

NATIONAL INSTITUTE OF TECHNOLOGY GOA

Cuncolim, Goa – 403 703

ADMISSION TO M.TECH. (SPONSORED) PROGRAMME (AY: 2024-2025)

Advertisement No.: NITG/ADMIN/2024/OW/436

Date:19-07-2024

About the Institute:

The National Institute of Technology Goa (NIT Goa) is a premier technical Institute of the region, established in the year 2010 by an act of parliament (NIT act 2007) and is declared as 'Institute of National Importance'. NIT Goa is an autonomous institute and functioning under the aegis of Ministry of Education (MoE), Govt. of India. The Institute offers under Graduate courses in Five Engineering Departments: CSE, ECE, EEE, CVE, and MCE. The Institute offers Ph.D. degree in five Engineering Departments, as well as Physics, Chemistry, Mathematics, Economics and English specializations. The Institute also offers M.Tech. Programmes in CSE, VLSI and PEPS. The campus is located at Cuncolim approximately 48 km from Panaji, the capital of Goa. The state of Goa is well connected by road ways, rail ways and air ways with various parts of the country.

Applications are invited for admission into M.Tech. (Sponsored) Programme in the following Departments for the academic year 2024-2025.

Name of the Department	Name of the Programme	No. of Sponsored Seats	No. of DRDO Sponsored
CSE	Computer Science and Engineering (CSE)	2	2
ECE	VLSI	2	2
EIEE	Power Electronics and Power Systems (PEPS)	2	2

Eligibilities:

- Bachelor's degree in Engineering/Technology or equivalent in an appropriate area with at least 60% marks or 6.5 in CGPA on a 10 point scale for GEN/GEN-EWS/OBC, whereas 6.0 CGPA (on a 10-point scale) or 55% in case of SC/ST/PwD candidates.
- Reservation for EWS/OBC-NCL/SC/ST/PwD candidates as per Govt. of India norms. Applicants claiming reservation under EWS/OBC-NCL/SC/ST/PwD are required to produce a valid certificate as in the Govt. prescribed format.
- Applicants presently working in Academic Institutions/Industries/Research
 Organizations, etc. only should apply in this category. They must have a
 minimum of two-year full time continuous service in the sponsoring organization.
 They have to attach duly completed Form-I (Sponsorship and NOC) along with the
 application. They are advised to come with experience certificate and other relevant
 documents such as pay-slip, appointment order and Identity card in support of their
 service in the sponsoring organization.
- The percentage of marks requirement for sponsored candidates may be relaxed to 55% or 6.0 CGPA if documentary evidence of proven research and professional experience (in terms of publications, patents etc.) in the appropriate field are submitted.

Short-listing / Selection Criteria:

- Sponsored students are not eligible for scholarships and placement facilities.
- Admission will be given to the candidates on the basis of marks secured in qualifying degree and a written and/or oral examination to be conducted by the concerned department. Mere call for Test and Interview does not guarantee admission.
- List of shortlisted candidates will be published in Institute website. No Call Letter will be sent through surface mail/email.
- Separate application has to be submitted to each department in case a candidate applies to multiple departments.

How to Apply:

- Downloadable application form is available in the Institute's website: www.nitgoa.ac.in
- The application form must be filled in all respect or else application will be treated as cancelled.
- Each applicant has to pay an application fee of Rs. 500/- per Department for Gen/OBC(NCL)/EWS category and Rs. 300/- per Department for SC/ST/PwD category. Applications to more than one Department shall be considered only upon payment of the requisite fees for each Department. Application fee is nonrefundable.
- The application fee payment should be made through online mode only, on or before the last date 3-08-2024.
- Candidates can pay the application fee online using Debit/Credit Card/UPI/Net Banking etc. **Please use this link:** https://pmny.in/cIFMmisettSF
- Candidate has to attach the following supporting documents:
- o All Mark Sheets (class X, class XII, UG)
- o Transfer Certificate
- o Degree/Provisional certificate
- Sponsorship certificate
- o Community/EWS certificate (if applicable),
- o PwD certificate (if applicable) and
- o Proof of application fee payment
- Duly filled application form along with scanned copy of all the required supporting documents have to be compiled into a single *.pdf file
- Applications are to be submitted only in ONLINE mode using the below Google form link after the fee payment is completed. Finally, the complied *.pdf file having filled application form and supporting documents is to be attached (as one file).

