



# NATIONAL INSTITUTE OF TECHNOLOGY ROURKELA – 769 008

No. NITR/AC/2020/M/1137

Dated: November 3, 2020

## DETAILS OF ADMISSION PROCESS FOR FIRST SEMESTER 2020

### Academic Year 2020–2021 for the B. Tech, B. Arch, Int. MSc and Dual Degree programmes under JoSAA/CSAB

After the successful payment of the partial admission fee at **JoSAA/CSAB**, make the remaining payment at NIT Rourkela also at the link mentioned below. **The fee structure for different categories mentioned in this document. (Page No. 4 to 5)**

<https://www.onlinesbi.com/sbicollect/icollecthome.htm?corpID=1509159>

There are four categories in the above link. Choose your option accordingly and proceed for making the payment.

Select Payment Category \*

-- Select Category --

- JoSAA 2020 GEN GEN EWS OBC NCL INCOME ABOVE 5 LAC
- JoSAA 2020 GEN GEN EWS OBC NCL INCOME BELOW 1 LAC
- JoSAA ADMISSION 2020- SC ST PWD
- JoSAA-2020 GEN GEN EWS OBC NCL INCOME Rs1-5 LAC SEMESTER FEE AUTUMN 2020

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### IMPORTANT:

Please mention the fee amount separately you paid to JoSAA/CSAB and NIT Rourkela while filling up eapplication after making payment. (If you have any doubt in making payment and completing application, you can watch this video at <https://youtu.be/MfcmGn6xCB0>)

After making payment, all the students are advised to fill necessary details at NIT Rourkela online portal: <http://eapplication.nitrkl.ac.in> **from 25<sup>th</sup> November to 1<sup>st</sup> December, 2020.** **Students are NOT required to report physically to take admission at NIT Rourkela.**

Students participated in CSAB are required to upload documents in the e-application form (Merge all documents into one .pdf file of max. 5MB). If students are not able to upload, they can submit the following documents scanned copies to [acad.ug@nitrkl.ac.in](mailto:acad.ug@nitrkl.ac.in) with a copy to

[sahuj@nitrkl.ac.in](mailto:sahuj@nitrkl.ac.in). However, hard copies of all the documents must be submitted during physical reporting, failing which their admission will be cancelled.

The date of physical reporting will be intimated later. The student is required to provide the following documents:

1. Provisional Admission Letter from JoSAA/Score Card.
2. Admission fee receipt paid at JoSAA/CSAB and NIT Rourkela
3. Examination / Birth Certificate for proof of date of birth.
4. Mark-sheet & Certificates of all Examinations starting from HSC (10<sup>th</sup>) onwards.
5. School (College) Leaving / Migration Certificates (any one) in case it is not issued by the school/Board, from the Institution last attended.
6. Conduct / Character Certificate from the Institution last attended.
7. Reservation Category certificate (if applicable) (**Annexures enclosed - As per JoSAA format & rules**)
8. Complete Postal Address with Mobile No. & Email ID (on A4 paper)
9. Identity Proof / I-Card
10. Medical Fitness Certificate
11. Income Certificate of Parents (Issued after April 01, 2020) (if applicable) (In case mother is not working, affidavit to be submitted for **NO INCOME**)  
**Income Certificate is not required from SC/ST/PH/Family Income above 5 Lakhs students.**  
**Income Certificate is to be submitted only by student who has income less than 1 Lakh or in-between 1-5 Lakhs.**
12. Undertaking by Student & Parent against Ragging (form enclosed) and other undertakings

Print the “Online Enrollment Form” obtained from <http://eapplication.nitrkl.ac.in>.

**(Keep the print out safely. When asked, submit it at [acad.ug@nitrkl.ac.in](mailto:acad.ug@nitrkl.ac.in))**

### **Important for Physically Handicapped Students:**

Physically handicapped students are required to submit the affidavit (sample attached) on Non-judicial stamp paper and upload the same along with other documents.

