

JOINT ADMISSION COUNSELLING (JAC), DELHI-2024

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 /MissSon/daughter of
.....resident of
....., the above named officer/ JCO / OR pertains to the category
marked below:- (Select one from below)

- (a) Killed in Action onduring.....
- (b) Disabled in Action on and boarded out from service on
during.....
- (c) Died in peace time onwith 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./Missson/daughter of the above named officer/JCO/OR is
eligible for Admission in DTU, IIIT-Delhi, IGDTUW, NSUT and DSEU against the Defence quota
under priority
His/her Ex-Serviceman Widow Identity Card No. is DLH-01.....

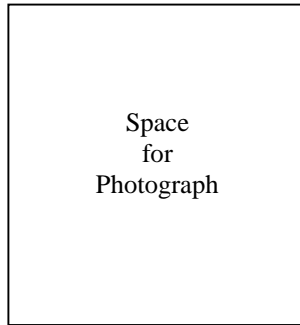
NO./
(Round stamp of Office)

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.

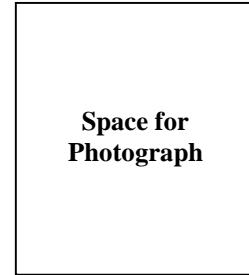
Certificate for Differently Abled Person (PD)

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

Name of Seal of Member

Name and Seal of the

Chairperson

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

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		

(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

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)

**Space for
Photograph**

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, IIIT-Delhi 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 / 1st 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 1st 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: