

Certificates and Undertakings

Sr. No.	Name of Certificate/ Undertaking/
<u>Certificates and Undertakings Common to CCMT and CCMN</u>	
1	Format of Course Completion Certificate
2	Format for Self Declaration to be submitted by EWS candidate
3	Format for Self Declaration to be submitted by OBC-NCL candidate
4	Disability Certificate format
5	Format for Dyslexia Certificate
6	Form of certificate to be produced by Scheduled Castes (SC) and Scheduled Tribes (ST) candidates
7	Income & Asset certificate to be produced by Economically Weaker Sections (EWS)
8	Form of certificate to be produced by Other Backward Classes (OBC) applying for appointment to posts/admissions to Central Educational Institutions (CEIs), under the Government of India
9	Undertaking for Caste Validity Certificate for Maharashtra State candidate taking admission through CCMT/CCMN-2026
10	Undertaking for correction of Date of Birth certificate
11	Undertaking to be submitted by candidate to submit proper documents at the time of Physical Reporting at the Finally Allotted Institute
12	Undertaking when the Final Result is awaited
<u>CCMT Annexures</u>	
13	Annexure V-A: Format for Declaration and Undertaking by the candidates (RR/SR)
14	Annexure V-B: Format for Declaration and Undertaking by the candidates (NSR)
15	Annexure-VI: Format of Affidavit for PwD candidates
16	Annexure-VII: Undertaking for Category Change
<u>CCMN Annexures</u>	
17	Annexure V-A: Format for Declaration and Undertaking by the candidates (RR/SR)
18	Annexure V-B: Format for Declaration and Undertaking by the candidates (NSR)
19	Annexure-VI: Format of Affidavit for PwD candidates
20	Annexure-VII: Undertaking for Category Change

CCMT/CCMN – 2026

FORMAT OF COURSE COMPLETION CERTIFICATE

[TO BE ISSUED ON THE OFFICIAL LETTERHEAD OF THE INSTITUTE/UNIVERSITY]

This is to certify that

1. Mr. /Ms. _____ (full name) bearing Roll No. _____ is a bonafide student of _____ (course / program) in our institute/university.
2. He / She is likely to complete all requirements of the course / program and all of his/her examinations are likely to be completed by August 15, 2026.
3. His / Her final result is awaited and is likely to be published on or before September 30, 2026.

**Signature (with Seal) of the
Authorized Signatory of the
Institute/University**

Date : _____

Place: _____

CCMT/CCMN – 2026

FORMAT FOR SELF DECLARATION TO BE SUBMITTED BY EWS CANDIDATE

I, _____, son/daughter of
Shri _____ resident of village/town/city _____
district _____ of State/UT _____ hereby declare that I belong
to the _____ community which is not recognized as a Scheduled Caste,
Scheduled Tribe and Other Backward Classes (Central List).

I also declare that the gross annual income* of my family is below Rs. 8 Lakh (Rupees Eight Lakh only) for the financial year 2025-26 and my 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.

I am fully aware that if I am not able to submit the required document(s), my seat will stand cancelled, and I will not have any further claim on the seat allotted by CCMT -2026/CCMN-2026.

Place: _____

Date: _____

Signature of the Candidate

CCMT/CCMN – 2026

FORMAT FOR SELF DECLARATION TO BE SUBMITTED BY OBC-NCL CANDIDATE

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, 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, and again further
modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017 or the latest notification of
the Government of India. 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,
2026.

I am fully aware that if I am not able to submit the required document(s), my seat will stand
cancelled, and I will not have any further claim on the seat allotted by CCMT-2026/CCMN-2026.

Place: _____

Date: _____

Signature of the Candidate

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 size photograph of the candidate
--

This is to certify that I have carefully examined Shri/Smt./Kum. _____,
 son/wife/daughter of Shri _____ Date of Birth ____/____/____
 [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 (Please tick as applicable):
 - a. locomotor disability
 - b. blindness
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 the certificate

Official Seal:**[Authorized Signatory of notified Medical Authority] Name:**

DISABILITY CERTIFICATE FORMAT - III

{In cases of multiple disabilities}**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

--

Passport size photograph of the candidate
--

This is to certify that I have carefully examined Shri/Smt./Kum. _____,

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[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 **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		

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: _____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)_____.

