

## Certificates and Formats

The formats of some of the required certificates are printed below for the guidance for the candidates. **Separate certificates bearing the same data as specified in these sample formats are also acceptable.** Original certificates, as prescribed, should be signed by the authorities mentioned therein, under the legible seal of office.

### Certificate in Respect of Defence Category (CW)

#### CERTIFICATE FOR AVAILING ADMISSION AGAINST DEFENCE QUOTA OFFICE OF THE ZILA/RAJYA/KENDRIYA SAINIK BOARD

This is to certify that Master /Miss .....Son/daughter of  
.....resident of .....  
....., the above named officer/ JCO / OR pertains to the category  
marked below:- (Select one from below)

- (a) Killed in Action on .....during.....
- (b) Disabled in Action on ..... and boarded out from service on .....  
during.....
- (c) Died in peace time on .....with death attributable to military  
service
- (d) Disabled in peace time and boarded out from service with disability attributable military  
service.
- (e) Gallantry Award Winner (.....)
- (f) Ex-Serviceman.
- (g) Wives of:
  - i. defence personnel disabled in action and boarded out from service where disability is attributable to Military  
Services in action.
  - ii. defence personnel disabled in service and boarded out with disability attributable to military service.
  - iii. ex-Servicemen and serving personnel who are in receipt of Gallantry Awards.
- (h) Wards of Serving Personnel
- (i) Wives of Serving Personnel

(Category \_\_\_\_\_above)

Mr./Miss .....son/daughter of the above named officer/JCO/OR is  
eligible for Admission in DTU, IIIT-D, IGDTUW, NSUT and DSEU against the Defence quota  
under priority .....  
His/her Ex-Serviceman Widow Identity Card No. is DLH-01.....

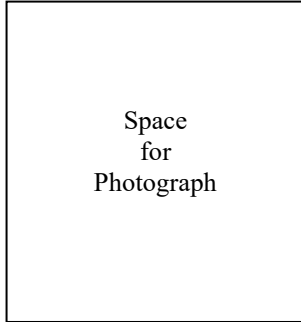
NO. ..../  
(Round stamp of Office)

RSB SECRETARY  
(Zila/Rajya/Kendriya Sainik Board)

**Medical Fitness Certificate**

(To be signed by a registered medical practitioner holding a Medical Degree)

**(TO BE SUBMITTED AT THE TIME OF ADMISSION)**



I certify that I have carefully examined Mr./Ms.\* \_\_\_\_\_  
Son/daughter of Shri \_\_\_\_\_ whose  
signature is given below. Based on the examination, I certify that he/she is in good mental and  
physical health and is free from any physical defects which may interfere with his/her studies  
including the active outdoor duties required of a professional.

Marks of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place:

Date:

Name & signature of the Medical Officer with  
seal and registration number

\* Strike whichever is not applicable.

**Certificate for Differently Abled Person (PD)**

**To be issued by Medical Board from Government Hospital**

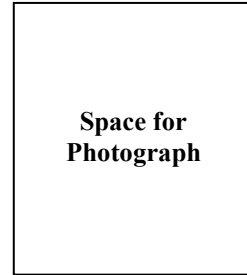
Name of the candidate: Mr./Ms.\* \_\_\_\_\_

Father's Name: \_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Percentage loss of earning capacity (in words):  
\_\_\_\_\_

Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: \_\_\_\_\_

Name of the disease causing handicap: \_\_\_\_\_

Whether handicap is temporary or permanent: \_\_\_\_\_

Whether handicap is progressive or non-progressive: \_\_\_\_\_

The candidate is FIT / UNFIT to pursue the engineering studies.

(\*Strike out whichever is not applicable)

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Chief Medical Officer

Date:

Seal of Office

**NOTE:**

The medical board must have three members.

1. Candidate having temporary or progressive handicap will not be considered against these seats.

Form-I  
Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)  
**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined  
Shri/Smt./Kum. \_\_\_\_\_ son/wife/daughter of  
Shri \_\_\_\_\_ Date of Birth  
(DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female  
\_\_\_\_\_ Registration No. \_\_\_\_\_ Permanent resident of  
House No.- \_\_\_\_\_ Ward/Village/ Street  
\_\_\_\_\_ Post Office  
\_\_\_\_\_ District \_\_\_\_\_ State  
\_\_\_\_\_, whose photograph is affixed above, and am  
satisfied that:

- he/she is a case of:
  - locomotor disability
  - blindness(Please tick as applicable)
- the diagnosis in his/her case is \_\_\_\_\_
- 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).
- The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

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

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

Form II

Disability Certificate  
(In cases of multiple disabilities)

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

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the  
person with

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined  
Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_

\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_

years, male/female \_\_\_\_\_ Registration No. \_\_\_\_\_

\_\_\_\_\_ permanent resident of House No. \_\_\_\_\_

\_\_\_\_\_ Ward/Village/Street \_\_\_\_\_

\_\_\_\_\_ Post Office \_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_, whose photograph is affixed above, and  
are satisfied that:

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/  
disability has been evaluated as per guidelines (to be specified) for the disabilities ticked  
below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

@- e.g. Left/Right/both arms/legs  
# - e.g. Single eye/both eyes  
£ - e.g. Left/Right/both ears

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

In figures: \_\_\_\_\_ percent

In words: \_\_\_\_\_ percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

a not necessary

b. is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_.