Google Form Link: https://forms.gle/EWKvmHSczKQ2rDXT7

• **Fee Structure:** (All the figures in INR)

S.No.	Institute Fees	I Sem	II Sem	III Sem	IV Sem
1.	Tuition Fee (ST/SC/PwD Student Exempted)	35,000	35,000	35,000	35,000
2.	Admission fee	1,000			
3.	Students Activities Fee	2,500		2,500	
4.	Mediclaim(Cashless) and Health care	2,000	-	2,000	
5.	Career development Fee /Thesis fee	2,000	-		
6.	Institute Development Contribution	3,000		3,000	
	Other fees				
7.	Internet Fee	2,000	1	2,000	
/.	Library Fee	1,000	1	1,000	
	Examination Fee	1,000	1,000	1,000	1,000
8.	Alumni Affairs contribution	1,000	-		
9.	Convocation Fee	2,000	-	-	
10.	Security Deposit Refundable	4,000	·		·
	Total Rs.	56,500	36,000	46,500	36,000

Note: Hostel facility is available. Tution Fees may change as per Institute norms.

Note:

Original Certificates to be produced at the time of Interview and Admission:

- 1. Admission letter received from NIT Goa.
- 2. Degree/Provisional Certificate
- 3. Consolidated Grade or Mark sheet of qualifying degree examinations
- 4. Transfer certificate/ Migration certificate issued by the institute last studied
- OBC-NCL/EWS certificate issued on or after 01.04.2023 by the competent authority, if applicable
- 6. SC/ST certificate issued by the competent authority, if applicable
- 7. Certificate for PwD candidates issued by the Medical Board notified under PwD Act.
- 8. Sponsorship Certificate
- 9. Relieving order

Important Dates:

Application form will be available in the institute's website	19-07-2024
Last date for submitting duly filled application form to NIT Goa	3-08-2024
Date of interview at NIT Goa*	12-08-2024
Date of announcement of results*	13-08-2024 (Tentative)
Date of Orientation Program (for selected students)	16-08-2024
Classes will Commence from	19-08-2024

*NOTE: Intimation regarding written test/personal interview shall be posted on the Institute website. No separate interview letter/communication will be sent to individual candidates. Visit Institute website: www.nitgoa.ac.in regularly for more details and updates.

Legal Jurisdiction:

In case of any dispute arising out of the M.Tech. (Sponsored) Admission process, the decision of Director, NIT Goa shall be final. The jurisdiction for legal disputes, if any, will be limited to Goa only.

Disclaimer:

The Institute reserves the right to make changes at any time without notice, changes in and additions to the regulations, conditions governing the admission, requirements, seats, fee and any other information, or statements contained in this information brochure.

For any queries, Contact:

The Assistant Registrar (Academics),

National Institute of Technology Goa Kottamoll Plateau, Cuncolim Municipal Area,

Salcete Taluka, South Goa District, Goa - 403703

Website: www.nitgoa.ac.in

Email: asst.registrar@nitgoa.ac.in, pgadmissions@nitgoa.ac.in

Website: www.nitgoa.ac.in

-sd-Director



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NATIONAL INSTITUTE OF TECHNOLGY GOA

Kottamoll Plateau, Cuncolim, Goa-403703

Advertisement No.: NITG/ADMIN/2024/OW/436 Date:

Details of Ap	plication fee	
Transaction Id (Received from PayU) :	Da	ited :
Email Id (Mentioned during transaction) :		
Application form for Admission into M.Tec	h. (Sponsored) Prog	gramme (2024-2025)
Name of the Applicant :		
		4.00
Father's Name:		Affix Recent
Mother's Name:		Passport size
Sex (Male/Female/others):		Photograph
Address:		
(a) For Correspondence	(b) Permanent	
(c) Email:	(d) Phone/ Mobile No.:	
(a) Date of Birth:	(b) Marital Status (Sing	le/Married) :
(c) Age on (01/01/2024):	(d) Nationality:	
(e) Whether SC/ST/OBC/EWS/PWD:	(if yes, certificat	te must be attached)
(f) Specify if you belong to any other backward classes	:	
(a) Department to which the candidate seeks admission	ı:	
(b) Specialization to which admission is sought:		

- 1.
- 2.

(c) Are you also applying to any other Department/ Specialization? Yes/No

If yes, list the other Departments/ Specialization:

(a) Professional Qualifying Examination passed (attested copy of certificate must be attached): (i) GATE (Not compulsory for Sponsored Category) Subject	Iniversity/ College /Board	Degree obtained (with discipline)	Year	% Marks/ CGPA/ CPI	Class obtained (If applicable)	Subjects taken
(i) GATE (Not compulsory for Sponsored Category) Subject Score Valid up to (ii) Any other source for Fellowship/Scholarship: O. (a) Professional Experience (Teaching/ Research/Industrial) if any (proof to be attached). (Attach additional sh needed) Name of Organization Position held Type of work Period From To (b) Attach a list of publications / projects etc. separately, if any:						
(i) GATE (Not compulsory for Sponsored Category) Subject						
(ii) GATE (Not compulsory for Sponsored Category) Subject Score Valid up to (iii) Any other source for Fellowship/Scholarship: (ii) Any other source for Fellowship/Scholarship: (ii) Any other source for Fellowship/Scholarship: Name of Organization Position held Type of work Period From To (b) Attach a list of publications / projects etc. separately, if any:						
(i) GATE (Not compulsory for Sponsored Category) Subject						
Subject Score Valid up to (ii) Any other source for Fellowship/Scholarship: (ii) Any other source for Fellowship/Scholarship: (a) Professional Experience (Teaching/ Research/Industrial) if any (proof to be attached). (Attach additional sh needed) Name of Organization Position held Type of work Period From To (b) Attach a list of publications / projects etc. separately, if any:	(a) Professional Qualifyi	ng Examination passed	(attested c	opy of certificate r	nust be attached):	
(ii) Any other source for Fellowship/Scholarship: (a) Professional Experience (Teaching/ Research/Industrial) if any (proof to be attached). (Attach additional sheeded) Name of Organization Position held Type of work Period From To (b) Attach a list of publications / projects etc. separately, if any:	(i) GATE (Not compulso	ry for Sponsored Category	ory)			
Name of Organization Position held Type of work Period From To (b) Attach a list of publications / projects etc. separately, if any:	Subject		Score	Valid up to		
(a) Professional Experience (Teaching/ Research/Industrial) if any (proof to be attached). (Attach additional shapeded) Name of Organization						
Name of Organization Position held Type of work Period From To (b) Attach a list of publications / projects etc. separately, if any:						
Name of Organization Position held Type of work Period From To (b) Attach a list of publications / projects etc. separately, if any:	(ii) Any other source for	Fallowshin/Sahalorshin				
Name of Organization Position held Type of work From To Output To Description From From To Description From Fro	(11) Any other source for	renowship/scholarship):			
(b) Attach a list of publications / projects etc. separately, if any:						
	needed)		/Industria		be attached). (Atta	
	needed)		ı/Industria			Period
	needed)		/Industria			Period
	needed)		ı/Industria			Period
	needed)		/Industria			Period
	needed)		ı/Industria			Period
	needed)		/Industria			Period
	needed)		ı/Industria			Period
1. (a) If employed, Name of the Present Employer:	needed)		ı/Industria			Period
. (a) If employed, Name of the Present Employer:	needed) Name of Organization	Position held		Type of work		Period
	Name of Organization	Position held		Type of work		Period
	Name of Organization (b) Attach a list of public	Position held cations / projects etc. sep	arately, if	Type of work	From	Period To

12.	Liet	of	Encl	Locu	rac
1 /.	1.481	$^{\circ}$	CHC	OSI	1168

(i)	(vi)
(ii)	(vii)
(iii)	(viii)
(iv)	(ix)
(v)	(x)

13. Declaration

I hereby declare that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and regulations of the Institute as amended from time to time.

I note that the decision of the Institution is final in regard to selection for admission and assignment to a particular department and field of study. The Institute shall have the right to take any action it deems fit, including expulsion, against me at any time after my admission, if it is found that information furnished by me are false or incorrect. I shall abide by the decision of the Institute, which shall be final.

are	false or incorrect. I shall abide by the	decision of the	Institute, which	ch shall be final.	
Place:					
Date:				Signature of the App	plicant
		For office	use only		
a. To	be filled in by Departmental Admission	on Committee a	fter verification	on and selection test	
	(i) % or CGPA of B.Tech Marks/Grade		(iv) Perform Test/Intervie	ance of Selection	
	(ii) % or CGPA of M.Sc. Marks /Grade		(v) Position	in order of merit	
	(iii) % Or Rank of GATE score		(vi) Catego OBC/SC/ST	ry (General/EWS/ '/PwD)	

Recommendation for Admission:

Signature of Member Signature of Member Signature of Member

Chairman (Departmental PG Admission Committee)

b. To be	e filled by Central Admission Committee:
	(i) Verified and found suitable and recommended to Chairman, Senate for admission:
	(ii) Not recommended for admission
(Name a	and Signature of Members):
1.	
2.	
3.	
c. Admi	tted on approval from Chairman, Senate.
Date:	Dean (Academics)

