



Ghani Khan Choudhury Institute of Engineering and Technology

(A CFTI under the Ministry of Education, Govt. of India)

Narayanpur, Malda -732141, West Bengal

न हि ज्ञानेन सदृशं पवित्रमिह विद्यते

Memo No. GKCIET/Acad./01/2025/129

Date: 11-07-2025

Notification/Guidelines

Admission/Registration in B.Tech Programs through JoSAA/CSAB-2025

Counseling for Academic Year of 2025-26

All Candidates,

Greetings from Ghani Khan Choudhury Institute of Engineering and Technology, Malda — a Centrally Funded Technical Institute (CFTI) established under the Ministry of Education, Govt. of India! In this A.Y. of 2025-26, our Institute is offering AICTE approved B. Tech programs (4 years duration) in (i) **Electrical Engineering**, (ii) **Food Technology**, (iii) **Mechanical Engineering**, (iv) **Computer Science and Engineering (Artificial Intelligence and Machine Learning)**, (v) **Civil and Environmental Engineering** affiliated to Maulana Abul Kalam Azad University of Technology (MAKAUT), W.B.

The admission criteria are:

- Secured a rank in JEE Main-2025
- Class XII marks criteria and guidelines as articulated in **Annexure 2(b) page numbers 83 of “Business Rules for Joint Seat Allocation”** for the Academic Programs offered by the IITs, NITs, IIST, IIITs and Other-GFTIs for the academic year 2025-26, available at <https://josaa.nic.in/> under ‘Information’ menu.

For admission to B. Tech programs in GKCIET, Malda, as per guidelines in **11(ii) page numbers 10-11 of “Business Rules for Joint Seat Allocation”** ‘Home State Quota’ includes those candidates hailing (i.e. passing class XII exams) from Arunachal Pradesh, Assam, Nagaland, Manipur, Meghalaya, Mizoram, Sikkim and Tripura. ‘Other state quota’ is defined for candidates other than the states of Arunachal Pradesh, Assam, Nagaland, Manipur, Meghalaya, Mizoram, Sikkim and Tripura. Department specific subject combination for 12th standard (10+2) as per guideline of AICTE/JOSSA-CSAB/MAKAUT to be followed for admission in the Institute.

Students may send their queries in following department-wise e-mail IDs:

Civil Engineering	kiran@gkciет.ac.in
Computer Science & Engineering	babul@gkciет.ac.in
Electrical Engineering	surajit@gkciет.ac.in
Food Engineering and Technology	kshirod@gkciет.ac.in
Mechanical Engineering	nitesh@gkciет.ac.in
Dean (Acad., P & D)	dean_apd@gkciет.ac.in

Students may also contact the following officials for any **emergency clarification** during office hours; otherwise, emails should be the preferred mode of contact:

Name	Department / Section	Mobile
Prof. Kiran Yarrakula Head of Department	Civil Engineering	8220584487
Dr. Babul Prasad Tewari Head of Department	Computer Science and Engineering	6297479700
Dr. Surajit Chattapadhyay Head of Department	Electrical Engineering	9735353700
Prof. Kshirod Kumar Dash Head of Department	Food Engineering and Technology	7866931516
Dr. Nitesh Mandal Head of Department	Mechanical Engineering	9062722980
Dr. Koushik Paul Dean(Acad., P&D)	Academic Section	7866931508

(1) Submission of following documents physically during admission:

Sl. No.	Items
(i)	Duly filled in Application Form (The application format is available in our Institute website, www.gkciet.ac.in , please see Annexure-I) (Please visit the Disciplinary Rules & Regulation for Students of this Institute and UGC Anti-ragging Regulations as available in Institute website at www.gkciet.ac.in before filling your Application Form, all students of this Institute must obey the same during their stay of Degree Program)
(ii)	Copy of Rank Card/Score Card of JEE Mains -2025 (Self Attested in case of Xerox/Print Copy)
(iii)	Copy of Provisional Seat Allocation Letter issued by the JoSAA/CSAB-2025. (Self Attested in case of Xerox/Print Copy)
(iv)	Copy of any other documents issued by the JoSAA/CSAB-2025. (Original or Self Attested in case of Xerox/Print Copy)
(v)	Migration Certificate (for such candidate who passed their qualifying exam before the year of 2024 and/or had admitted for their higher study in any Institute/College/ University etc.) or a declaration in a Stamp Paper of Rs. 10/- by the Candidate and Parents/Guardian mentioning not pursuing any higher study or Migration Certificate is to be submitted (if applied for the same or not available). (For declaration format, please see Annexure-II) (Original document only)
(vi)	Copy of Admit Card of Secondary or equivalent examination. (Self Attested in case of Xerox/Print Copy)
(vii)	Copy of Mark-sheet of Secondary or equivalent examination (Self Attested in case of Xerox/Print Copy)
(viii)	Copy of Certificate of Secondary or equivalent examination. (Self Attested in case of Xerox/Print Copy)
(ix)	Copy of Admit Card of H.S. or equivalent examination (Self Attested in case of Xerox/Print Copy)
(x)	Copy of Mark-sheet of H.S. or equivalent examination (Self Attested in case of Xerox/Print Copy)

(xi)	Copy of Certificate of H.S. or equivalent examination (Scan Copy of the Original or Self Attested in case of Xerox/Print Copy)
(xii)	Address Proof/Domicile Certificate from the Competent Authority (Original document) (as per Annexure III)
(xiii)	Copy of Aadhar Card of the Candidate (Self Attested in case of Xerox/Print Copy)
(xiv)	Copy of Caste Certificate issued by the competent authority for candidates those are allotted under category of SC/ST/OBC-NCL (as per Annexure IV). For OBC-NCL and GEN-EWS certificate should be issued on/after 01.04.2025. (Self Attested in case of Xerox/Print Copy)
(xv)	Copy of Physically Challenged Certificate issued by the competent authority for candidates those are allotted under category of PwD (as per Annexure V). (Self Attested in case of Xerox/Print Copy)
(xvi)	Physical Fitness Certificate of Candidate (as per Annexure- VI) (Original document)
(xvii)	Anti-Ragging Affidavit by Candidate on a Stamp Paper of Rs. 10/- as per format of Annexure-VII (Optional). Printout of online document is mandatory.
(xviii)	Anti-Ragging by Parents in a Stamp Paper of Rs. 10/- as per format of Annexure-VIII (Optional). Printout of online document is mandatory.
(xix)	3 copies of a recent passport sized colour photograph
(xx)	School/College Leaving Certificate (in original)
(xxi)	JEE Mains Yes/No Up-gradation form, if any.
(xxii)	Affidavit (Rs. 10/- stamp paper) as per format of Annexure-IX Original document
(xxiii)	Income Certificate (for FY 2024-25) for EWS-allotted candidates as per JOSAA/CSAB- 2025 Information Brochure format (Annexure-X). Original document

(Wherever self-attested copies are being submitted, students must show original documents to the verifying officer)

The admission fee has to be paid only after departmental faculty verifies and accepts your documents.

(2) Payment of Fees (for 1st Semester / 3rd Semester-Lateral Entry only)

Only after successful verification of all documents, an admission / registration fee (for 1st Semester / 3rd Semester-Lateral Entry only) of **Rs. 35,541/- (Rs. 31,548/- for TFW Allotted Candidates)** is to be paid for admission. Fee Structure for B. Tech program of 4 years duration is enclosed as **Annexure-XI**.
(Other fees, if any as per the Institute/affiliating University, will be collected after your admission, and your seat acceptance fee paid to JoSSA/CSAB will be refunded as and when JoSSA/CSAB sends it to us)

The payment can be made through GKCIET Payment link from GKCIET official website
<https://www.gkciet.ac.in>

Student must keep receipt of online transfer/transaction along with the UTR No. and Transaction ID whichever available or both. Respective UTR No. and Transaction ID of your payment are to be provided to us by following Google link.

<https://forms.gle/r5cryVsL2ryfLexa9>

(3) Confirmation of your provisional admission (B. Tech in the A. Y. of 2025-26)

After receiving the receipt, UTR No. and Transaction ID of your online payment, concerned officers/Finance Section will check respective payment status. On successful payment only, concerned departmental officers will confirm your provisional admission in B.Tech program of this Institute.