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

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member Chairperson	Name of Seal of Member	Name and Seal of the

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

**Disability Certificate**  
(In cases other than those mentioned in Forms I and II)  
**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)**

Recent PP size Attested Photograph (Showing face only) of the person with disability
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Certificate No. \_\_\_\_\_  
Date: \_\_\_\_\_

This is to certify that I have carefully examined  
Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/wife/daughter of

Shri \_\_\_\_\_ Date of Birth

(DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,

male/female \_\_\_\_\_ Registration No. \_\_\_\_\_

Permanent resident of House No. \_\_\_\_\_ Ward/Village/Street

\_\_\_\_\_ Post Office \_\_\_\_\_

District \_\_\_\_\_ State \_\_\_\_\_,

whose photograph is affixed above, and am satisfied that he/she is a case of  
disability.

1. His/her extent of percentage of physical impairment/disability has been  
evaluated as per guidelines (to be specified) and is shown against the  
relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		

6	Mental-illness	X		
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(Please strike out the disabilities which are not applicable.)

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

**# - e.g. Single eye/both eyes**

**£- e.g. Left/Right/both ears**

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is:

a. not necessary

b. is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY)

\_\_\_\_\_

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

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

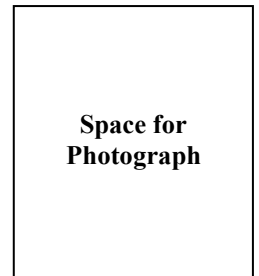
Signature/Thumb impression of the person in whose favour disability certificate is issued
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Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996



**Suitability Certificate for Availing Admission against Differently Abled Person (PD)**

**(To be submitted at the Time of Counselling/Admission)**



Certified that Shri/ Km/ Smt. \* \_\_\_\_\_  
son/daughter/wife of Shri/Smt. \_\_\_\_\_ is  
physically handicapped due to  
\_\_\_\_\_ and he/she  
is fit for undergoing the course(s) \_\_\_\_\_  
\_\_\_\_\_ at NSUT, DTU,  
IGDTUW, IIITD or DSEU.

Name & Signature of  
The Officer In-charge  
Vocational Rehabilitation  
Centre for Physically  
Handicapped  
9,10,11 Karkardooma,  
Vikas Marg, Delhi-110092.

## Certificate for Economically Weaker Section (EWS)

Government of \_\_\_\_\_  
(Name & Address of the authority issuing the certificate)

### INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY CANDIDATES SEEKING RESEWRVATION UNDER ECONOMICALLY WEAKER SECTIONS

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

1. This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_, Village/Street Post. Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory Pin Code whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her I family\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_ His/her family does not own or possess any of the following assets\*\*\* :

- i) 5 acres of agricultural land and above;
- ii) Residential flat of 1000 sq. ft. and above;
- iii) Residential plot of 100 sq. yards and above in notified municipalities;
- iv) Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the caste \_\_\_\_\_ which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes.

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph  
of the applicant

\*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term 'Family' for this purpose include 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

\*\*\*Note 3: 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.

**Certificate for Availing Admission Against Kashmiri Migrant Quota**

**Kashmiri Migrant Quota  
(To be submitted at the Time of Admission)**

Certified that Shri/Km/Smt. \_\_\_\_\_  
son/daughter/wife of Shri/ \_\_\_\_\_  
resident of \_\_\_\_\_ is registered as  
migrant from Jammu & Kashmir. The Registration number is  
\_\_\_\_\_ dated \_\_\_\_\_.  
It is also certified that Shri/Km/Smt \_\_\_\_\_ is  
registered in Delhi/..... as J&K Migrant on  
\_\_\_\_\_.

Name & Signature of  
Deputy Commissioner/Competent Authority  
(Office Stamp)

Place: .....

Date: .....

Note: No document other than this will be accepted by the University/Institute for claiming reservation against the Kashmiri Migrant Seat.

## Affidavit for Single Girl Child

For claiming admission in this category, the Father/Mother/Guardian (in case parents are deceased) shall have to submit affidavit / self-attested to this effect duly attested by area District Magistrate /Additional Magistrate / Deputy Commissioner / Collector / Additional Deputy Commissioner / Deputy Collector / 1<sup>st</sup> Class Stipendiary Magistrate / City Magistrate (not below the rank of 1st Class Stipendiary Magistrate), Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.

### **SPECIMEN OF AFFIDAVIT / SELF-ATTESTED FOR ONLY (SINGLE) GIRL CHILD CATEGORY (on non-judicial paper of Rs.20/- duly attested by 1<sup>st</sup> class Magistrate)**

I \_\_\_\_\_ (name) father/mother of  
Miss \_\_\_\_\_, resident of

\_\_\_\_\_ (full address to be given) do hereby, solemnly declare and affirm as under:

1. That I am a citizen of India.
2. That Miss \_\_\_\_\_ born on \_\_\_\_\_ is the only (Single) Girl Child of the deponent.
3. That the deponent has no living male /female Child other than the above one.

Place:

Dated:

DEPONENT

### VERIFICATION

Verified that the contents of the above affidavit / self-attested are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

DEPONENT

Place:

Dated: