INSTRUCTIONS/GUIDELINES REGARDING COMPETENT AUTHORITY TO ISSUE CERTIFICATES

1. SCHEDULED CASTE CATEGORY

The competent authorities to issue the certificate are as under.

i. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/Ist Class stipendary Magistrate/City Magistrate/Sub-Divisional Magistrate/Talika Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of Ist Class stipendary 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 normally resides.

v. Administrator/Secretary to Administrator/Development officer Lakshadweep Islands (Circulated vide No. 2/223/79-SWT/4387 dated 8.6.96).

vi. MLAs of the concerned constituency (Circulated vide No. 1/19/94-RCI/6045 dated 15.7.94)

2. SCHEDULED TRIBE CATEGORY

The competent authority to issue Scheduled Tribe certificate is same as given for Scheduled Caste category.

3. BACKWARD CLASS CATEGORY

Competent authority to issue Backward Class Certificate:

i. Sub-Divisional Magistrate

ii. Executive Magistrate

iii. Tehsildar

iv. Naib Tehsildar

v. Block Officer

vi. District Revenue Officer

4. PHYSICALLY HANDICAPPED

The admission of candidates in this category will be made on the Submission of certificate to be issued by Chief Medical Officer of the District concerned, which should indicate the extent of disability. Minimum 40% disability is required to be eligible under this category.

However, this provision will be subject to the decision of the Admission Committee of the Institute whether such a candidate would be able to pursue the studies at the Institute with his specific disability. The decision of the Admission Committee in this regard shall be final.

ANNEXURE-I

FORMAT OF MEDICAL CERTIFICATE

I certify that I have carefully examined Mr./Ms. ……

son/daughter of Sh. ……

His/her age is about ……..

His/her Chest Measurement is Unexpanded ……. Cm

Expanded ……. Cm

His/her eyesight is upto the prescribed standards.

Details of glasses, if worn ……

He/she has no disease or mental or bodily infirmity unfitting or likely to unfit him/her in the future for active outdoor service.

Blood Group _____

Marks of identification

Thumb impression

HEPATITIS "B" IMMUNISATION? Yes No

Dated ……

Signature of Gazetted Medical Officer
(with official Seal)

Signature of Candidate

Annexure-II

FORMAT OF SPONSORSHIP AFFIDAVIT FOR ADMISSION TO BE/BTech/MCA/MSc/ME/MTech/MPhil/PhD PROGRAMME

(To be submitted by NRI, FN Candidates)

I .....….....son/daughter of Sh. .....…..... resident of ....., am NRI being Permanent Immigrant*/ on H-1 Visa* /Citizen* (Other than Indian Citizenship) in……..…..... (Country) since…….. and I, hereby sponsor my ward Mr./Ms ..... who is seeking admission to BE/BTech/MCA/MSc/ME/MTech/MPhil Programme under Non-Resident Indian/ Foreign National Category at Thapar Institute of Engineering & Technology, Patiala. My ward has passed his/her 10+2 /equivalent examination from …….. (Name of the Country).

I further declare and affirm that I shall be responsible for timely payment of prescribed tuition fee in US$ and all other dues and charges to the Thapar Institute of Engineering & Technology, Patiala, immediately after the admission is granted to the above candidate and also during subsequent years of studies.

Tuition fee shall be paid by me in the form of bank draft in US$ payable to the Registrar, Thapar Institute of Engineering & Technology, Patiala, along with a bank certificate for encashment of foreign currency of the like amount.

In addition to tuition fee, I shall pay all other dues and charges to the Thapar Institute of Engineering & Technology, Patiala, as payable by other students of the same class belonging to same category in foreign currency or in Indian Rupees, as per Institute Rules and Regulations.

Date..... DEPONENT

VERIFICATION

I solemnly state and affirm that the contents of my above affidavit are true to the best of my knowledge and belief.

DEPONENT

Note: The above affidavit should be attested by a Notary Public or First Class Magistrate.

* Strike out whichever is not applicable.

FORMAT OF CERTIFICATE FOR SPONSORED CANDIDATES

(for candidates applying for ME/MTech Programmes)

I certify that Mr./Ms. …… son/daughter of Sh. …… is currently employed in our organisation as …….. from ……. He/She will be granted study leave for pursuing the programme …… at Thapar Institute of Engineering & Technology, Patiala. All the expenses till the completion of the programme will be borne by us. Further certified that the candidate will not be withdrawn before the completion of the programme.

Place ……..
Date ……..

Signature
(with official seal)

Format of Income Certificate
(Not required for Candidates applying for PhD Programme)

CERTIFICATE FROM THE HEAD OF THE OFFICE WHERE
FATHER/GUARDIAN OF THE STUDENT IS EMPLOYED

Certified that Sh. …….. S/o Sh. …….. and father of Mr./Ms. …… is employed in this office as …… and the details of his monthly salary are given below:

Basic Pay (Rs.)	Grade pay	DA	CCA	Any other Allowance	Total

Place ……..
Date ……..

Signature of Head of Office
(with official seal)

OR

Declaration (duly attested by Notary Public) to be deposed by
father/guardian who is not employed but is running his own business

I …….. S/o Shri …….. and Father/Guardian of Mr./Ms. …… and resident of …… do hereby solemnly declare that I am not employed anywhere and I am carrying on my own business (name of business) ……..……..…… at …… (Place). My average gross monthly income is Rs. ……

Place: ……..

Signature of Father/Guardian

Date: ……..

Note: ***Candidates whose father/guardian has retired from Govt. service should produce pension certificate in support of their income at the time of counselling.***

Annexure-V

FORMAT OF CERTIFICATE FOR CHILDREN OF EMPLOYEES OF PUNJAB GOVT. POSTED/DEPUTED OUTSIDE PUNJAB

CERTIFICATE FROM THE HEAD OF THE OFFICE WHERE

FATHER/MOTHER OF THE CANDIDATE IS EMPLOYED

Certified that Sh./Smt ……..…….. S/D/o Sh. ……...…….. and father/mother of Mr./Ms. ……..… is a **Punjab Government employee** and is posted/deputed in this office as …… and the details of his/her services are given below:

Place of working (present): _____

_____(State)

Date of joining the Present Job _____

Place: ……..

Date: ……..

Signature of Head of Office

(with official seal)

Annexure-VI

FORMAT OF GAP PERIOD AFFIDAVIT
(Notarized Affidavit on any amount stamp paper)

I_____(Name) S/D/o Shri_____ and resident of _____(address) do hereby declare that I was not involved in any kind of illegal or unlawful activity during the period_____ (mention the period of GAP).

(Signature)

Annexure-VII

FORMAT OF UNDERTAKING TO BE GIVEN BY CANDIDATES OF BE (LATERAL ENTRY)/MCA/MSc/ME/MTech/MA/MBA/PhD PROGRAMS IF THEIR FINAL RESULT OF QUALIFYING EXAM IS NOT DECLARED

Such candidates have to furnish following undertaking at the time of document checking/'In Person' counselling.

"I_____s/d/o Sh _____am applying on my own risk and responsibility as my final result of the Qualifying exam has not been declared.

I do hereby declare that I do not have any backlog paper in any of the previous semesters (Years) of study of the qualifying exam and also I do not expect any backlog in my final exam.

I assure you that I will produce the proof of passing of my Qualifying examination with the minimum percentage of marks required on or before December 31, 2026, failing which my admission shall stand cancelled and I shall not claim any right on any count whatsoever."

Dated: _____ *Signature of Candidate*

Signature of Father/Mother

ANNEXURE VIII

FORMAT OF ANTI-ALCOHOL/DRUG ABUSE AFFIDAVIT BY PARENT/ GUARDIAN
(Notarized Affidavit on any amount stamp paper)

I, _____ Mr./Mrs./Ms. (full name of parent/guardian) father / mother/guardian of _____ (full name of student with admission /registration/enrolment number) having been admitted to THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA have received a copy of the ANTI-ALCOHOL/DRUG ABUSE Policy (hereinafter called the "Policy") carefully read and fully understood the provisions contained in the said Policy.