(4) Submission of hard copies of necessary documents

Submit hard copy of the application with all originals as per Sl. No. 1 (i, v, xii, xvi, xvii, xviii, xix, xxi, xxiii) and self-attested xerox copies for other necessary documents as per the section (1) physically in the office/Academic Section of our Institute during admission/counselling. Additional documents as per the affiliating University may be required before registration under the affiliating University. Your final admission will be confirmed only after receiving all of the necessary/required documents by the Institute / affiliating University.

(5) Hostel Facility

Hostel rooms are not guaranteed. However, the Institute at its own discretion may allocate hostel rooms to the students. An amount of Rs. 6,000/- per semester per student (mess charges extra) will be collected as room rent when hostels become operational.

To know more about hostels and hostel fees, students may visit Institute website>Facilities>Hostel or Institute website>Academics>Tuition and Hostel Fees.

(6) Cancellation of admission and refund rules

Cancellation of admission is possible only till the last date of MAKAUT online registration (last date of registration will be notified in www.makautwb.ac.in>Notices); however, the process will be initiated only after submission of hardcopy application by the student. For any possible refunds, suitable notice will be uploaded on the Institute website in due course of time.

Please follow our Institute website at www.gkciet.ac.in for any update regarding your admission/registration in B.Tech programs of this Institute.

This issues with approval of the Competent Authority.

Sd/-
(Dr. Koushik Paul)
Dean (Acad., P & D)

Ghani Khan Choudhury Institute of Engineering and Technology



(A Centrally Funded Technical Institute under the Ministry of Education, Govt. of India)
(Affiliated to WBSCT&VE&SD [TET&SD] & MAKAUT, Govt. of West Bengal)
Narayanpur, Malda - 732141, West Bengal
www.gkciet.ac.in

न हि ज्ञानेन सदृशं पवित्रमिह विद्यते

Roll No: ____/B.Tech/2025-26/____/____

**Application for admission/registration to 4-year B. Tech program at Ghani Khan
Choudhury Institute of Engineering & Technology, Malda
through JoSAA/CSAB -2025**

SESSION 2025-26

(FILL THE FORM IN CAPITAL LETTERS ONLY)

Affix your
recent Passport
Size Colour
Photograph

1.	Name of the Candidate				
2.	Father's Name				
3.	Mother's Name				
4.	Date of Birth (DD/MM/YYYY)				
5.	Gender (M/F/T) Please Tick (✓)	Male		Female	
6.	Nationality			7. State	
8.	Religion			9. Blood Group	
10.	Student's contact no.				
11.	Student's email ID				
12.	Father's /Guardian's contact no. (Must)				
13.	Address				
	Full Residential/ Permanent address with P.O., P.S., District, State and PIN				
	Parent's address with P.O., P.S., District, State and PIN (Must)				
14.	Banglar Uchchashiksha (Student Profile Data)	https://forms.gle/byE4j2wK79N1i4da6 Student must fill-up above mentioned form after admission.			

Application No:		Roll No.:	
Department Allotted:		Rank:	

15. Category, Please Tick (√)

The supporting documents are to be submitted, if applied under the category.

(i) GEN		(ii) GEN-PwD		(iii) GEN-EWS	
(iv) GEN-EWS-PwD		(v) OBC-NCL		(vi) OBC-NCL-PwD	
(vii) SC		(viii) SC-PwD		(ix) ST	
(x) ST-PwD		(xi) TFW			

16. Fees Details

An admission / registration fee (for 1st Semester / 3rd Semester-Lateral Entry only) of **Rs. 35,541/- (Rs. 31,548/- for TFW Allotted Candidates)** needs to be paid online per candidate.

The payment can be made through GKCIET Payment link from GKCIET official website <https://www.gkci.ac.in>

17. Check List/Supporting Documents are to be provided/enclosed

- a. Original documents / two sets of self-attested photocopied documents are to be submitted physically for your provisional admission/registration. Queries can be sent to:

kiran@gkci.ac.in	for Civil Engineering
babul@gkci.ac.in	for Computer Science & Engineering
surajit@gkci.ac.in	for Electrical Engineering
nitesh@gkci.ac.in	for Mechanical Engineering
kshirod@gkci.ac.in	for Food Engineering and Technology

- b. The hard copy of this application along with the following original documents as per Sl. No. (1, 5, 12, 16, 18, 19 and 22) and self-attested copies for the rest of necessary documents, and a xerox copy of whole set are to be submitted physically in the office/Academic Section of this Institute as per notice/ guidelines. Your final admission/registration will be confirmed after receiving all of the necessary documents only.