@ - 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 following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the 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

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. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

 Passport size
 photograph
 of the
 candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[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 **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		

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: _____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)_____.

@ - 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 following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorized Signatory of notified Medical Authority*]

Name: _____

* 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.

Countersigned

Official Seal:

[CMO/Medical 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.

FORMAT FOR DYSLEXIA CERTIFICATE - I

MEDICAL CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATES

{Psycho-Education Evaluation Report - To be obtained from any Dyslexia Association*}

No. - _____

Date - ____/____/____

Name of the candidate: _____

Date of Birth: ____/____/____

Name of the Father/Mother/Guardian _____

Registration in the Dyslexia Association: No _____

Date - ____/____/____

Passport size
photograph
of the
Candidate

Name & Address of the Dyslexia Association: _____

Registration No. of the Dyslexia Association: _____

Physical & Neurologic Assessment: []

Psychological Assessment: []WISC

Verbal IQ:

Performance IQ:

Full Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that

The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)**

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
Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
- 4) The Dyslexia Association of India, MZ-47, The Center 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.

Official Seal:

[Signature]

Name of the certifying official: _____

CCMT/CCMN – 2026

FORMAT FOR DYSLEXIA CERTIFICATE - II

TESTIMONIAL TO BE PRODUCED BY DYSLEXIC CANDIDATES

{Testimonial - To be obtained from the Principal of the school/college last attended*}

No. - _____

Date - ____/____/____

Name of the candidate: _____

Date of Birth: ____/____/____

Name of the Father/Mother/Guardian _____

Registration in the Dyslexia Association: No _____

Date - ____/____/____

Passport size
photograph
of the
Candidate

Name & Address of the School/College: _____

Certified that

Shri/Shrimati/Kumari _____

son/daughter of _____ of

_____ Village / Town passed his/her Class X from this school and as per

records, he/she has availed concession under dyslexic category.

Official Seal:

[Signature]

Name of the Principal: _____

*A candidate passing Class X 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.

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/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 / Ist 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 (Lakshadweep Island).
6. Certificate issued by any other authority will be rejected.

CCMT/CCMN – 2026

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Government of

(Name & Address of the authority issuing the certificate)

[This certificate MUST have been issued on or after 1st April 2026 and to be signed by an officer not below the rank of Tehsildar in the States/UTs]

Certificate No. _____

Date: _____

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 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 2025-26. 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 Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office _____

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.

Note:

* Income covered all sources i.e. salary, agriculture, business, profession, etc. for the F.Y. 2025-26

** 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.

OBC Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS/ 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 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.
- (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.
- (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.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (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.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) 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.
- (x) 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.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary P.art I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No.12015/9/2000-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 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 12011/14/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section I No. 67* dated 12/03/2007.
- (xvii) Resolution No. 12015/2/2007-BCC dated 18/08/2010.
- (xviii) Resolution No. 12015/13/2010-BCC dated 08/12/2011.

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, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008 or the latest notification of
the Government of India.

Dated:

District Magistrate/
Deputy Commissioner/
Competent Authority

Seal

* Please delete the word(s) which are not applicable.

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 I 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.

**UNDERTAKING FOR CASTE VALIDITY CERTIFICATE FOR MAHARASHTRA STATE CANDIDATE TAKING
ADMISSION through CCMT/CCMN-2026**

To,

The Verifying Centre In-charge

_____ (Name of the Verifying Centre)

Subject:- Undertaking for Caste Validity Certificate

Respected Sir/Madam,

I _____ S/o/D/o _____
R/o _____ has been allotted seat in
M.Tech./M.Plan./M.Arch./M.Sc./M.Sc.(Tech.) _____ (Name of the Institute)
_____ through CCMT/CCMN-2026. I have not submitted my Caste Validity
Certificate as I am not in receipt of the same till date. I have applied for the Caste Validity Certificate to
Social Welfare Department/ Tribal Welfare Department on _____ (Date).

