



Ghani Khan Choudhury Institute of Engineering & Technology

(A Centrally Funded Technical Institute (CFTI) established by the Ministry of Education, Govt. of India)

Narayanpur, Malda -732141, West Bengal

SL No: 2022-23/B. TECH/_____

APPLICATION FOR ADMISSION/REGISTRATION TO 4-YEAR B. TECH PROGRAMS AT
GHANI KHAN CHOUDHURY INSTITUTE OF ENGINEERING & TECHNOLOGY, MALDA
THROUGH JoSAA/CSAB -2022
SESSION 2022-23

Affix your recent
Passport Size
Colour
Photograph

(FILL THE FORM IN CAPITAL LETTERS ONLY)

1.	Name of the Candidate			
2.	Father's Name			
3.	Mother's Name			
4.	Date of Birth (DD/MM/YYYY)			
5.	Gender (M/F) 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.			
13.	Address			
	Full Residential/ Permanent address with P.O., P.S., District, State and PIN			
	Correspondence address with P.O., P.S., District, State and PIN			

Application No: _____ Roll No.: _____

Department Allotted: _____ Rank: _____

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					

14. Fees Details

An admission / registration fee (for 1st Semester only) of **Rs. 27,370/-** need to be paid online per candidate. GKCIET, Malda bank details are as under:

A/c holder's name: Ghani Khan Choudhury Institute of Engineering and Technology

Bank and Branch: Axis Bank; Mangalbari Branch, Malda

A/c no. 919010044132909

IFSC Code: UTIB0003140

Account Type: Savings Account

Post-payment, please furnish the following details below:

Amount Paid	Payee Bank Name	UTR No and Transaction Date

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

- (i) The hard copy of this application along with original documents as per Sl. No. (1, 5, 12, 16, 18 and 19) 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 /DD	
2.	Rank Card/Score Card of JEE (Mains)-2022	
3.	Provisional Seat Allocation Letter issued by the JoSAA/CSAB-2022	
4.	Other documents/confirmation page of JoSAA / CSAB-2022 counseling	
5.	Migration Certificate (if applicable)	
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	
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 01.01.2022 as per given format.	

15.	Physically Challenged Certificate# as per given format (if applicable)	
16.	Physical Fitness/Medical Certificate as per given format	
17.	Income Certificate (optional)	
18.	Affidavits for Anti-Ragging by candidate & parent Online affidavit is a must; offline is optional.	
19.	School/College Leaving Certificate	
20.	3 copies of recent passport sized colour photographs (write name and D.O.B on back of the photos)	
21.	"Yes Upgradation" and "No Upgradation" option form (if available)	
22.	Affidavit on Rs. 10/- stamp paper by student	

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 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 this day of month of year

Signature of the Parent/s

Signature of the Candidate

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 Intuitions/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

PROFORMA**Residential/Domicile Certificate**

Certified thatSon/Daughter of
has passed / will appear the
 Secondary (Madhyamik) or equivalent Examination in the yearfrom the
 InstituteIt is also
 certified that the candidate is a resident /permanent resident of Village/House
 No.....Street.....Post Office.....
Police Station.....in the District of
under.....Assembly Constituency
 and has been living in the State ofcontinuously
 / uninterruptedly for the last.....years.

Paste a good quality
 recent passport size
 colour photograph
 of size 4.5 cmX 3.5
 cm within the box

(candidate's
 photograph)

Paste a good quality
 recent passport size
 colour photograph
 of size 4.5 cmX 3.5
 cm within the box

(Father's/Mother's
 photograph)

(Candidate must sign within the above
 box in front of Certifying Authority)

(Candidate's Father/Mother must sign within
 above box in front of Certifying Authority)

Signature of the Certifying Authority with date:

Name of the Certifying Authority:

Designation with Office Seal of the Certifying Authority:

Office Phone No:.....ID No. (optional).....

- Note: (i) Photographs are to be attested by the Certifying Authority
 (ii) The Certifying Authority should preserve a duplicate copy of the Certificate

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 _____

Place: _____ State/Union Territory* _____

(With seal of the Office)

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) dated. 30/05/2014, and
again further modified vide OM No. 36033/1/2013-Estt (Res) dated. 13/09/2017.

District Magistrate /
Deputy Commissioner /

Any other Competent Authority

Dated:

Seal

*** Visit <http://www.ncbc.nic.in> for the 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 the 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:
 - ☐ 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).
 - ☐ Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - ☐ Revenue Officer not below the rank of Tehsildar' and
 - ☐ 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

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.

Disability Certificate
(In cases of multiple disabilities)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)

Recent PP size
attested
photograph
(showing face
only) of the person
with disability

(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.

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	Locomotors 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

(Authorized 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.

Form-DYSLEXIC-1

FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY DYSLEXIC CANDIDATE

{To be obtained from any Government or Government approved Learning Disability Clinic/Neurodevelopmental Centre/Dyslexia Association}

Date:

PSYCHO-EDUCATION EVALUATION REPORT

Passport
size
Photograph
of the
Candidate

Name of the candidate:

Date of Birth: Candidate

Registration in the Dyslexia Assn. (date / number):

Name of the Father/Mother/Guardian:

Name/address and Regn. No. :
of the Dyslexia Association

Physical & Neurologic Assessment: []

Psychological Assessment: []

WISC Verbal IQ:
Performance IQ:
Full-Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)*.
2. The disability is **PERMANENT** in nature and **DETAILED REPORTS OF DYSLEXIA ASSESSMENT ARE ATTACHED WITH THIS FORM (IN ORIGINAL).**

*Learning Disability is a permanent developmental disorder. Currently, there are no standard approved methods to quantify the disorder. However, the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under the PwD category, the candidate must come under the SEVERE category.

Signature and Name (in CAPITAL LETTERS) of the certifying official:

Seal:

FORM-DYSLEXIC-2

***CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM
THE PRINCIPAL OF THE SCHOOL/COLLEGE LAST ATTENDED**

Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the School/College:

Passport
size
Photograph
of the
Candidate

Certified that Shri/Smt/Kum _____ son/daughter of _____ of
_____ village/town passed his/her Class 12 from this school and as
per records, availed concession under dyslexic category.

Signature with a seal:

* A candidate passing Class 12 or equivalent through the open school system or in private mode
may submit the certificate to this effect from the competent authority in the board certifying the
concessions availed under dyslexia.

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:				
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	Unioocular 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:				
Certificate of Medical Fitness <input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceuticals/ Science Course <input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> </div>					
	Name of the Doctor	Signature	Registration number	Seal	

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.

Affidavit

I, _____, son/daughter of _____, Application
No. _____, Roll No. _____ of **JoSAA/CSAB-2022**, 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 GKCIET, Malda.
- That if I violate any of those above clauses at any time during my course at GKCIET, 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.

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

Declarant

Government of

(Name and Address of the authority issuing the certificate)

INCOME AND 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 2021-2022. 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 the 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 the 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.

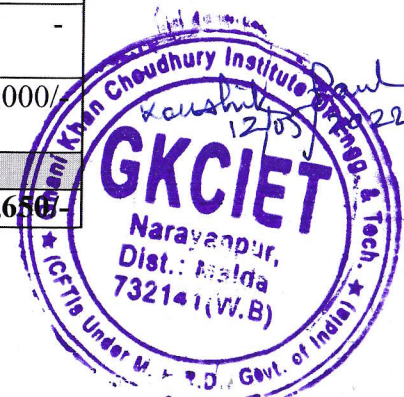
Ghani Khan Choudhury Institute of Engineering & Technology
(A Centrally Funded Technical Institute established by the Ministry of Education, Govt. of India.)
Narayanpur, Malda, Pin -732141, West Bengal