Sponsorship Certificate

(For admission to M.Tech. Programme (under Sponsored category)) during the academic year 2024-25

The applicant (name)	has been a regular
employee of this Institute/Organization from	and has years of
experience (teaching/R&D/industry) in this organization.	
He/She is sponsored, for full time study for M.Tech.	Programme in National Institute of
Technology Goa, Kottamoll plateau, Cuncolim, Goa – 40	3 703 and his/her sponsorship will not
be withdrawn before the completion of the course/program	nme.
Official Seal	
Station:	Signature of the Employer
Date :	Name:
	Designation:

(Note: Sponsorship certificate should be submitted in the same format as indicated in this application duly signed by the Employer/ Head of the Sponsoring Organization and seal.)

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Castes or the Scheduled Tribes should submit in support of his claim an attested/self-certified copy of a certificate in the form given below, from the District Officer or the Sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the M.Tech Admission NIT Goa – 2024 would accept only attested/self-certified photocopies of such certificates and not any other copy.

This is to certify that Shri/Smt/Kum*		
	son/daughter of	
	of village/town/*	in
District/Division*	of the State/Union Territory*	
belongs to the	Caste/Tribe* which is recognized as a	Scheduled Castes
[SC]* / Scheduled Tribes [ST]* 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 Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976. [%]

The Constitution (Jammu & 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 (Dadra and Nagar Haveli) Scheduled Castes Order, 1962. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962**. The Constitution (Pondicherry) Scheduled Castes Order, 1964**. The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967**. The Constitution (Goa, Daman & Diu) Scheduled Castes 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 & Kashmir) Scheduled Tribes Order 1989**. The Constitution (SC) Orders (Amendment) Act, 1990**. The Constitution (ST) Orders (Amendment) Ordinance, 1991**. The Constitution (ST) Orders (Second Amendment) Act, 1991**. The Constitution (ST) orders (Amendment) Ordinance, 1996. The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act. 2002. The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste) Order (Amendment) Act, 2002. The Constitution (Scheduled Caste) Order (Amendment) Act, 2007. [%]

2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migratedfrom one State/Union Territory Administration. 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 the District/Division*_ _____of the State/Union Territory*______, who belong to Caste/Tribe* which is recognized as a Scheduled Caste*/ Scheduled Tribe* in the State/UnionTerritory * issued by the ______dated_____. 3. Shri/Shrimati/Kumari* and/or*his/her* family ordinarily the village/town*_____ reside(s) in the State/Union Territory District/Division* of of Signature _____ Date_____ Designation (with seal of office) * Please delete the words which are not applicable ** Please quote specific presidential order % please delete the paragraph which is not applicable. ^ List of authorities empowered to issue Schedule Caste / Schedule Tribe Certificates: 1) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner / Taluka Magistrate / Executive Magistrate. 2) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate. Revenue Officers not below the rank of Tehsildar. 3) Sub-Divisional Officers of the area where the candidate and/or his family normally resides. NOTES:

1) The term ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

FORMAT FOR OBC [NCL] CERTIFICATE

TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION THROUGH **M.TECH. ADMISSION (SPONSORED)** NIT GOA – 2024

[This certificate MUST have been issued on or after 1st April 2024]