**Refund Rule:** In case of withdrawal after taking admission, only mess fee will be refunded and all other fees deposited will be forfeited.

### **Procedure for Admission:**

**Step-1:** Fill up the e-application form in the NIT Rourkela website and upload all documents in the form. Please attach all documents in sequence.

**Step-2:** The documents will be verified by the Institute officials. The official will intimate students through email, if there is any issue in the certificates of the students. Please keep checking your mail.

- Step-3:** On successful completion of Admission process, you will be generated a Roll No. You will be notified your Roll No. through email and instructions will be given regarding online classes and registration through faculty advisor.
- Step-4:** Each student will be assigned one Faculty Advisor who will guide you through the registration process.
- Step-5:** Each student will be provided an Institute Email Id through their registered mail Id.
- Step-6:** Online classes will be conducted online in the **Microsoft Teams App** (<https://play.google.com/store/apps/details?id=com.microsoft.teams>), till the situation normalizes. Each student will be assigned a User-Id and Password through their mail. Please keep checking your mail (provided in the e-application portal).
- Step-7:** Students need to attend all classes online in **Microsoft Teams App** instantly after they get their Roll No., **Microsoft Teams App** User-Id and Password.

For further details on admission related queries, please contact anyone of the following:

1. **Prof. Nihar Ranjan Mishra**, Associate Dean, NIT Rourkela  
Email: [mishran@nitrkl.ac.in](mailto:mishran@nitrkl.ac.in), Mobile: 9437462037
2. **Shri Ashis Kumar Behera**, Assistant Registrar (Academic – Research), NIT Rourkela  
Email: [acad.res@nitrkl.ac.in](mailto:acad.res@nitrkl.ac.in), Phone: 0661-2462031
3. **Shri D. P. Tripathi**, Assistant Registrar (Academic–UG & PG), NIT Rourkela  
Email: [acad.ug@nitrkl.ac.in](mailto:acad.ug@nitrkl.ac.in), Phone: 0661-2462037

The ONLINE classes will be commencing from **3<sup>rd</sup> December, 2020** (tentatively).

**Notes:**

1. All admissions given are strictly provisional and subject to verification of original documents during physical reporting to NIT Rourkela, date for which intimated later.
2. Students admitted to any course at NIT Rourkela shall not be eligible to pursue simultaneously any other full time course in this or in any other University/Institution.
3. Student who has been granted admission to a particular course shall not be allowed to change the course. Branch change may be possible if one scores a minimum CGPA of 8.5 after completion of first two semesters subject to fulfillment of other terms and conditions.
4. Only those students who are found medically fit shall be admitted to different programmes at NIT Rourkela.
5. Students admitted to NIT Rourkela will be governed by the rules of the Institute and have to abide by the same.

## Fee to be paid by STUDENTS at the time of admission

### B.Tech. / B. Arch. / Dual Degree

#### SC / ST / PWD

Fee Components	1 <sup>st</sup> Semester Fee (INR)
Tuition Fee*	0
Admission Fee (one time)	2500
Other fees (Exam, Library, Electricity etc.)	5000
Student Activity Fee***	500
Medical Fee	2000
Hostel Seat Rent	5000
Caution Money (One time refundable)	10000
Institute Emergency Fund (Onetime fee to be directly deposited into corpus fund at the time of admission)	12500
Hall Establishment Fee	5000
Mess Dues (Approximately)	17500
<b>Total</b>	<b>60000</b>
<b>You might have paid at JoSAA/CSAB</b>	<b>33000**</b>
<b>Total to be paid at the time of admission to NIT Rourkela</b>	<b>27000</b>

- \* If family income is less than 1 Lakh, Income Certificate to be produced.
- \*\* Out of Rs. 35000 (paid at JoSAA), Rs. 2000 deducted as processing fee by JoSAA
- \*\*\* Usually SAC Fee is INR 2000 per semester. Due to COVID-19, it has been reduced to INR 500 for Autumn-2020 only.

#### GEN / GEN-EWS / OBC-NCL/ Family Income (in between 1-5 lakhs)

Fee Components	1 <sup>st</sup> Semester Fee (INR)
Tuition Fee*	20833
Admission Fee (one time)	2500
Other fees (Exam, Library, Electricity etc.)	5000
Student Activity Fee***	500
Medical Fee	2000
Hostel Seat Rent	5000
Caution Money (One time refundable)	10000
Institute Emergency Fund (Onetime fee to be directly deposited into corpus fund at the time of admission)	12500
Hall Establishment Fee	5000
Mess Dues (Approximately)	17500
<b>Total</b>	<b>80833</b>
<b>You might have paid at JoSAA/CSAB</b>	<b>73000**</b>
<b>Total to be paid at the time of admission to NIT Rourkela</b>	<b>7833</b>

- \* If family income is in between 1 – 5 Lakhs, Income Certificate to be produced.
- \*\* Out of Rs. 75000 (paid at JoSAA), Rs. 2000 deducted as processing fee by JoSAA
- \*\*\* Usually SAC Fee is INR 2000 per semester. Due to COVID-19, it has been reduced to INR 500 for Autumn-2020 only.

**GEN / GEN-EWS / OBC-NCL - Family Income (Less than 1 lakh)**

<b>Fee Components</b>	<b>1<sup>st</sup> Semester Fee (INR)</b>
Tuition Fee*	0
Admission Fee (one time)	2500
Other fees (Exam, Library, Electricity etc.)	5000
Student Activity Fee***	500
Medical Fee	2000
Hostel Seat Rent	5000
Caution Money (One time refundable)	10000
Institute Emergency Fund (Onetime fee to be directly deposited into corpus fund at the time of admission)	12500
Hall Establishment Fee	5000
Mess Dues (Approximately)	17500
<b>Total</b>	<b>60000</b>
<b>You might have paid at JoSAA/CSAB</b>	<b>73000**</b>
<b>Surplus amount of Rs. 13000 will be adjusted in next semester</b>	

\* If family income is less than 1 Lakh, Income Certificate to be produced.

\*\* Out of Rs. 75000 (paid at JoSAA), Rs. 2000 deducted as processing fee by JoSAA

\*\*\* Usually SAC Fee is INR 2000 per semester. Due to COVID-19, it has been reduced to INR 500 for Autumn-2020 only.

**GEN / GEN-EWS / OBC-NCL/ Family Income (Above 5 lakhs)**

<b>Fee Components</b>	<b>1<sup>st</sup> Semester Fee (INR)</b>
Tuition Fee	62500
Admission Fee (one time)	2500
Other fees (Exam, Library, Electricity etc.)	5000
Student Activity Fee***	500
Medical Fee	2000
Hostel Seat Rent	5000
Caution Money (One time refundable)	10000
Institute Emergency Fund (Onetime fee to be directly deposited into corpus fund at the time of admission)	12500
Hall Establishment Fee	5000
Mess Dues (Approximately)	17500
<b>Total</b>	<b>122500</b>
<b>You might have paid at JoSAA/CSAB</b>	<b>73000**</b>
<b>Total to be paid at the time of admission to NIT Rourkela</b>	<b>49500</b>

\*\* Out of Rs. 75000 (paid at JoSAA), Rs. 2000 deducted as processing fee by JoSAA

\*\*\* Usually SAC Fee is INR 2000 per semester. Due to COVID-19, it has been reduced to INR 500 for Autumn-2020 only.

**Integrated M. Sc. (If paid INR 75000 to JoSAA/CSAB) : NIL**

**Integrated M.Sc. (If paid INR 35000 to JoSAA/CSAB): INR 34500**

**Important Note:**

**In case of any discrepancy in the fee, the same shall be adjusted in next semester.**

# National Institute of Technology Rourkela

## Admission – 2020

### UNDERTAKING by STUDENT

I ..... son/daughter of  
Shri ..... resident of village / town /  
city .....district of State / UT  
..... do hereby declare on oath as under:

- a. I have been admitted to National Institute of Technology Rourkela in the course  
.....
- b. That due to COVID-19 pandemic, all documents are processed through online and I have  
not been able to submit and verify with original documents physically.
- c. I am aware of the fact that non-submission of the Original certificates and mark sheets  
after COVID-19 pandemic shall lead to cancellation of my admission and I will not be  
entitled for refund of fee paid to the institute except mess fee.

Place:

Date:

Signature of the Student.....

Name in Capital Letter.....

E-Mail.....Mobile.....

**UNDERTAKING by PHYSICALLY HANDICAPPED STUDENT ONLY**  
**(ON Non-JUDICIAL STAMP)**

I ..... son/daughter of  
Shri ..... resident of village / town /  
city .....district of State / UT  
..... do hereby declare as under that:

- d. I have been admitted to National Institute of Technology Rourkela in the course  
.....
- e. That due to COVID-19 pandemic, all documents are processed through online and I have  
not been able to submit and verify with original documents physically.
- f. I am aware of the fact that non-submission of the Original certificates and mark sheets  
after COVID-19 pandemic shall lead to cancellation of my admission and I will not be  
entitled for refund of fee paid to the institute except mess fee.

Place:

Date:

Signature of the Student.....

Name in Capital Letter.....

E-Mail.....Mobile.....

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

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY  
WEAKER SECTIONS**

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

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

**VALID FOR THE ADMISSION IN ACADEMIC YEAR 2020-2021**

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 in 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 \_\_\_\_\_. 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer \_\_\_\_\_

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.**

\* **Note1:** Income covered all sources i.e. salary, agricultural, business, profession, etc.

\*\* **Note2:** 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.

\*\*\* **Note3:** 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.



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/ Shirmati/ 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 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.

OBC-NCL Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL) APPLYING FOR 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/Union Territory \_\_\_\_\_ belongs to the  
 \_\_\_\_\_ community that is recognized as a backward class  
 under Government of India\*\*, Ministry of Social Justice and Empowerment's Resolution No.  
 \_\_\_\_\_ dated \_\_\_\_\_ \*\*\*

Shri/Smt./Kum. \_\_\_\_\_ and/or \_\_\_\_\_  
 his/her family ordinarily reside(s) in the \_\_\_\_\_ District/Division of  
 the \_\_\_\_\_ State/Union Territory. 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, 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.

District Magistrate /  
 Deputy Commissioner /  
 Any other Competent Authority

Dated:

Seal

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\* Please delete the word(s) which are not applicable.  
 \*\* As listed in the Annexure (for FORM-OBC-NCL)  
 \*\*\* The authority issuing the certificate needs to mention the details of Resolution of  
 Government of India, in which the caste of the candidate is mentioned as OBC.

**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 / 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

## ANNEXURE for FORM-OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12019/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014

**FORM-PwD (II)****Form-II****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)**

**(See rule 4)**

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:

1. he/she is a case of:
  - a. locomotor disability
  - b. blindness(Please tick as applicable)
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:-

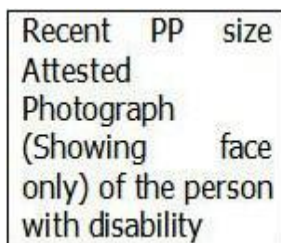
Nature of Document	Date of Issue	Details of authority issuing certificate

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

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

Form-III  
Disability Certificate  
(In cases of multiple disabilities)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**  
**(See rule 4)**



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:

(i) not necessary

Or

(ii) 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.
-----------------------------------------------------------------------------------------------------------

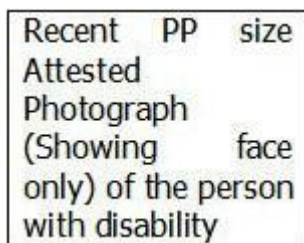
## Form-IV

## Disability Certificate

(In cases other than those mentioned in Forms II and III)

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

(See rule 4)



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  
Or  
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.



## ANNEXURE 7

<b>MEDICAL CERTIFICATE</b> <b>(to be issued by a Registered Medical Practitioner)</b>					
<b><u>GENERAL EXPECTATIONS</u></b>					
<p>Candidates should have good general physique. In particular,</p> <p>Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.</p> <p>Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and uniocular(having vision in only one eye)persons are restricted from admission to certain courses.</p> <p>Hearing should be normal. Defective hearing should be corrected.</p> <p>Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.</p>					
1	Name of the candidate:				
2	Identification Mark (a mole, scar or birthmark), if any				
3	Major illness/operation, if any (specify nature of illness/operation)				
4	Height in cm:		Weight in kg:		Blood Group:
5	Past History	(a) Mental illness (b) Epileptic Fit			
6	Chest (a) Inspiration in cm		(b) Expiration in cm		
7	Hearing				
8	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Uniocular vision(having vision in only one eye)
9	Respiratory System				
10	Nervous System				
11	Heart	(a) Sounds		(b) Murmur	
12	Abdomen (a) Liver (b) Spleen	Hernia		Hydrocele	
13	Any other defects:				
<b>Certificate of Medical Fitness</b>					
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/>  <input type="checkbox"/> </div> <div> <p>The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceuticals/ Science Course</p> <p>The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:</p> </div> </div>					
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Name of the Doctor</span> <span>Signature</span> <span>Registration number</span> <span>Seal</span> </div>					



राष्ट्रीय प्रौद्योगिकी संस्थान राउरकेला

**National Institute of Technology Rourkela**

(An Institute of National Importance under Ministry of HRD. Govt. of India)

Form : NITR/AC/125

**UNDERTAKING BY THE STUDENT AGAINST RAGGING**

1. I, \_\_\_\_\_ son / daughter / ward  
of Mr./Mrs \_\_\_\_\_ have carefully  
read and fully understood the law prohibiting ragging and the directions of the Supreme  
Court and the Central/State Government in this regard.
2. I have received a copy of the Regulations on Curbing the Menace of Ragging at NIT  
Rourkela and have carefully gone through it.
3. I hereby undertake that, during my studies at NIT Rourkela.
  - I will not indulge in any behavior or act may come under the definition of ragging.
  - I will not participate in or abet or propagate ragging in any form.
  - I will not hurt anyone physically or psychologically or cause any other harm.
4. If I come across any act akin to ragging being done to any student of NIT (including  
myself) I shall bring it to the attention of Institution authorities.
5. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the  
provisions of the Institute Regulations mentioned above and / or as per the law in force.
6. I hereby affirm that I have not been expelled or debarred from admission by any  
institution.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ Year.

Name :

Signature of the Student

Address :



राष्ट्रीय प्रौद्योगिकी संस्थान राउरकेला

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Form : NITR/AC/126

**UNDERTAKING BY PARENT / GUARDIAN**

1. I, \_\_\_\_\_ Father/Mother/Guardian  
of Mr./Ms. \_\_\_\_\_ have carefully  
read and fully understood the law prohibiting ragging and the directions of the  
Supreme Court and the Central / State Government in this regard as well as the  
NIT Regulations on Curbing the Menace of Ragging.
2. I assure you that my son/daughter/ward will not indulge in any act of ragging.
3. I also assure you that if my son or daughter comes across any student (including  
himself) being ragged, he will summarily bring the incident to the attention of  
Institute authorities.
4. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be  
punished as per the provisions of the Regulations mentioned above and/or as per  
the law in force, as that I shall make no effort to seek redressal of punishment.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ Year.

Name :

Signature of Parent / Guardian

Address :