Sl. No.	Items	(Yes/No)
1.	Payment receipt showing transaction details /Receipt	
2.	Rank Card/Score Card of JEE MAIN 2025	
3.	Provisional Seat Allocation Letter issued by the JOSAA / CSAB-2025	
4.	Other documents/confirmation page of JOSAA / CSAB-2025 counseling	
5.	Migration Certificate (if applicable) / Declaration regarding Migration Certificate on Stamp Paper. (as per Annexure-II)	
6.	Admit Card of Secondary or equivalent examination	
7.	Mark-sheet of Secondary or equivalent examination	
8.	Certificate of Secondary or equivalent examination	
9.	Admit Card of H.S. or equivalent examination	
10.	Mark-sheet of H.S. or equivalent examination	
11.	Certificate of H.S. or equivalent examination	
12.	Address Proof/Domicile Certificate from Competent Authority (as per Annexure III)	
13.	Aadhar Card of the candidate	
14.	Caste Certificate for the candidate under category (SC/ST/OBC) from the competent authority (if applicable). For OBC-NCL and GEN-EWS certificate should be issued on/after 01.04.2025. (as per Annexure IV)	

15.	Physically Challenged Certificate# as per given format (if applicable) (as per Annexure V)	
16.	Physical Fitness/Medical Certificate as per given format (as per Annexure VI)	
17.	Affidavits for Anti-Ragging by Candidate & Parents (printout and Signature of online documents mandatory) (https://www.antiragging.in/affidavit_standalone_form.php)	
18.	Anti-Ragging by Parents in a Stamp Paper of Rs. 10/- as per format of Annexure-VIII (Optional). Printout of online document is mandatory.	
19.	3 copies of recent passport sized colour photographs (write name and D.O.B on back of the photos)	
20.	School/College Leaving Certificate (in original)	
21.	"Yes Upgradation" and "No Upgradation" option form (if available)	
22.	Affidavit on Rs. 10/- stamp paper by student (as per Annexure-IX)	
23.	Income Certificate (for FY 2024-25) for GEN EWS-allotted candidates as per JOSAA / CSAB Information Brochure format. (Annexure X)	
24.	Application Form for student's ID Card (B.Tech) Session 2025-26	

Eligibility of your candidature will be considered as per the norms of Govt. of India

* Application with incomplete details or without necessary documents may be summarily rejected.

UNDERTAKING

I do hereby declare that the particulars stated by me in this application form are true to the best of my knowledge and belief. I have read the information related to rules and regulations as given in the admission/counselling brochure/institute website. I shall abide by the terms and conditions therein. Further, in the event of suppression or distortion of any fact like category, educational qualifications, nationality, etc. made in my application form, I understand that my candidature is liable for cancellation. I also understand that the decision of the authorities of Institute regarding my admission/registration is final and I shall abide by the decision of the Institution. Further, if admitted, I promise to abide by the academic and disciplinary rules and norms of the Institute/affiliating University/other Governing Bodies such as AICTE and UGC etc., Govt. of India. I have also read Disciplinary Rules for students given in the Institute website under Student Zone and will abide them.

I am aware that hostel facilities are not available at this moment, and will abide by the hostel rules and regulations as and when it is provided to me.

Further, I declare that I have provided the correct and authentic information through e- mail and during online verification. If any information given by me in form of digital or hard copy, 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 consequences for submitting the false information.

Anti-ragging Undertaking Reference No. _____

Signed on ____/____/2025

Signature of the Parent/s

Signature of the Candidate

Importance Information for the students

This is a ragging free Campus. Names of the Anti-Ragging Committee members and Name of the Anti-Ragging Squad members are given in the Institute website under the category of Information Centre < <https://www.gkciet.ac.in/facility/Anti-Ragging>> .

Student also are advised to go through ragging related circulars (UGC regulations on Curbing the Menace of Ragging in Higher Education Institutions 2009 and its subsequently amendments) given on UGC website.

The Institute follows Central Govt/AICTE guideline pertaining to "Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 and stakeholders may visit Institute website>Information Centre>ICC section (<https://www.gkciet.ac.in/facility/icc>) in this regard. Name of Members and contact details of Internal Complaint Committee are uploaded there.

