



COLLEGE OF TECHNOLOGY
G. B. Pant University of Agriculture & Technology,
Pantnagar-263145 Udham Singh Nagar,
Uttarakhand

Instructions for Reporting at College of Technology

You are advised to carefully go through the following instructions before appearing for reporting and document verification.

- (i) In case of online reporting the fee is to be submitted in the bank account through NEFT/RTGS/UPI. The details of the Bank account of College of Technology are as follows:

Bank Name: Punjab National Bank, Pantnagar

Account Holder Name: **Comptroller** GBPUAT Pantnagar

Account Number: 4446001100000035

IFSC Code: PUNB0444600

Branch: Pantnagar

Phone No: 05944-233338

Email Id: btechadmission@gbpuat-tech.ac.in

- (ii) The amount to be submitted for the I Semester is as per the table below:

| Name of Course | | Fee | Reporting fee | Total Amount (in Rs) |
|------------------------|-----------------------|----------|---------------|----------------------|
| B.Tech. | Boys | 70149.00 | 1000.00 | 71149.00 |
| | Girls | 66399.00 | 1000.00 | 67399.00 |
| Day Scholar | Boys | 47289.00 | 1000.00 | 48289.00 |
| | Girls | 43539.00 | 1000.00 | 44539.00 |
| B.Tech.(Lateral Entry) | Boys | 70149.00 | 1000.00 | 71149.00 |
| | Girls | 66399.00 | 1000.00 | 67399.00 |
| TFW I year | For Both Boys & Girls | 32649.00 | 1000.00 | 33649.00 |
| PMSSS | For Both Boys & Girls | 28510.00 | 1000.00 | 29510.00 |
| M.Tech. | For Both Boys & Girls | 49299.00 | 1000.00 | 50299.00 |
| M. Tech. Day Scholar | For Both Boys & Girls | 25439.00 | 1000.00 | 26439.00 |

The college of Technology is listed in Scholar Loan Scheme of State Bank of India whereby the scholar loan at reduced interest rate is available without any collateral documents. If any student requires to take educational loan he/she may contact any branch of State Bank of India.

(iii) **In case the candidate withdraws**, and the fees is paid online, it will not be possible to refund the fees immediately. However, if the fee is paid in offline mode in the form of Demand Draft(DD), the DD will be returned after submission of processing & reporting fees.

(iv) Candidates who are appearing in **online mode** have to follow the guidelines of UTU regarding uploading of their documents on the UTU portal. However, the **medical certificate for the College of Technology is to be submitted in the prescribed format (Mandatory requirement)**. They are advised to check the list of documents required for the College of Technology mentioned on the College website (www.gbpuat-tech.ac.in) and University Website (www.gbpuat.ac.in).

(v) Candidates who are appearing in **offline mode** are required to report at the **Conference Hall, Old Building (PCT), College of Technology, G. B. Pant University of Agriculture & Technology, Pantnagar**, at their own expense. They should make their own arrangements for stay during the reporting period as per the schedule given below for verification of documents and deposition of the prescribed fee.

(vi) The admission of candidates who fail to report within the scheduled time shall stand cancelled automatically. Normally, only one day is sufficient for reporting, provided all required documents are brought in proper order. Candidates are therefore advised to carry all necessary documents for the reporting process.

(vii) Reporting Schedule:

| | |
|--|--|
| Reporting to whom College of Technology is allotted for B. Tech. degree courses | As per the specified dates on the UTU notification (10.00 AM – 5:00 PM) |
|--|--|

(viii) **ALL Candidate must fill the Google Form. The link is:** <https://forms.gle/sZtQJ4wjF363xmZy5>

(ix) **You have to mention ABC/APAAR ID in the Google Form.**

(x) **Anti-Ragging Undertaking must be filled by the students online on <http://www.antiragging.in>. A printed copy of the same should be submitted alongwith the documents during physical reporting in the college.**

(x) The candidate must appear in person for offline mode; no proxy shall be allowed under any circumstances.

(xi) The candidate is required to bring the following original documents for verification, along with a set of photocopies to be submitted at the time of reporting.

