.] Are	e you ever debarred frowersity? you eligible to seek ac	-						Yes / No Yes / No	
Age	year 2021-22. as on 30-06-2021 is of Documents submitt		rs	N	Ionth	sI	Days		
ist (Demand Draft of Rs.		Yes / N	0					
1.	No		_ = = = / 11	13.	Cl	naracter Certific	ate, in Original	Yes / No	
	(ii) Demand Draft Rs	. 1000/-	Yes / N	0					
	No								
2.	5 Nos. of Recent Pho	tographs	Yes / N	o 14.		C. / Migration C riginal	Certificate, in	Yes / No	
3.	Seat Allotment Letter	•	Yes / N	o 15.		ū			
4.	JEE Main Admit Car		Yes / N		A	fidavit for Gap		Yes / No	
5.	JEE Main Score Card	l, in Original	Yes / N	o 17.	Ai Pa	fidavit by Stude rticipating on R dicial Stamp Pa	s. 10 Non-	Yes / No	
6.	Application From		Yes / N	o 18.	No	Affidavit by Parent/ Guardian for Non-Participating on Rs. 10 Non- Judicial Stamp Paper			
7.	10 th Examination Ma		Yes / N				ite, if applicable	Yes / No	
3.	10 th Examination Cer		Yes / N			<u> </u>	te, if applicable	Yes / No	
€.	12 th Examination Ma	rk Sheet	Yes / N	o 21.		b-Category Cer plicable	tificate, if	Yes / No	
0.	12 th Examination Cer	tificate	Yes / N	o 22.	•	o Data		Yes / No	
1.	Mark Sheet of all sen Diploma / Degree (For lateral entry in 2	nd year)	Yes / N			lemn Voluntary rm	Declaration	Yes / No	
12.	Diploma Certificate /	Degree	Yes / N	o 24.	con exa		mester Final	Yes / No	
	I am unable to subn	ositively.				Γ.C / Migration	will be submitted	by me up	

FORMAT FOR MEDICAL CERTIFICATE

Age:

Sex:

(TO BE OBTAINED ONLY FROM A CHIEF MEDICAL OFFICER OF A DISTRICT or CHIEF MEDICAL SUPERINTENDENT OF GOVT. BASE HOSPITAL)

Car	ndidate:										
JEE	E Roll No.:		Category	' :		Sub	category	y:			
All	India Rank	Father's Name:									
(To be filled in by the candidate)											
Lef	t Thumb Impressi	on	M.I.	V	Colour Vi	sion					
Ц	eight Weight	Chest	Abdomen	S	Without g	ulace					
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N A	Cardiovascular			CNS	3						
T	Cardiovasculai			ONC	,						
Ī	Respiratory			GIT							
0	. ,										
N	Genitourinary			Bloc	od Group						
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	he candidate phys res. Type and o				: Yes/ No)ne lea (or he	and defe	ctive	
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	Type				Type –I Type –						
	Extent				туре –	III . C	nie nanc	J IIIIs	sairig		
Any	other type of ha	ndicap (Pleas	e specify)		:						
Anv	other finding:										
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	ndards given in A	,									lical
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Signature of Candidate

Signature of Chief Medical Officer /

Chief Medical Supdt. of Govt. Base Hospital (with official stamp) Date:

Name

of

G.B. Pant University of Agriculture & Technology

Office of The Registrar Personal Data of Students

	ersonal Bata of Stadents
Aadhaar No.	
आधार संख्या	
Student ID No.	
विद्यार्थी पंजीयन संख्या	
Student Name	
विद्यार्थी का नाम	
Degree Programme	
उपाधि पाठ्यकम	
Major/Branch	
मुख्य शाखा	
Father's Name	
पिता का नाम	
Mother's Name	
माता का नाम	
D.O.B (DD-MM-YYYY)	
जन्म तिथि	
Permanent Address	
स्थीय पता	
Country	
देश	
State	
राज्य	
City	
नगर	
Pin Code	
पिन कोड	
Mailing Address	
पत्राचार का पता	
Country	
देश	
State	
राज्य	
City	
नगर	
Pin Code	
पिन कोड	
Sex	
लिंग	
Marital States	
वैवाहिक स्थिति	
Mobile No.	
दूरभाष संख्या	
Email ID	
ई–मेल Guardian Name	
अभिभावक का नाम	
# \ m 1 1 1 1 1 1 1 1 1	•