To be executed on Stamp Paper

Declaration on Migration Certificate

Name:_____

Father's/Mother's Name: _____

Village/Locality:_____

P.O./Street:_____

P.S./Municipality:_____

Dist.:_____

I do hereby declare that I have passed my Higher Secondary Examination/ Equivalent Examination in the year of_____. I have not got admitted in any of the Institutions/Colleges/Universities etc. for my higher studies during last year(s). The Institute is liable to cancel my candidature any time, if found such cases.

Or

I do hereby declare that I have passed my Higher Secondary Examination/ Equivalent Examination in the year of_____. I have admitted in _____ for my higher studies (B.Sc/others). I have applied for Migration Certificate which will be submitted by me within day of_____month of_____year_____. The Institute is liable to cancel my candidature any time, if not submitted.

Signature of the Candidate

Signature of Father/Mother/Guardian

APPENDIX-1 PROFORMA a1

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least the last ten (10) years as of 31.12.2024

Certified that _____

Son/ daughter of _____ is a

resident/permanent resident of West Bengal at Village/House No. _____

Street _____ Post Office _____ Police Station _____

In the District _____ under _____ Assembly

Constituency and has been living in the State of West Bengal continuously/ uninterruptedly
at least for the last ten (10) years as of 31-12-2024.

Paste a 4 cmx3 cm size recent colour
photograph of the candidate in this
box. The photo must be attested by
the certifying authority.

Candidate's signature

(Candidate's Photograph)

Candidate must sign here in front of the certifying
authority.

Signature of Certifying Authority _____

Full Name of Certifying Authority (Block letters) _____

Designation with Official Seal _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

Note: Photographs are to be attested by the certifying authority. The Certifying Authority may preserve a duplicate copy of this Certificate as a record.

APPENDIX-2 PROFORMA-a2

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least the last ten (10) years as of 31.12.2024

Certified that _____ son/daughter of _____ has passed the '10+2' Examination in the year _____ / will appear in the Final '10+2' Examination in 2025 from this Institution.

It is also certified that the student is a resident/permanent resident of West Bengal at Village/House No. _____ Street _____ Post Office _____ Police Station _____ in the district of _____ under _____ Assembly Constituency and has been living and studying in the State of West Bengal continuously / uninterruptedly, at least for the last ten (10) years as of 31-12-2024.

Paste a 4 cm x 3 cm size recent colour photograph of the candidate in this box. The photo must be attested by the certifying authority.

Candidate's signature

Candidate must sign here in front of the certifying authority.

(Candidate's Photograph)

Signature of Certifying Authority _____

Full Name of Certifying Authority (Block Letter) _____

Designation with Official Seal

Office Address: _____

Office Phone No. _____ Mobile No: (optional): _____

ID No: (optional): _____

Note: Photographs are to be attested by the certifying authority. The Certifying Authority may preserve a duplicate copy of this Certificate as a record.

APPENDIX-3 PROFORMA b

Residential/Domicile Certificate for candidates not residing in the State of West Bengal but whose parent(s) is (are) permanent resident(s) of West Bengal having their permanent home address within West Bengal

Certified that _____

Father/mother of _____ (the applicant) is a permanent Resident of West Bengal at Village/House No. /Street _____ Post Office _____ Police Station _____

In the District of _____ Under _____ Assembly Constituency

Paste a 4 cmx3 cm size recent colour photograph of the candidate in this box. The photo must be attested by the certifying authority.

Paste a 4 cmx3 cm size recent colour photograph of the father/ mother of the candidate in this box. The photo must be attested by the certifying authority.

Candidate's Signature

(Candidate's Photograph)

(Father's/ Mother's Photograph)

Father's/ Mother's Signature

Candidate must sign here in front of the certifying authority.

Signature of Certifying Authority _____

Full Name of Certifying Authority (Block Letter) _____

Designation with Official Seal _____

Office Address _____

Office Phone No. _____ Mobile No: _____ (optional)

ID No: _____ (optional)

Note: Photographs are to be attested by the certifying authority. The Certifying Authority may preserve a duplicate copy of this Certificate as a record.