List of Documents during physical reporting in the college

- (i) Two Demand drafts one for college fees and another for reporting fees
- (ii) 5 Nos. of Recent Photographs
- (iii) Seat Allotment Letter (plus two photocopy)
- (iv) Application Form (Format attached) (One original plus 1 photocopy)
- (v) 10th Examination Mark Sheet (plus 2 photocopy)
- (vi) 10th Examination Certificate (plus 2 photocopy)
- (vii) 12th Examination Mark Sheet (If applicable) (plus 2 photocopy)
- (viii) 12th Examination Certificate (If applicable) (plus 2 photocopy)
- (ix) Character Certificate from last attended institution, in Original (plus 1 photocopy)
- (x) T.C./Migration Certificate in Original (plus 1 photocopy)
- (xi) Medical Certificate counter signed by CMO/CMS/Medical Officer of the Government Hospital, in Original format attached. (plus 1 photocopy)
- (xii) Affidavit for Gap in education in Original (plus 1 photocopy)
- (xiii) Print copy of anti ragging Undertaking on site <http://www.antiragging.in>. (plus 1 photocopy)

- (xiv) Domicile Certificate, if applicable (plus 2 photocopy)
- (xv) Category Certificate, if applicable (plus 2 photocopy)
- (xvi) Sub-Category Certificate, if applicable (plus 2 photocopy)
- (xvii) Bio Data format attached. (plus 2 photocopy)
- (xviii) Solemn Voluntary Declaration Form (Format Attached) (plus 1 photocopy)
- (xix) Adhaar Card (plus 2 photocopy)
- (xx) ABC ID Card (plus 2 photocopy)

While filling antiragging form online following questions are asked please note the answers

1. State in which University is based*
2. University name (Select University state first)*
3. University Director/Vice Chancellor *
4. University Phone Number (+91)*
5. Details of the course (UG/PG/Diploma)*
6. Name of the Course *
7. Number of students in your class
8. Current year of study*
9. Nearest Police Station to your University*
10. What is the phone number of National Anti-Ragging Helpline *

Answers:

1. Uttarakhand
2. G.B. Pant University of Agriculture and Technology Pantnagar (U-0554)
3. Dr. S.S. Gupta
4. 05944 233 320
5. Under graduate
6. B.tech
7. 60
8. 1st year
9. Pantnagar
10. 1800-180-5522

CHECK LIST TO BE FILLED IN BY THE CANDIDATE

Name JEE Mains Registration No.
 Category : GEN /EWS/OBC / SC /ST/TFW/KM All India Rank.....
 Sub Cat. : Main / W/ FF / AF / PH Name of Programme : **B. Tech.**
 University Id. No., (If Any)..... Branch :.....

Academic Record

| Name of Examination | Board or University | Division Obtained | Percentage | Year of Passing | Subject |
|---------------------|---------------------|-------------------|------------|-----------------|---------|
| High School | | | | | |
| Intermediate | | | | | |
| Degree / Diploma | | | | | |

Have you ever debarred from seeking admission at G.B.P.U.A.&T. and or dismissed from the University ? **Yes / No**

Are you eligible to seek admission as per the eligibility conditions prescribed in the Prospectus for year 2026-27. **Yes / No**

Age as on 30-06-2026 is Years Months Days

List of Documents submitted

| | | | | | |
|-----|---|-----------------|-----|---|-----------------|
| 1. | Demand Draft of Fee Rs. No. | Yes / No | 12. | Affidavit for Gap in education in Original Anti Ragging undertaking from site http://www.antiragng.in/ | Yes / No |
| | (ii) Demand Draft of Reporting Fee Rs. 1000/- No. | Yes / No | | | |
| | Have you filled Google link E mailed you | Yes / No | 13. | Affidavit by Student for Anti Alcohol Drug Abuse on Rs. 10 Non-Judicial Stamp Paper (Format can get from PDF attached) | Yes / No |
| 2. | 5 Nos. of Recent Photographs | Yes / No | 14. | Affidavit by Parent/ Guardian for Anti Alcohol Drug Abuse on Rs. 10 Non-Judicial Stamp Paper (Format can get from PDF attached) | Yes / No |
| 3. | Seat Allotment Letter, Admit Card and score card | Yes / No | 15. | Domicile Certificate , if applicable | Yes / No |
| 4. | Application Form (can get from PDF attached) | Yes / No | 16. | Category Certificate, if applicable | Yes / No |
| 5. | 10 th Examination Mark Sheet | Yes / No | 17. | Sub-Category Certificate, if applicable | Yes / No |
| 6. | 10 th Examination Certificate | Yes / No | 18. | Solemn Voluntary Declaration Form (Format can get from PDF attached) | Yes / No |
| 7. | 12 th Examination/Diploma Mark Sheet | Yes / No | 19. | TC/Migration in Original | Yes / No |
| 8. | 12 th Examination/Diploma Certificate | Yes / No | 20. | Adhaar Card | Yes / No |
| 9. | Bio Data (can get from PDF attached) | Yes / No | 21. | ABC ID Card | Yes / No |
| 10. | Character Certificate, in Original | Yes / No | | | Yes / No |
| 11 | Medical Certificate, in Original (Format can get from PDF attached) | Yes / No | | | Yes/No |

I am unable to submit the T.C / Migration, at present, the T.C / Migration will be submitted by me up to.....positively.

Date :

.....
Signature of the candidate

15. Particulars of Examinations Passed:

| Examination | Board/University | Year of Passing | Division | Marks Obtained & Percentage | Name of Institution | Subject(s) |
|----------------------------|------------------|-----------------|----------|-----------------------------|---------------------|------------|
| High School or Equivalent | | | | | | |
| Intermediate or equivalent | | | | | | |
| Diploma | | | | | | |

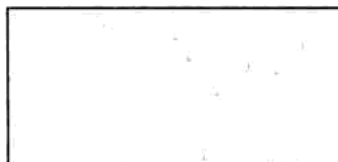
| | | |
|-----|--|--------|
| 16. | Have you ever been debarred from seeking admission or dropped from G.B.P.U.A. & T., Pantnagar | Yes/No |
| 17. | Have you ever been a student of GBPUA&T, Pantnagar? If yes, give your Id. No. _____ and were | |
| 18. | Do you fulfill the domicile requirement of Uttarakhand State for admission in G.B. Pant University of Agriculture & Technology, Pantnagar? | Yes/No |
| 19. | Have you been awarded a fellowship by the ICAR/CSIR/UGC/GATE/DBT/Govt. of India? if so, attach a valid proof? | Yes/No |

DECLARATION

I, the undersigned, hereby declare that the statements made above are true to the best of my knowledge and belief. I fully understand that any wrong statement made in this application may result in cancellation of my candidature or termination of my admission at any stage at my cost, risk and responsibility. I have carefully gone through all the details in the Prospectus and I agree to abide by all eligibility requirements and conditions laid down therein. I further declare that I have not been involved as an accused in a case involving a cognizable offence or have not been convicted of such an offence or of an offence involving moral turpitude. I also declare that I am fully aware of the fact that in the event of the above statement being found wrong at any time, my admission shall be liable to be cancelled.

Countersigned

Signature of Parents or Guardian
(if Parents are not alive)



Left hand Thumb
impression of the candidate

Signature of the candidate in
running hand (Not in Capital Letters)
Date _____

BIO-DATA

TO BE FILLED IN BLOCK CAPITAL

Batch ...2026..... Branch Allotted

Aadhaar No.....Category Allotted.....

Name of the candidate (In English).....
(In Hindi)

I.D. No. ABC ID.....

Date & Place of Birth

Marital StatusMarried/Unmarried

Name of State to which you

Belong.....

CategorySub Category

Father's NameMobile No.

Mother's NameMobile No.

Permanent Address-.....

Phone No.

Occupation of Father/Guardian

Education Qualifications

| Examination Passed | Year | Name of the University/ Board | Div. | % | No. of attempt |
|-----------------------|------|----------------------------------|------|---|-------------------|
| High School | | | | | |
| Intermediate | | | | | |
| Pre-University /Other | | | | | |

Rank obtained in Counselling_____

If there is any gap in educational career above

Please specify the reasons therefore.

Name of Advisor Date of Registration

Signature of candidate

Passport Size
Photographs

FORMAT FOR MEDICAL CERTIFICATE**(TO BE OBTAINED ONLY FROM A CHIEF MEDICAL OFFICER OF A DISTRICT
or CHIEF MEDICAL SUPERINTENDENT OF GOVT. BASE HOSPITAL)**

| | | | | | |
|------------------------------------|--|----------------|--|--------------|--|
| Name of Candidate: | | Age: | | Sex: | |
| JEE Roll No.: | | Category: | | Subcategory: | |
| All India Rank | | Father's Name: | | | |
| (To be filled in by the candidate) | | | | | |

| | | | | | |
|-----------------------|--------|----------------------------|---------------|------------|---------------|
| Left Thumb Impression | M.I. | V I S I O N | Colour Vision | | |
| Height | Weight | | Chest | Abdomen | Without glass |
| | | | | With glass | |

| History | Operation Seizures | Kock's Asthma | Colic's Piles | BP Diabetes |
|--|-----------------------|------------------|------------------|----------------|
| E | Pulse | Tonsil | DNS | Hernia |
| X | | | | |
| A | | | | |
| M | Pallor | L Nodes | CSOM | Hydrocele |
| I | | | | |
| N | | | | |
| A | Cardiovascular | | CNS | |
| T | | | | |
| I | Respiratory | | GIT | |
| O | | | | |
| N | Genitourinary | | Blood Group | |
| S | | | | |
| Is the candidate physically handicapped : Yes/ No | | | | |
| If yes. Type and extent of handicap (Please write) : Type –I : One leg or hand defective | | | | |
| Type _____ : Type –II : One leg missing | | | | |
| Extent _____ % : Type – III : One hand missing | | | | |
| Any other type of handicap (Please specify) : | | | | |
| Any other finding: | | | | |
| Final result. (Fit/Unfit)based on the medical Standards given in Appendix III of the Prospectus (overleaf) for the purpose of Admission. | | | | |