Blood Group						
रक्त समूह		1				
Identification Marks		†				
पहचान चिन्ह		1				
Nationality						
राष्ट्रीयता		1				
Religion						
धर्म]				
Passport No.(Mandatory for foreig	n Students)		_			
पासपोर्ट नम्बर		1				
Bonefides Resident (domicife/Fr	om B					
स्थायी निवास प्रमाण पत्र		<u> </u>				
Yearly Family Income						
वार्षिक पारिवारिक आय		<u> </u>				
Nearest Railway Station						
समीपवर्ती रेलवे स्टेशन		<u> </u>				
Nearest Police Station						
समीपवर्ती पुलिस स्टेशन						
Fee details		Ţ		_		_
शुल्क विवरण		<u> </u>		_		
Category			_			
वर्ग						
Sub category						
उपवर्ग						
Admitted seat category						
प्रवेशित वर्ग		<u> </u>			·	
Passport Photograph					Thumb Impression बॉए ॲगूठे का निशान	on
पासपोर्ट फोटोग्राफ					बार जगूठ यम । साम	
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		Size pii	lotograph			
Urban/ Rural						
शहरी / ग्रामीण						
Particular of Examination Pas	sed		1			
Examination	Board/U	University	Year of Passing	N	ame of Institute	Subject(s)
High School Or Equivalent						
Intermediate or Equivalent						
Bachelor's						
Master's						
Others						
Others						
		, 1	. 1.1	,		
Declaration	ah				declare that the st knowledge and belie	
विद्यार्थी द्वारा घोषणा			to the best	<u> </u>	miowieage and bene	
Signature of Candidate						
Date:		>>				

SOLEMN VOLUNTARY DECLARATION

(All Freshmen shall be required to sign this solemn volu University)	ntary declaration prescribed as under by the
IRoll No	admitted to
degree programme of the G.B. Pant University of Agricu	
1. That I firmly believe in the basic philosophy outlin Commission, particularly that quoted below: "A University or a College is an academic fellowsh decided reasonably by the joint committees of teach have this purpose specifically in view. These sho genuine difficulties of student. What binds together partnership in the sharing of common interest, mutu for their main purpose, which is the pursuit of knowledge to this philosophy or prepared to honour it has really	nip of equals where things can be discussed and chers and students which we have recommended uld be fully utilized to ascertain and redress the r students and teachers is the deep and creative hal regard & sense of values and working together edge and discovery. Any one who is not committed
 That in any consequence, I believe that all grievance settled by constitutional means, such as approach to Chancellor or other individuals concerned or by recentral Food Advisory Committee, Professional Soci Board of Management, Chancellor or the State Gor Court of justice. 	s, disputes and problems of the students should be the Advisor, Warden, Chief Warden, Dean, Viceaising them in the relevant committees, such as leties, Cultural Societies, etc. or by reference to the
 That I, further believe that under no circumstances, t Rules and Regulations of the University, show of for other means forming part of the so called direct actio unconstitutional means. 	ce, unruly demonstration, coercion, violence or any
4. That I, further believe that under no circumstances, the outsider, may be the agitators from the Universities, with the affairs of the University. All matters should be University such as the students and staff of the University of Management, the State Government, approaching any outside element not concerned with	politicians or disgruntled individuals not concerned be settled by those concerned with the affairs of the versity, guardians of the students, members of the Chancellor, etc. I shall accordingly refrain from
5. That, I shall attend my classes and participate in programme, irrespective of the fact whether my oth even in the face of intimidation by any of them.	other activities of the University according to the
6. That, I further declare that any activity/travelling continuous entirely on my risk and responsibility and in case of functionary will not be responsible for that.	· · · · · · · · · · · · · · · · · · ·
7. I also affirm that I shall abide by the word and spirit of if, at any time I am found indulging in any such activities. The shall abide by the word and spirit of if, at any time I am found indulging in any such activities.	
Guardian's Signature	Student's Signature
Name in Block Letters	Name in Block Letters
Place	Place

Date

Date.....