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

-
- * Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.
 ** 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
 - (v) Certificate issued by any other authority will be rejected

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
23	No. 12011/04/2014-BC-II	14.01.2015
24	No. 12011/7/2014-BC-II	23.01.2015
25	No. 12011/1/2015-BC-II	27.05.2015
26	No. 12015/05/2011-BC-II	14.07.2015
27	No. 12011/06/2014-BC-II	09.09.2015
28	No. 12011/13/2016-BC-II	25.05.2016
29	No. 12011/14/2016-BC-II	13.06.2016
30	No. 12011/15/2016-BC-II	30.06.2016
31	No. 12011/4/2014-BC-II	11.08.2016
32	No. 12011/6/2014-BC-II	06.12.2016
33	No. 12011/13/2016-BC-II	22.12.2016
34	No. 20012/1/2017-BC-II	18.01.2017
35	No. 12011/7/2017-BC-II	28.07.2017
36	No. 36033/1/2013-Estt. (Res.)	13.09.2017
37	No. 36033/2/2018-Estt. (Res.)	08.06.2018

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 (Dadra and Nagar Haveli) Scheduled Castes Order, 1962;

* The Constitution (Dadra 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.

ANNEXURE-V

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-PwD (III)

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

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	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotor disability		
2	Visual Impairment (blindness / low vision)		
3	Hearing impairment		
4	Speech and language disability		
5	Intellectual disability		
6	Mental-illness		
7	Disability caused due to chronic neurological conditions and / or blood disorders		

(Please strike out the disabilities which are not applicable.)

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.

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.

MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)					
<u>GENERAL EXPECTATIONS</u> Candidates should have good general physique. In particular, <ul style="list-style-type: none"> • Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction. • 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 uni-ocular (having vision in only one eye) persons are restricted from admission to certain courses. • Hearing should be normal. Defective hearing should be corrected. • Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits. 					
1	Name of the candidate:				Gender:
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	Unocular 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	
	Any other defects: <div style="text-align: center;">Certificate of Medical Fitness</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 85%;"> <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: 20px;"> <div style="width: 25%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name of the Doctor </div> <div style="width: 25%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Regn. No </div> <div style="width: 25%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature with date </div> <div style="width: 25%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Seal </div> </div>				

Stamp Paper of Rs. 10/-

AFFIDAVIT BY THE STUDENT

I, _____ (full name of student)
s/o d/o Mr./Mrs./Ms. _____,
having been admitted to **Ghani Khan Choudhury Institute of Engineering & Technology, Malda** have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations 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 or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, 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.
- 5) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of the Deponent:

Name:

Address:

Phone No. / Cell 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.

Verified at _____ (place) on this the _____ (day) of _____ (month), _____ (year).

Signature of Deponent:

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

OATH COMMISSIONER:

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the academic session.

Stamp Paper of Rs. 10/-

AFFIDAVIT BY PARENT / GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/guardian)
 father/mother/guardian of _____
 (full name of student), having been admitted to **Ghani Khan Choudhury Institute of Engineering & Technology, Malda** have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations 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 or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 5) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of abetting or being part of a conspiracy to promote ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent:

Name:

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.

Verified at _____ (place) on this the _____ (day) of _____ (month), _____ (year).

Signature of Deponent:

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

OATH COMMISSIONER:

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the academic session.

A F F I D A V I T

I, _____, son/daughter of _____, Application
No. _____, Roll No. _____ of **JoSAA/CSAB-2025**, resident of
_____ do

hereby solemnly affirm and declare as follows:-

- I understand that allotment of hostel accommodation is the discretion of the Institute.
- I will abide by all the Rules & Regulations of the Institute, Boards, and Academic & Disciplinary bodies.
- That I will not bring any outside pressure, influence during my study at GKIET, Malda.
- That if I violate any of those above clauses at any time during my course at GKIET, I understand that my admission will be cancelled by the Institute Authority.
- I was not involved in any forms of campus violence in my earlier college/institute and do not have any FIR lodged against me in police station/s.
- I do not have/have any chronic / communicable disease. (disease name to be given, if applicable)
- I will ensure that my attendance will remain $\geq 75\%$ in all semesters.
- I will ensure payment of fees on time.
- I undertake that I will be a part of GKIET (Deemed-to-be-University) as and when the institute is granted the status of a Deemed-to-be-University.

All the statements are true to the best of my knowledge and belief.

.....
Signature of the student

Date:

.....
Signature of the parent's

Date:

FORM-GEN-EWS

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

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

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 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 2024-2025. 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.