Proposed B. Tech Fees Structure for the Session of 2022-23 (without hostel)#

Description	Fees under GKCIET (Rs.)	Fees under MAKAUT (Rs.)	Remarks	Fees/1 st Semester	Fees/Odd Semester except 1 st Semester	Fees/Even Semester
Caution Money	5,000/-	-	1 st Semester/Refundable	5,000/-	-	-
Admission Fee	500/-	-	Each odd Semester	500/-	500/-	-
Registration Fee	-	500/-	1 st Semester	500/-	-	-
Development Fee	-	2200/-	1 st Semester (Rs. 550/- per year)	2,200/-	-	-
Student's Insurance	120/-	-	Each odd Semester	120/-	120/-	-
Medical Fee	150/-	-	Each Semester	150/-	150/-	150/-
Tuition Fee*	3,000/-	-	Each Semester	3,000/-	3,000/-	3,000/-
Session Charge	5,000/-	-	Each Semester	5,000/-	5,000/-	5,000/-
Examination Fee	300/-	1200/-	Each Semester	1,500/-	1,500/-	1,500/-
Institute I-Card	50/-	-	1 st Semester	50/-	-	-
Library I-Card	50/-	-	1 st Semester	50/-	-	-
Library/Magazine /others	1,000/-	-	Each Semester	1,000/-	1,000/-	1,000/-
Book Bank	800/-	-	1 st Semester	800/-	-	-
Students Welfare/Sports/ ExtraCurricular Activities	3,500/-	-	1 st Semester	3,500/-	-	-
T&P Activity Fund	2,000/-	-	1 st Semester	2,000/-	-	-
Overhead Charges	2,000/-	-	Each Semester	2,000/-	2,000/-	2,000/-
Other Fees	As Applicable					
Total				27,370/-	13,270/-	12,650/-

*Exempted for the candidates under the TFW scheme.

#Hostel fee will be Rs. 6000/- per person per semester as and when hostels on campus becomes available.





ज्ञान-विज्ञान विमुक्तये

प्रो. रजनीश जैन
सचिव

Prof. Rajnish Jain
Secretary



सत्यमेव जयते

विश्वविद्यालय अनुदान आयोग
University Grants Commission

(शिक्षा मंत्रालय, भारत सरकार)
(Ministry of Education, Govt. of India)

बहादुरशाह जफ़र मार्ग, नई दिल्ली-110002
Bahadur Shah Zafar Marg, New Delhi-110002

Ph.: 011-23236288/23239337

Fax: 011-2323 8858

E-mail: secy.ugc@nic.in

D. O. No. F. 3-2/2021 (ARC)

27 OCT 2021

October, 2021

'SPEED POST'

Subject: Revised procedure for students to file online Anti Ragging Affidavit.

Dear Madam/Sir,

As you are aware, in pursuance to the Judgment of the Hon'ble Supreme Court of India dated 8.5.2009 in Civil Appeal No. 887/2009, the UGC notified "Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009" and in compliance of the 2nd Amendment in UGC Regulations, it is compulsory for each student and his/her parent/Guardian to submit an online undertaking each academic year at either of the two designated web sites, namely, **www.antiragging.in** and **www.amanmovement.org**.

As part of UGC's initiative towards reduction of compliance burden of its stakeholders, UGC has revised the procedure for students to file online Anti Ragging Affidavit.

The revised procedure is as follows:

Step 1: A student will submit his/her details on the same web sites (**www.antiragging.in** and **www.amanmovement.org**) as before; read and confirm that he/she and his/her parents/Guardians have read and understood the regulations on curbing the menace of ragging. He/She will confirm & agree that he/she will not engage in ragging in any form. (Step 1 is the same like before).

Step 2: The student will receive an E MAIL with his/her registration number and a web link. The student will forward the link to the E mail of the Nodal officer in his/her university/college. **(Please note that the student will not receive pdf affidavits and he/she is not required to print & sign it as used to be the case earlier).**

Step 3: The Nodal Officer in the university/college can click on the link of any forwarded e mails that he/she will receive from any student of his/her college to get the list of those students who have submitted Anti Ragging Affidavits/Undertakings in his/her college. The list will be updated every 24 hours.

Contd.../-

CONTINUATION SHEET

-02-

Universities and Colleges are requested to insert **a mandatory column** in your university/colleges admission form as per the given format:

Anti Ragging Undertaking Reference no:	<input type="text"/>
--	----------------------

You are also requested to display the email address and contact number of the Nodal Officer of Anti Ragging of your university/college in your website and campus areas like Admission Centre, Departments, Library, Canteen, Hostel, and Common facilities etc. to create awareness about the revised procedure for students to file online Anti Ragging Affidavit.

In addition to this, you are also requested to create E-admission booklet or brochure, E-leaflets giving details on guidance in case of ragging to admitted students instead of print/hard copy.

With kind regards,

Yours sincerely,



(Rajnish Jain)

The Vice-Chancellor of all Universities

The Principal of all Colleges