I herewith give the undertaking that I will submit the Caste Validity Certificate issued by competent authority at the time of physical reporting. I hereby declare that my application for the Caste Validity Certificate is under process and has not yet been rejected. In case I fail to submit the Caste Validity Certificate at the time of physical reporting or found ineligible or information provided herein or in Application Form found incorrect at any stage then the Institute reserves the right to cancel my admission automatically. In such event, I shall be fully responsible for all the consequences arising out of such cancellation of admission. (Name of the Institute) _____ shall not be held responsible in any case. I also understand that, fee refund rules of (Name of the Institute) _____ will be applicable in case of cancellation of my admission.

Signature of the Candidate

Name of the Candidate

Date: _____

Signature of Guardian / Parents

Name of the Guardian / Parents

Date: _____

CCMT / CCMN - 2026

**UNDERTAKING FOR CORRECTION OF DATE OF BIRTH
CERTIFICATE**

I, _____ Son/daughter of _____
_____ resident of _____
_____ do hereby solemnly affirm and declare as under:

This is to certify that:

1. In the CCMT/ CCMN 2026 counseling bears the date of birth of mine as _____
_____ (**incorrect date of birth**) instead of _____
_____ (**correct date of birth**) in the said document. That I therefore, request the
concerned authority in CCMT/ CCMN 2026 counseling to please update and
rectify my date of birth as _____.
2. I am enclosing a self-attested copy of Passport / Aadhar Card/ Driving License
/ Voter ID Card/ PAN Card/ Birth Certificate issued by Municipal
Corporation/authority empowered to register the birth as a proof of my correct
date of birth.
3. I understand that my allotment of seat will stand cancelled if the presently
allotted seat is based on my claimed date of birth; and after updating the
corrected document if I do not satisfy the minimum eligibility criteria, I will
NOT be considered for the subsequent rounds of the Counselling process.

Place: _____

Date: _____

Signature of the Candidate

Undertaking to be submitted by Candidate to submit proper documents at the time of physical reporting at the Finally Allotted Institute

(To be given on a plain paper)

I, _____ (Name of the Candidate) registered with
CCMT- 2026/CCMN- 2026 Registration No. _____,
S/D/O _____ of Village/Town District/Division
in the _____ State/UT, state that:

Recent
passport size
photo of
candidate

1. I am participating in the CCMT-2026/CCMN-2026 counselling process and have uploaded all the required documents for verification.
2. I am not able to complete the document verification as query has been raised against the document(s) submitted by me.
3. I undertake that I will submit the requisite/updated document(s) at the time of physical reporting at the Finally Allotted Institute.
4. I am fully aware that if I am not able to submit the required document(s), my seat will stand cancelled, and I will not have any further claim on the seat allotted by CCMT-2026/CCMN-2026.
5. If my seat is cancelled, the refund will be dealt as per Refund Rules as mentioned in the information brochure of CCMT-2026/CCMN-2026.

Hence, I declare that I fulfill all the requirements for getting admission through CCMT-2026/CCMN-2026.

Signature of Father/Mother

Name:

Date:

Signature of the Candidate

Date:

Place:

Please tick the applicable case(s) in lieu of which this undertaking has been submitted

1. Translation of a certificate (not submitting English/Hindi version of the document)
2. Mismatch in name of Candidate/Father's name/Mother's name in various certificates/documents
3. Mark sheet for all Semesters (though the final mark sheet has been submitted)
4. Provisional degree certificate / Degree Certificate
5. Course completion certificate

Signature of the Candidate

CCMT / CCMN - 2026

UNDERTAKING when the Final Result is awaited

I, _____ Son/daughter of -
_____ resident of _____
_____ do
hereby solemnly affirm and declare as under:

Recent
passport size
photo of
candidate

1. My application in the CCMT/ CCMN 2026 counseling bears the results of degree of eligibility till **pre-final semester** instead of **final semester**. I, therefore request the concerned authority in CCMT/ CCMN 2026 counselling to please accept the results till pre-final semester. I am liable to produce the result of final-semester in a time-frame declared in the information brochure of CCMT/CCMN 2026.
2. I understand that my allotment of seat will stand canceled if I do not fulfill the required minimum eligibility criteria of CGPA/marks after declaration of my final result.