1) I have, in particular, perused and fully understood the clause 5 of the Policy and am fully aware of the penal and administrative action that is liable to be taken against my ward in
   case he/she is found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on Institute campus, training sites and at all INSTITUTE sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the Institute campus.
2) I hereby affirm that, if my ward is found guilty as mentioned in clause 2 above, he /she is liable for punishment according to clause 5 of the Policy, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

Declared this _____day of_____ month of _____ year_____

Deponent
Address:
Telephone/Mobile No:

VERIFICATION
Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Place: **Deponent**
Date:

Solemnly affirmed and signed in my presence on this the (day) of month, (year) after reading the contents of this affidavit.

OATH COMMISSIONER

ANNEXURE IX

FORMAT OF ANTI-ALCOHOL/DRUG ABUSE AFFIDAVIT BY THE STUDENT
(Notarized Affidavit on any amount stamp paper)

I, (full name of student with admission/registration/enrolment number) s/o - d/o Mr./Mrs./Ms_____ having been admitted to THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA have received a copy of the ANTI-ALCOHOL/DRUG ABUSE Policy (hereinafter called the "Policy") carefully read and fully understood the provisions contained in the said Policy.

1) I have, in particular, perused and fully understood clause 5 of the Policy and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on Institute campus, training sites and at all INSTITUTE sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the Institute campus.
2) I hereby affirm that, if found guilty as mentioned in clause 2 above, I am liable for punishment according to clause 5 of the Policy, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

Declared this _____day of_____ month of _____ year_____

Deponent

VERIFICATION
Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Place: **Deponent**
Date:

Solemnly affirmed and signed in my presence on this the (day) of month, (year) after reading the contents of this affidavit.

OATH COMMISSIONER

Annexure-X

FORMAT OF AFFIDAVIT FOR CANDIDATES SEEKING ADMISSION UNDER PUNJAB STATE QUOTA ON THE BASIS OF PUNJAB RESIDENCY CERTIFICATE (WHO HAVE DONE 10+2 FROM OUTSIDE PUNJAB)

(Notarized Affidavit on any amount stamp paper)

I_____(Name) S/D/o Shri_____ and resident of _____(address as per Punjab Residency Certificate) have done 10+2 from _____ (State). I hereby declare that I have not claimed / will not claim State quota benefit from any other State/UT.

(Candidate Signature) **(Parent's Signature)**

Annexure-XI

Undertaking from the Student and Guardian

I,Mr./Ms…….....,Date of Birth……..……Roll No:/TIET application number……., seeking admission in Programme:…….. at TIET, Patiala do hereby declare, affirm and undertake on this day……..……month……..…… year…….……the following:

1. That the information provided by me in the application form is true, correct and nothing has been concealed therein. The documents appended with the check list/ application form is/are genuine. I have gone through the eligibility criteria laid down by the TIET, Patiala for the Admission to the above mentioned programme and I hereby confirm that I fulfill the same.
2. That I have not used any incorrect, manipulative, forged, illegal, misrepresentation or other inappropriate means/informations/documents/details to secure the admission in the above said mentioned programme. The University shall have the right of cancellation/termination of my admission in case it is found that I have used any of the above mentioned means/informations/documents(s) to secure the admission or given wrong information or facts.
3. I shall abide by the admissible rules and regulations of TIET University, Patiala. I acknowledge that the University has the authority of taking disciplinary action on me for non-compliance of the same.
4. I understand that as per rules and regulations of the University, I will not be permitted to possess or use any motorised vehicle inside the Instititute campus, unless I am permitted to do so by a written prior authorization from the Dean (Students' Affairs).
5. In the event of my involvement in any activity outside the campus which is punishable by the law of the land, the Institute shall in no way provide any support to me and will be not be responsible either for my action.
6. I also declare that I am not suffering from any serious/contagious ailment including psychology related symptoms.

Signature of Student

I hereby fully endorse the undertaking made by my child/ward.

Signature of Mother/ Father and or Guardian