AFFIDAVIT BY PARENT/GUARDIAN

(To be furnished on a Non-Judicial Stamp Paper of Rs.10/- duly attested by Oath Commissioner)

I, Mr./Mrs./Ms. (full name of parent/guardian) father/mother/guardian of, (full name of student with admission/registration/enrolment number) 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 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.
 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. 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 thisday ofmonth ofyear.
Signature of Deponent
NameAddress
Telephone/Mobile NoVERIFICATION
Verify 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 <u>(place)</u> on this the <u>(day)</u> of <u>(month)</u> , <u>(year)</u>
Signature of Deponent
Solemnly affirmed and signed in my presence on this the <u>(day)</u> of <u>(month)</u> , <u>(year)</u> after reading the contents of this affidavit.
and reading the contents of this amazvit.

OATH COMISSIONER

AFFIDAVIT BY THE STUDENT FOR NON-PARTICIPATION IN RAGGING

(To be furnished on a Non-Judicial Stamp Paper of Rs. 10/- duly attested by Oath Commissioner)

I, (full name of student with admission/registration/enrolment number) s/o d/o of 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 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 thisday ofmonth ofyear.
Signature of Deponent Name
VERIFICATION
Verify 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 COMISSIONER

उत्तराखण्ड सरकार

(प्रमाण पत्र निर्गत करने वाले कार्यालय का नाम एवं पता)

(अधिसूचना संख्या 64/XXXVI(3)/2019/19(1)/2019 दिनांक 07 मार्च, 2019 के अधीन)

आर्थिक रूप से कमजोर वर्गों के लिए आय एवं सम्पत्ति प्रमाण-पत्र

वषहतु मान्य	दिनांक
कि श्री / श्रीमती / कुमारीगम / मुहल्लाजिला स्थायी निवासी हैं, जिनका नवी त्तीय वर्षकी क ₹ 8.00 लाख (रूपये आठ त नहीं करता है :–	
धेक, या या उससे अधिक, या 10 वर्ग गज या उससे अधिक के आ लावा अन्य क्षेत्रों में 200 वर्ग गज य	= *
जो किजो किजो किजो किजो किजार की अनुसूर्वित जाति/अनुसूर्व	
1	के श्री / श्रीमती / कुमारीगम / मुहल्लागम / मुहल्लागम / मुहल्लागम / मुहल्लागम / मुहल्लागिलागिला नवीर तीय वर्षकी के ₹ 8.00 लाख (रूपये आठ वित नहीं करता है :—

natisus

स्थाई निवास प्रमाण—पत्र (शासनादेश संख्या 2588/एक—4/सा0प्र0/2001)

प्रमाणित किया जाता है कि श्री	ो / कु० / श्रीमती
तहसीलजिलाजिला	निवासी ग्राम/मोह./वार्ड उत्तराखण्ड के स्थायी निवासी है।
यह भी प्रमाणित किया जाता है मली भांति जॉच कर ली गई है, और मै	हे कि उक्त प्रमाण पत्र निर्गत करने से पूर्व निर्धारित समस्त मानदण्डों की जांच से पूर्णतया सन्तुष्ट हूँ।

हस्ताक्षर जिला मजिस्ट्रेट नाम : मोहर

Appendix-VII

CERTIFICATE - I

उत्तराखण्ड के अन्य पिछड़े वर्ग (UKBC)के लिए जाति प्रमाण-पत्र का प्रपत्र

उत्तराखण्ड राज्य की	पिछड़ी जाति के व्यक्ति हैं	सुपुत्र / सुपुत्री श्रीसुपुत्र / सुपुत्री श्री जिला । यह जाति उत्तराखण्ड लोक सेवा (अनुसूचित । अधिनियम की अनुसूचीके
यह भी प्रमाणित किया जाता है कि निर्धारित क्रीमिलियर से आच्छादित	श्री / श्रीमती / कुमारी नहीं है ।	डक्त अधिनियमद्वारा
श्री / श्रीमती / कुमारी तहसीलनगर	तथा अथवा उनका परि	वार उत्तराखण्ड के ग्राम में सामान्यता रहता है।
अभ्यर्थी के हस्ताक्षर : दिनांक : स्थान :	हस्ताक्षर पूरा नाम : मोहर	
	जिला अधिकारी / प्रयाना मजिस्टेट	/अतिरिक्त जिला अधिकारी / सिटीमजिस्ट्रेट /

अनुसूचित जाति / जनजाति (UKSC/UKST) के लिए जाति प्रमाण-पत्र का प्रपत्र

(अभ्यर्थी के जन्म जिले के जिला मजिस्ट्रेट/प्रथम क्लास मजिस्ट्रेट द्वारा प्रमाणित)

प्रमाणित किया जाता है कि श्री/श्रीमती/कु	मारीसुपुत्र / सुपुत्री श्री
निवासी गांव/शहरतहसील	प्रदेशका जन्म जन्म
जाति में हुआ था यह जाति अनुसूचित जा	ाति / जनजातियों आदेश (संशोधन) एक्ट 1956 के अन्तर्गत भारत
सरकार / उत्तराखण्ड शासन /	सरकार द्वारा मान्य अनुसूचित जाति / जनजाति है।
अभ्यर्थी के हस्ताक्षर :	
	हस्ताक्षर
दिनाक :	पूरा नाम :
स्थान :	मोहर
	जिला अधिकारी / अतिरिक्त जिला अधिकारी / सिटीमजिस्ट्रेट /
	परगना मजिस्टेट / तहसीलदार

उत्तराखण्ड के स्वतंत्रता सेनानी (Sub Category Children of Freedom Fighters)

(उस जिले के जिलाधिकारी द्वारा प्रमाणित जिसका अभ्यर्थी निवासी है)

प्रमाणित किया जाता है कि श्री / कुमारी	शी / श्रीमती
निवासी के पुत्र/पुर्त्र	ो / पुत्र के पुत्र / पुत्र की पुत्री (अविवाहित) है।
श्री / श्रीमतीने स्वतंत्रता संग्र	ाम में भाग लेने के कारण—(जो लागू न हो उसे
काटने का कष्ट करें)	
 कम से कम दो माह की वास्तविक अवधि के लिए कारावास क नजरबंदी या अण्डर ट्रायल कैदी के रूप में जेल में कम से कम कम से कम 10 बेंतो की सजा पायी हो, या फरार घेषित हुआ हो, या गोली से घायल हुआ हो, या वीरगति प्राप्त की हो, या 	
 ऐसे व्यक्ति भी जो पेशावर काण्ड के रहें हों, या भूतपूर्व आजाद हिन्द फौज के प्रमाणित सैनिक हो या भूतपूर्व इंड़िया इंडिपेंडेस लींग के प्रमाणित सदस्य हो। टिप्पणी: ऐसे व्यक्ति जिन्होनें माफी मांगी हो, उक्त परिभाषा में स्र्रा 	म्मिलित नही माने जायेंगे।
यह भी प्रमाणित किया जाता है कि श्री/कुमारीके पुत्र सैनानी श्री/श्रीमतीके पुत्र उन पर वास्तव में आश्रित हैं।	
अभ्यर्थी के हस्ताक्षर दिनांक : स्थान :	हस्ताक्षर जिला मजिस्ट्रेट नाम : मोहर

उत्तराखंड आर्म्ड फोर्सेज सर्टिफिकेट फॉर्मेट

(सैनिक पुनर्वास कल्याण बोर्ड द्वारा निर्गत)

यह प्रमाणित किया जाता है कि श्री/कु॰	पुत्र/पुत्री र्	निवासी
	उत्तराखंड	
	। (सुपरांनुटेड)/ युद्ध में मारे गए/ अपांग हो गए। वे उस समय भारती	ोय थल
सेना, जल सेना/ वायु सेना स्थान	में के पद पर कार्यरत थे।	
दिनांक :		
स्थान :	अधिकारी	
	सैनिक पुनर्वास कल्याण बोर्ड	
	नाम :	
	मोहर :	
(जिला मजिस्ट्रेट द्वारा प्रमाणित)	
यह प्रमाणित किया जाता है कि श्री/क	० निवासी गांव/शहर	
तहसील जिला	उपरोक्त सेना दाल के सेवा निवृत (सुपरांनुटेड)/	युद्ध में
	खंड के स्थायी निवासी हैं /थे के पुत्र/पुत्री हैं।	
D ii .		
दिनांक :		
स्थान :	हस्ताक्षर	
	जिला मजिस्ट्रेट	
	नाम :	
	मोहर :	

शारीरिक विकलांग (Physically Handicapped) के अधिमान के लिए प्रमाण-पत्र (मुख्य चिकित्सा अधिकारी द्वारा प्रमाणित)

प्रमाणित किया जाता है कि श्री/कु0 निवासी गॉव/शहर तहसील	पुत्र / पुत्री, श्री / श्रीमती जिला उत्तराखण्ड, जांच के
अनुसार नीचे लिखे कारणों से शारीरिक रूप से विकलांग है	I
(कंवल मुख्य चिकित्सा अधिक	गरी ही कारण लिखें)
यह भी प्रमाणित किया जाता है कि उपरोक्त विकलांग स्थि	थति अभ्यर्थी के प्रौद्योगिकी शिक्षा प्राप्त करने में बाधक
नहीं होगी।	
दिनांक :	हस्ताक्षर मुख्य चिकित्सा अधिकारी
स्थान :	नाम
	मोहर

Affidavit for B Tech lateral entry candidates who have not completed Diploma in hand

(To be furnished on a Non-Judicial Stamp Paper of Rs.10/- duly attested by Notry)

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	मै कि(नाम) पुत्र श्री
निवासी	उत्तराखण्ड का निवासी हूँ और निम्नलिखित बयान शपथपूर्वक करता हूँ कि:–
1.	यह कि मेरा उपरोक्त नाम व पता सत्य एवं सही है।
2.	यह कि शपथकर्ता द्वारा प्रौद्योगि विश्वविद्यालय, पन्तनगर में इंजिनियरिंग द्वितीय
	वर्ष में प्रोविजनल प्रवेश लिया है।
3.	शपथकर्ता का डिप्लोमा का रिजर्ल्ट अभी पूर्ण नहीं है अतः शपथकर्ता, डिप्लोमा उर्त्तीण का प्रमाण पत्र
	शैक्षिक सत्र 2021–22 के प्रथम सेमेस्टर की फाईनल परीक्षा शुरू होने से पहले जमा करा देगा यदि मैं
	डिप्लोमा उर्त्तीण का प्रमाण पत्र शैक्षिक सत्र 2021-22 के प्रथम सेमेस्टर की फाईनल परीक्षा शुरू होने
	से पहले जमा नहीं करा पाया तो मेरा बी0टैक0 प्रोविजनल प्रवेश निरस्त समझा जाय।
4.	यह कि मेरा उपरोक्त बयान सही व सत्य है।

शपथकर्ता

मैं शपथकर्ता उपरोक्त यह तस्दीक करता हूं कि मेरे शपथपत्र में वर्णित पद सं0 01 लगायत—04 को अपने निजि ज्ञान से सत्य एवं सही है। इसमें कोई तथ्य छिपाया या गलत नहीं लिखाया गया है। ईश्वर मेरी मदद करे।

शपथकर्ता