Signature of Father/Mother

Name:

Date:

Signature of the Candidate

Date:

Place:

Annexure V-A: Format for Declaration and Undertaking by the Candidates
(This undertaking is to be given by the candidate online at the time of registration.)

I, do hereby declare that

- i. I have read all the guidelines available in the information brochure and on the CCMT-2026 website (<https://ccmt.admissions.nic.in>).
- ii. I have read the eligibility conditions for respective programmes across all Participating Institutes under CCMT-2026 and would ensure that I fulfill all eligibility conditions while selecting programmes during choice-filling.
- iii. I have read the special eligibility conditions that are required for admission in certain institutes, as given in the CCMT-2026 website, and would ensure that I fulfill all such special eligibility conditions while selecting such programmes during choice-filling.
- iv. I am aware that my admission to the allotted institute/university will be CANCELLED, if at any stage of the counselling process I do not satisfy the general/special eligibility criteria of the allotted institute/university, as mentioned on the CCMT-2026 website.
- v. I am aware that after the last date of registration, I would NOT be able to change any information that I have entered during the online registration. In case, any information is found incorrect later at any stage, my candidature would be CANCELLED and my registration fee would stand forfeited.
- vi. I am aware that I have to pay the requisite fee and lock the choices for complete registration.
- vii. I am aware that my SAVED choice list will automatically be locked, if not done by me earlier, once the due date of choice filling is over. The same list will be considered for further Counselling process.
- viii. I am aware that I will NOT be able to modify the choice list once it is locked.

Further, I undertake that –

- I. I shall provide only correct and authentic information. If any information given by me is found incorrect at any point of time, my admission / candidature will automatically stand CANCELLED without any further reference, and I will also be liable for all the legal consequences for submitting false information.
- II. I will take a print copy of my complete application including filled-choices and check the details carefully. I also understand that, in no case any grievance OR complaint shall be entertained at any later stage throughout the complete process of CCMT-2026 Counselling.

(Name and signature of the candidate)

Annexure V-B: Format for Declaration and Undertaking by the Candidates
(This undertaking is to be given by the candidate online at the time of registration for NSR.)

I, do hereby declare that |

- i. I have read all the guidelines available in the Information Brochure and the guidelines updated from time to time on the CCMT- 2026 website (<https://ccmt.admissions.nic.in>).
- ii. I have read the eligibility conditions for respective Programmes across all participating Institutes under CCMT-2026 and would ensure that I fulfill all eligibility conditions while selecting Programmes during choice-filling.
- iii. I have read the **special eligibility conditions** that are required for admission in certain Institutes, as given in the CCMT-2026 website, and would ensure that I fulfill all such special eligibility conditions while selecting such Programmes during choice-filling.
- iv. I am aware that, my admission to allotted Institute/University will be CANCELLED, if at any stage if it is found that I do not satisfy the general/special eligibility criteria of the allotted Institute/University, as mentioned in the CCMT-2026 website.
- v. I am aware that the National Spot Round (NSR) is being conducted against the non-allotted seats remaining after the special rounds of CCMT-2026.
- vi. I am aware that to participate and lock the choices in NSR, I need to pay the requisite National Spot Round Registration (non-refundable) and Participation Fee (If not paid SAF/PAF/SR Participation Fee in any of the previous rounds).
- vii. I am also aware that in case the offered seat **during NSR** is not accepted by me then the national spot round participation fee paid by me would be forfeited.
- viii. I am aware that after the last date of registration for NSR, I would NOT be able to change any information that I have entered during the online registration. In case, any information is found incorrect later at any stage, my candidature would be CANCELLED **and my national spot round registration and participation fee would stand forfeited.**
- ix. I am aware that my SAVED choice list for NSR will automatically be locked, if not done by me earlier, once the due date of choice filling is over.
- x. I am aware that I will NOT be able to modify the choice list once it is locked.

Further, I undertake that –

- I. I shall provide only correct and authentic information. If any information given by me is found incorrect at any point of time, my admission / candidature will automatically stand CANCELLED without any further reference, and I will also be

liable for all the legal consequences for submitting false information.

- II. I will take print copy of my complete application including filled-choices and check the details carefully. I also understand that, in no case any grievance OR complaint shall be entertained at any later stage.

(Name and signature of the candidate)

Annexure-VI: Format of Affidavit for PwD Candidates

The following is to be printed/typed/photocopied and then duly filled on Rs. 50/- Non-Judicial Stamp paper and duly notarized.

AFFIDAVIT

(Only for PwD candidates)

I, _____ (Name of candidate) GATE

Registration No. _____

_____, S/D/O _____

_____ resident of _____ do hereby solemnly affirm and state as

follows:

1. That, I am Registering for the CCMT-2026 Counselling.
2. That, I know that after seat allotment, document verification will be done Online by the official of the Allotted Institute based on documents uploaded by me.
3. That, I know that physical examination is required to judge the percentage of disability, which is not being done during Online Document Verification.
4. That, my physical examination will be done by the Medical Board of the Allotted Institute at the time of reporting at the Finally Allotted Institute.
5. That, at the time of final reporting, if the Medical Board at the Allotted Institute finds that the percentage of my disability is below the required level, my seat will be cancelled and I will not have any claim on the seat allotted by CCMT.
6. That, if my seat is cancelled at the time of final reporting, the refund, if any, will be dealt as per Refund Rules given in Information Brochure of CCMT-2026.

Deponent Verification

I above named Deponent do hereby verify on oath that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein and no part of it is false.

Deponent

Annexure-VII: Undertaking for Category Change

UNDERTAKING

I, _____ (Name of the candidate) GATE Registration No. _____, S/D/O _____ do hereby undertake the following:

1. That, I filled _____ (category) as my category during registration for the CCMT-2026 Counselling.
2. That, I have been allotted _____ (Programme Name) in the Institute _____ in category _____ (Allotted Category as per Provisional Seat Allotment Letter).
3. That, during online document verification, I could not produce a valid document to claim my filled-in category.
4. That, I understand that my allotment of seat will stand cancelled if the presently allotted seat is based on my claimed category and after updating the category, if I do not satisfy the minimum eligibility criteria, I will NOT be considered for the subsequent rounds of the Counselling process.

Thus, I fully agree to change my category from _____ (Filled in Category) to _____ (Changed Category).

(Candidate's Signature)

Annexure V-A: Format for Declaration and Undertaking by the Candidates
(This undertaking is to be given by the candidate online at the time of registration.)

I, do hereby declare that

- i. I have read all the guidelines available in the information brochure and on the CCMN-2026 website (<https://ccmn.admissions.nic.in>).
- ii. I have read the eligibility conditions for respective programmes across all Participating Institutes under CCMN-2026 and would ensure that I fulfill all eligibility conditions while selecting programmes during choice-filling.
- iii. I have read the special eligibility conditions that are required for admission in certain institutes, as given in the CCMN-2026 website, and would ensure that I fulfill all such special eligibility conditions while selecting such programmes during choice-filling.
- iv. I am aware that my admission to the allotted institute/university will be CANCELLED, if at any stage of the counselling process I do not satisfy the general/special eligibility criteria of the allotted institute/university, as mentioned on the CCMN-2026 website.
- v. I am aware that after the last date of registration, I would NOT be able to change any information that I have entered during the online registration. In case, any information is found incorrect later at any stage, my candidature would be CANCELLED and my registration fee would stand forfeited.
- vi. I am aware that I have to pay the requisite fee and lock the choices for complete registration.
- vii. I am aware that my SAVED choice list will automatically be locked, if not done by me earlier, once the due date of choice filling is over. The same list will be considered for further Counselling process.
- viii. I am aware that I will NOT be able to modify the choice list once it is locked.

Further, I undertake that –

- I. I shall provide only correct and authentic information. If any information given by me is found incorrect at any point of time, my admission / candidature will automatically stand CANCELLED without any further reference, and I will also be liable for all the legal consequences for submitting false information.
- II. I will take a print copy of my complete application including filled-choices and check the details carefully. I also understand that, in no case any grievance OR complaint shall be entertained at any later stage throughout the complete process of CCMN-2026 Counselling.

(Name and signature of the candidate)

Annexure V-B: Format for Declaration and Undertaking by the Candidates
(This undertaking is to be given by the candidate online at the time of registration for NSR.)

I, do hereby declare that |

- i. I have read all the guidelines available in the Information Brochure and the guidelines updated from time to time on the CCMN- 2026 website (<https://ccmn.admissions.nic.in>).
- ii. I have read the eligibility conditions for respective Programmes across all participating Institutes under CCMN-2026 and would ensure that I fulfill all eligibility conditions while selecting Programmes during choice-filling.
- iii. I have read the **special eligibility conditions** that are required for admission in certain Institutes, as given in the CCMN-2026 website, and would ensure that I fulfill all such special eligibility conditions while selecting such Programmes during choice-filling.
- iv. I am aware that, my admission to allotted Institute/University will be CANCELLED, if at any stage if it is found that I do not satisfy the general/special eligibility criteria of the allotted Institute/University, as mentioned in the CCMN-2026 website.
- v. I am aware that the National Spot Round (NSR) is being conducted against the non-allotted seats remaining after the special rounds of CCMN-2026.
- vi. I am aware that to participate and lock the choices in NSR, I need to pay the requisite National Spot Round Registration (non-refundable) and Participation Fee (If not paid SAF/PAF/SR Participation Fee in any of the previous rounds).
- vii. I am also aware that in case the offered seat **during NSR** is not accepted by me then the national spot round participation fee paid by me would be forfeited.
- viii. I am aware that after the last date of registration for NSR, I would NOT be able to change any information that I have entered during the online registration. In case, any information is found incorrect later at any stage, my candidature would be CANCELLED **and my national spot round registration and participation fee would stand forfeited.**
- ix. I am aware that my SAVED choice list for NSR will automatically be locked, if not done by me earlier, once the due date of choice filling is over.
- x. I am aware that I will NOT be able to modify the choice list once it is locked.

Further, I undertake that –

- I. I shall provide only correct and authentic information. If any information given by me is found incorrect at any point of time, my admission / candidature will automatically stand CANCELLED without any further reference, and I will also be

liable for all the legal consequences for submitting false information.

- II. I will take print copy of my complete application including filled-choices and check the details carefully. I also understand that, in no case any grievance OR complaint shall be entertained at any later stage.

(Name and signature of the candidate)

Annexure-VI: Format of Affidavit for PwD Candidates

The following is to be printed/typed/photocopied and then duly filled on Rs. 50/- Non-Judicial Stamp paper and duly notarized.

AFFIDAVIT

(Only for PwD candidates)

I, _____ (Name of candidate) JAM

Registration No. _____

_____, S/D/O _____

_____ resident of _____ do hereby solemnly affirm and state as

follows:

1. That, I am Registering for the CCMN-2026 Counselling.
2. That, I know that after seat allotment, document verification will be done Online by the official of the Allotted Institute based on documents uploaded by me.
3. That, I know that physical examination is required to judge the percentage of disability, which is not being done during Online Document Verification.
4. That, my physical examination will be done by the Medical Board of the Allotted Institute at the time of reporting at the Finally Allotted Institute.
5. That, at the time of final reporting, if the Medical Board at the Allotted Institute finds that the percentage of my disability is below the required level, my seat will be cancelled and I will not have any claim on the seat allotted by CCMN.
6. That, if my seat is cancelled at the time of final reporting, the refund, if any, will be dealt as per Refund Rules given in Information Brochure of CCMN-2026.

Deponent Verification

I above named Deponent do hereby verify on oath that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein and no part of it is false.

Deponent

Annexure-VII: Undertaking for Category Change

UNDERTAKING

I, _____ (Name of the candidate) JAM Registration No. _____, S/D/O _____ do hereby undertake the following:

1. That, I filled _____ (category) as my category during registration for the CCMN-2026 Counselling.
2. That, I have been allotted _____ (Programme Name) in the Institute _____ in category _____ (Allotted Category as per Provisional Seat Allotment Letter).
3. That, during online document verification, I could not produce a valid document to claim my filled-in category.
4. That, I understand that my allotment of seat will stand cancelled if the presently allotted seat is based on my claimed category and after updating the category, if I do not satisfy the minimum eligibility criteria, I will NOT be considered for the subsequent rounds of the Counselling process.

Thus, I fully agree to change my category from _____ (Filled in Category) to _____ (Changed Category).

(Candidate's Signature)