This is	to certify that Shri/Smt./	′Kum	Son/Daughter of Shri/Smt.
		of Village/Town	
Distric	ct/Division	in the	State/UT
belon	gs to the	Community which is recognized	as a backward class under:
(i)	Resolution No. 12011/6	8/93-BCC(C), dated 10/09/93 publish	ned in the Gazette of India
	Extraordinary Part I Sect	ion I No. 186, dated 13/09/93.	
(ii)	Resolution No. 12011/9,	/94-BCC, dated 19/10/94 published i	n the Gazette of India
	Extraordinary Part I Sect	ion I No. 163, dated 20/10/94.	
(iii)	Resolution No. 12011/7,	/95-BCC, dated 24/05/95 published i	n the Gazette of India
	Extraordinary Part I Sect	ion I No. 88, dated 25/05/95.	
(iv)	Resolution No. 12011/96	5/94-BCC, dated 9/03/96.	
(v)	Resolution No. 12011/4	4/96-BCC, dated 6/12/96 published i	n the Gazette of India
	Extraordinary Part I Sect	ion I No. 210, dated 11/12/96.	
(vi)	Resolution No. 12011/13	3/97-BCC, dated 03/12/97.	
(vii)	Resolution No. 12011/99	9/94-BCC, dated 11/12/97.	
(viii)	Resolution No. 12011/68	3/98-BCC, dated 27/10/99.	
(ix)	Resolution No. 12011/88	8/98-BCC, dated 6/12/99 published i	n the Gazette of India
	Extraordinary Part I Sect	ion I No. 270, dated 06/12/99.	
(x)	Resolution No. 12011/30	6/99-BCC, dated 04/04/2000 publish	ed in the Gazette of India
	Extraordinary Part I Sect	ion I No. 71, dated 04/04/2000.	
(xi)	Resolution No. 12011/4	4/99-BCC, dated 21/09/2000 publish	ed in the Gazette of India
	Extraordinary Part I Sect	ion I No. 210, dated 21/09/2000.	
(xii)	Resolution No. 12016/9/	/2000-BCC, dated 06/09/2001.	
(xiii)	Resolution No. 12011/1/	/2001-BCC, dated 19/06/2003.	
(xiv)	Resolution No. 12011/4/	/2002-BCC, dated 13/01/2004.	
(xv)	Resolution No. 12011/9,	/2004-BCC, dated 16/01/2006 publis	hed in the Gazette of India
	Extraordinary Part I Sect	ion I No. 210, dated 16/01/2006.	
(xvi)	Resolution No. 12015/2/	/2007-BCC, dated 18/08/2010.	

(xvii) Resolution No. 12015/2/2007-BCC, dated 11/10/2010. Resolution No. 12015/13/2010-BC-II, dated 08/12/2011. (xviii) (xix) Resolution No. 12015/05/2011-BC-II, dated 17/02/2014. Resolution No. 12011/6/2014-BC-II, dated 07/12/2016. (xx) (xxi) Resolution No. 12011/13/2016-BC-II, dated 22/12/2016 Resolution No. 20012/1/2017-BC-II, dated 19/01/2017 (xxii) (xxiii) Resolution No. 12011/7/2017-BC-II, dated 31/07/2017 Shri/Smt./Kum. and/or his family ordinarily reside(s) in the ______District/Division of ______State/UT. 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. 36 012/22/93-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) dated 30/05/2014. Signature:

(with seal of office)

Designation

NOTE:

Date:

- (a) The term 'Ordinarily' 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 / First Class Stipendiary Magistrate
 / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant
 Commissioner (not below the rank of 1ST Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (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 purpos	e of reservation in
services as per orders conta	ined in Departmentof Personnel and Training Off	fice Memorandu	m No.36012/22/93-
Estt. (SCT), dated 8/9/1993	. It is also declared that I do not belong to	persons/sectio	ns (Creamy Layer)
mentioned in Column 3 of	the Schedule to the above referred Office	Memorandum	, dated 8/9/1993,
which is modified vide D	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/ar	nnual income f	or creamy layer of
my parents/guardian is wit	hin prescribed limits as on financial year endin	ng on March 31,	, 2024.
Place:	_		
Date:	_		
		Signature of	 the Candidate

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

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

[This certificate MUST have been issued on or after 1st April 2024]

C	ertificate No	Date	e:
		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 is attest	ed below belongs to
	Economically Weaker S	Sections, since the gross annual income* of his/her famil	y** is below Rs. 8 lakh
	(Rupees Eight Lakh only	r) for the financial year. His/her family does not own or pos	sess any of the following
	assets***:		
	III. Residential plo	of 1000 sq. ft. and above; t of 100 sq. yards and above in notified municipalities; t of 200 sq. yards and above in. areas other than the notified	d municipalities.
2.	Shri/Smt./Kumari	belongs to the	caste
	which is not recognized	as a Scheduled Caste, Scheduled Tribe and Other Backward	Classes (Central List).
		Signature with seal of Office	
	ecent Passport size	Name	
attested photograph of the applicant		Designation	
		The income and assets of the families as mentioned we to be certified by an officer not below the rank of	•

Note:

- * Income covered all sources i.e. salary, agriculture, business, profession, etc.
- ** The term 'Family' for this purpose includes 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.
- *** 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.

DISABILITY CERTIFICATE FORMAT - II

{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)

No	_	Date	/	_/	
Signature/LTI/RTI of the Candidate				Passport s photogra of the candidat	ph
This is to certify that I have carefully ex	xamined Shri/S	mt./Kum			
son/wife/daughter of Shri		Date of E	3irth/_		
[Ageyears], male/female, I	Registration N	0	peri	manent res	ident of
House No, War	d/Village/Stre	et		Post	Office
District		State			whose
 he/she is a case of (Please tick as apparament). he/she is a case of (Please tick as apparament). blindness The diagnosis in his/her case is 	olicable):				
3. He/She has% (in	figure)		per	cent (in	words)
permanent physical impairment/blin (part of body) as per guidelines (to b 4. The applicant has submitted the followant of Document	e specified).	as proof of residence			
Nature of Document	Date of issue	Details of aut	mority issuing	the certificat	
Official Seal:	_	uthorized Signatory of me:	notified Medic	al Authority]	

DISABILITY CERTIFICATE FORMAT - III

{In cases of multiple disabilities}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No.	. =			Date	/	
Sig	nature/L	TI/RTI of the Candidat	te			Passport size photograph of the candidate
This	s is to cer	tify that I have careful	ly examined Sh	nri/Smt./Kum		
son	/wife/da	nughter of Shri		Date o	of Birth/_	
[Ag	e	years], male/fema	le, Registratio	n No	per	manent resident of
Ho	use No) \	Ward/Village/S	Street		Post Office
		District		State		, whose
	been eva	s a Case of Multiple Disa cluated as per guideline ant disability in the tabl	s (to be specifie		cked below, and	d shown against
	S. No.	Disability	Affected Part of Body	Diagnosis		nent physical t/mental disability (in %)
	1	Locomotor disability	@			
	2	Low vision	#			
	3	Blindness	Both Eyes			
	4	Hearing impairment	£			
	5	Mental retardation	Х			
	6	Mental-illness	Х			

Contd.

2.	In the light of the above, his/her overall permanent physical impairment as per guidelines (to be			
	specified), is as follows:			
	In figures:	%		
	In words:		pe	rcent
3.	The above condition is progressive/ r	non-progressive/	likely to improv	ve/ not likely to improve.
4.	Reassessment of disability is:			
	(i) Not Necessary[or]			
				and therefore this certificate shall be
	valid till (DD/MM/YY)		_•	
	# - e.g. single eye/both eyes			
	£- e.g. Left/Right/both ears			
5.	The applicant has submitted the follo	owing document	as proof of resi	idence:
	Nature of Document	Date of Issue	Details o	of authority issuing the certificate
6.	Signature and seal of the Medical Au	uthority:		
	Name and Seal of Member	Name of Seal	of Member	Name and Seal of the Chairperson
				·

DISABILITY CERTIFICATE FORMAT - IV

{In cases of any other case not covered in Format – II & III}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No						
Sig	nature/L	TI/RTI of the Candida	te			Passport size photograph of the candidate
Thi	s is to cer	rtify that I have careful	ly examined Sh	nri/Smt./Kum		
sor	n/wife/da	nughter of Shri		Date of	f Birth/_	/
[Ag	ge	years], male/fema	le, Registratio	n No	per	manent resident of
Но	use No) \	Ward/Village/S	Street		Post Office
		District		State		, whose
pho	otograph	is affixed above, and	am satisfied th	nat		
1.	been eva		s (to be specifie	extent of permanent phy ed) for the disabilities tic		
	S. No.	Disability	Affected Part of Body	Diagnosis	impairment	nent physical /mental disability (in %)
	1	Locomotor disability	@			
	2	Low vision	#			
	3	Blindness	Both Eyes			
	4	Hearing impairment	£			
	5	Mental retardation	Х			
	6	Mental-illness	Х			

Contd.

2.	In the light of the above, his/her overall permanent physical impairment as per guidelines (to bespecified), is as follows:			
	In figures:	%		
	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 bevalid till (DD)	/MM/YY)		
	@ - e.g. Left/Right/both arms/legs# - e.g. single eye/both eyes			
	£- e.g. Left/Right/both ears			
5.	The applicant has submitted the fol	lowing document	as proof of residence:	
	Nature of Document	Date of Issue	Details of authority issuing the certificate	
Off	cial Seal:	[Authorized	Signatory of notified Medical Authority*]	
		Name: _		
sha prin	I be valid only if countersigned	${\sf d}$ by the Chief N	nority who is not a government servant, it Medical Officer of the District. Note: The Idia vide notification number S.O. 908(E),	
			Countersigned	
Of	ficial Seal:			
		[CMO/Medical S	superintendent/Head of Govt. Hospital]	
		Name:		

[^] Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in case the certificate is issued by a medical authority who is not a government servant.