Ghani Khan Choudhury Institute of Engineering and Technology

(A Centrally Funded Technical Institute under the Ministry of Education, Govt. of India)

(Affiliated to WBSCT&VE&SD [TET&SD] & MAKAUT, Govt. of West Bengal)

Narayanpur, Malda - 732141, West Bengal

www.gkciet.ac.in

ANNEXURE-XI

न हि ज्ञानेन सदृशं पवित्रमिह विद्यते

B.Tech. fees structure for the session of 2025-26

Description	Fees under GKCET (Rs.)	Fees under MAKAUT (Rs.)	Remarks	Fees for 1st Semester 2025-26	Fees for Odd Semester except 1st Semester 2025-26	Fees for Even Semester 2025-26
Caution Money	₹ 5,000.00	-	1 st Semester/Refundable [#]	₹ 5,000.00	-	-
Admission Fee	₹ 605.00	-	Each odd Semester	₹ 666.00	₹ 666.00	-
Registration Fee	-	₹ 500.00	1 st Semester	₹ 500.00	-	-
Development Fee	-	₹ 2,200.00	1 st Semester (Rs. 550/- per year)	₹ 2,200.00	-	-
Student's Insurance	₹ 160.00	-	Each odd Semester	₹ 160.00	₹ 160.00	-
Medical Fee	₹ 200.00	-	Each Semester	₹ 200.00	₹ 200.00	₹ 200.00
Tuition Fee*	₹ 3,993.00	-	Each Semester	₹ 3,993.00	₹ 3,993.00	₹ 3,993.00
Session Charge	₹ 6,655.00	-	Each Semester	₹ 6,655.00	₹ 6,655.00	₹ 6,655.00
Examination Fee	₹ 363.00	₹ 1,200.00	Each Semester	₹ 1,563.00	₹ 1,563.00	₹ 1,563.00
Institute I-Card	₹ 79.00	-	1 st Semester	₹ 79.00	-	-
Library I-Card	₹ 79.00	-	1 st Semester	₹ 79.00	-	-
Library/Magazine/others	₹ 1,502.00	-	Each Semester	₹ 1,502.00	₹ 1,502.00	₹ 1,502.00
Book Bank	₹ 1,320.00	-	1 st Semester	₹ 1,320.00	-	-
Students Welfare/Sports/Extra Curricular Activities	₹ 5,192.00	-	1 st Semester	₹ 5,192.00	-	-
T&P Activity Fund	₹ 3,113.00	-	1 st Semester	₹ 3,113.00	-	-
Overhead Charges	₹ 3,319.00	-	Each Semester	₹ 3,319.00	₹ 3,319.00	₹ 3,319.00
Other fees	As applicable					
Total				₹ 35,541.00	₹ 18,058.00	₹ 17,232.00

* Exempted for the candidate under the TFW Scheme.

Dr. Aditya Kumar Singh
Asst. Registrar (Academic, HMC)
GKCET, Malda



Ghani Khan Choudhury Institute of Engineering and Technology



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न हि ज्ञानेन सदृशं पवित्रमिह विद्यते

Application for student's ID Card (B.Tech)

SESSION 2025-26

(FILL THE FORM IN CAPITAL LETTERS ONLY)

1.	Name of the Student		Affix your recent passport size colour photograph
2.	Father's Name		
3.	Reg. No.		
4.	Date of Birth (DD/MM/YYYY)		
5.	Program (B.Tech)	B.TECH	
6.	Admission in (Please tick)	1 ST Year (WBJEE/JoSSA-CSAB) / 2 ND Year (JELET)	
7.	Mobile No.		
8.	Student's Mobile No.		
9.	Guardian's Mobile No.		
10.	Blood Group		
11.	Full Residential/ Permanent address with P.O., P.S., District, State and PIN		
12.	Student's ID Card (Student Data)	https://forms.gle/DCL8N6bn8eaS5Pg1A Student must fill-up above mentioned form after admission.	
13.	Group Student Insurance Policy for 2025-26	Name of the Nominee (IN CAPITAL LETTER)	Relation of Nominee (Father/Mother/Blood relation)
		https://forms.gle/8i4cw3VW3KLUu7BdA Student must fill-up above mentioned form after admission.	

Signed on ____/____/20

Signature of the Candidate