Signature of Candidate

Signature of Chief Medical Officer /
Chief Medical Supdt. of Govt. Base Hospital (with official stamp)
Date:

G.B. Pant University of Agriculture & Technology

Office of The Registrar
Personal Data of Students

| | |
|--------------------------|--|
| Aadhaar No. | |
| आधार संख्या | |
| Student ID No. | |
| विद्यार्थी पंजीयन संख्या | |
| Student Name | |
| विद्यार्थी का नाम | |
| Degree Programme | |
| उपाधि पाठ्यक्रम | |
| Major/Branch | |
| मुख्य शाखा | |
| Father's Name | |
| पिता का नाम | |
| Mother's Name | |
| माता का नाम | |
| D.O.B (DD-MM-YYYY) | |
| जन्म तिथि | |
| Permanent Address | |
| स्थाय पता | |
| Country | |
| देश | |
| State | |
| राज्य | |
| City | |
| नगर | |
| Pin Code | |
| पिन कोड | |
| Mailing Address | |
| पत्राचार का पता | |
| Country | |
| देश | |
| State | |
| राज्य | |
| City | |
| नगर | |
| Pin Code | |
| पिन कोड | |
| Sex | |
| लिंग | |
| Marital States | |
| वैवाहिक स्थिति | |
| Mobile No. | |
| दूरभाष संख्या | |
| Email ID | |
| ई-मेल | |
| Guardian Name | |
| अभिभावक का नाम | |

| | | |
|--|---------------------------------------|---------------------|
| Blood Group | | |
| रक्त समूह | | |
| Identification Marks | | |
| पहचान चिन्ह | | |
| Nationality | | |
| राष्ट्रीयता | | |
| Religion | | |
| धर्म | | |
| Passport No.(Mandatory for foreign Students) | | |
| पासपोर्ट नम्बर | | |
| Bonefides Resident (domicife/From B | | |
| स्थायी निवास प्रमाण पत्र | | |
| Yearly Family Income | | |
| वार्षिक पारिवारिक आय | | |
| Nearest Railway Station | | |
| समीपवर्ती रेलवे स्टेशन | | |
| Nearest Police Station | | |
| समीपवर्ती पुलिस स्टेशन | | |
| Fee details | | |
| शुल्क विवरण | | |
| Category | | |
| वर्ग | | |
| Sub category | | |
| उपवर्ग | | |
| Admitted seat category | | |
| प्रवेशित वर्ग | | |
| Passport Photograph | Affix recent passport size photograph | Thumb Impression |
| पासपोर्ट फोटोग्राफ | | बॉए अंगूटे का निशान |
| Urban/ Rural | | |
| शहरी / ग्रामीण | | |

Particular of Examination Passed

| Examination | Board/University | Year of Passing | Name of Institute | Subject(s) |
|----------------------------|------------------|-----------------|-------------------|------------|
| High School Or Equivalent | | | | |
| Intermediate or Equivalent | | | | |
| Bachelor's | | | | |
| Master's | | | | |
| Others | | | | |

Declaration

विद्यार्थी द्वारा घोषणा

I, undersigned, hereby declare that the statements made above are true to the best of my knowledge and belief.

Signature of Candidate

Date:

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| |
|--|
| |
|--|

SOLEMN VOLUNTARY DECLARATION

(All Freshmen shall be required to sign this solemn voluntary declaration prescribed as under by the University)

IRoll No.....admitted to..... degree programme of the G.B. Pant University of Agriculture & Technology, Pantnagar hereby affirm:

1. That I firmly believe in the basic philosophy outlined in paragraph 11.75 of the Second Education Commission, particularly that quoted below:
 "A University or a College is an academic fellowship of equals where things can be discussed and decided reasonably by the joint committees of teachers and students which we have recommended have this purpose specifically in view. These should be fully utilized to ascertain and redress the genuine difficulties of student. What binds together students and teachers is the deep and creative partnership in the sharing of common interest, mutual regard & sense of values and working together for their main purpose, which is the pursuit of knowledge and discovery. Any one who is not committed to this philosophy or prepared to honour it has really no place in an institution of higher education".
2. That in any consequence, I believe that all grievances, disputes and problems of the students should be settled by constitutional means, such as approach to the Advisor, Warden, Chief Warden, Dean, Vice-Chancellor or other individuals concerned or by raising them in the relevant committees, such as Central Food Advisory Committee, Professional Societies, Cultural Societies, etc. or by reference to the Board of Management, Chancellor or the State Govt. or if all other means fail by having recourse to Court of justice.
3. That I, further believe that under no circumstances, there is need or justification for any defiance of the Rules and Regulations of the University, show of force, unruly demonstration, coercion, violence or any other means forming part of the so called direct action. I promise that I shall never have recourse to and unconstitutional means.
4. That I, further believe that under no circumstances, there is justification for any student approaching any outsider, may be the agitators from the Universities, politicians or disgruntled individuals not concerned with the affairs of the University. All matters should be settled by those concerned with the affairs of the University such as the students and staff of the University, guardians of the students, members of the Board of Management, the State Government, Chancellor, etc. I shall accordingly refrain from approaching any outside element not concerned with affairs of the University.
5. That, I shall attend my classes and participate in other activities of the University according to the programme, irrespective of the fact whether my other colleagues do so or not and that I shall do so even in the face of intimidation by any of them.
6. That, I further declare that any activity/travelling connected with studies/courses/project etc. will be entirely on my risk and responsibility and in case of accident or mishap the University or any of the functionary will not be responsible for that.
7. I also affirm that I shall abide by the word and spirit of the above declaration and further undertake that if, at any time I am found indulging in any such activity I may be dismissed from the University.

Guardian's Signature
 Name in Block Letters.....
 Place
 Date.....

Student's Signature
 Name in Block Letters
 Place
 Date

उत्तराखण्ड सरकार

(प्रमाण पत्र निर्गत करने वाले कार्यालय का नाम एवं पता)

(अधिसूचना संख्या 64/XXXVI(3)/2019/19(1)/2019 दिनांक 07 मार्च, 2019 के अधीन)

आर्थिक रूप से कमजोर वर्गों के लिए आय एवं सम्पत्ति प्रमाण-पत्र

प्रमाण-पत्र संख्या.....वर्ष.....हेतु मान्य दिनांक.....

यह प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी.....
पुत्र/पत्नी/पुत्री.....ग्राम/मुहल्ला.....
पोस्ट ऑफिस.....जिला.....पिन कोड.....
उत्तराखण्ड राज्य के मूल निवासी/स्थायी निवासी हैं, जिनका नवीनतम फोटो नीचे प्रमाणित है।
इनके परिवार की सभी स्रोतों से वित्तीय वर्ष.....की औसत आय आर्थिक रूप से
कमजोर वर्ग के लिए निर्धारित मानक ₹ 8.00 लाख (रूपये आठ लाख) से कम है और इनका
परिवार निम्न में से कोई सम्पत्ति धारित नहीं करता है :-

- (I) कृषि भूमि 5 एकड़ या उससे अधिक, या
- (II) आवासीय भवन 1000 वर्ग फुट या उससे अधिक, या
- (III) अधिसूचित नगरपालिकाओं में 100 वर्ग गज या उससे अधिक के आवासीय भूखण्ड, या
- (IV) अधिसूचित नगरपालिकाओं के अलावा अन्य क्षेत्रों में 200 वर्ग गज या उससे अधिक के भूखण्ड।

2. श्री/श्रीमती/कुमारी.....जो कि.....जाति से हैं
और भारत सरकार/उत्तराखण्ड सरकार की अनुसूचित जाति/अनुसूचित जनजाति/अन्य पिछड़ा
वर्ग सूची में सम्मिलित नहीं है।

हस्ताक्षर सहित कार्यालय की मुहर
नाम.....
पदनाम.....

| |
|--|
| आवेदक का नवीनतम पासपोर्ट साइज का प्रमाणित फोटो |
|--|

naibisat

स्थायी निवास प्रमाण-पत्र
(शासनादेश संख्या 2588 / एक-4 / सा0प्र0 / 2001)

प्रमाणित किया जाता है कि श्री/कु0/श्रीमती.....
पुत्र/पुत्री/ पत्नी श्री.....निवासी ग्राम/मोह./वार्ड.....
तहसील.....जिला..... उत्तराखण्ड के स्थायी निवासी है।

यह भी प्रमाणित किया जाता है कि उक्त प्रमाण पत्र निर्गत करने से पूर्व निर्धारित समस्त मानदण्डों की भली भांति जांच कर ली गई है, और मै जांच से पूर्णतया सन्तुष्ट हूँ।

हस्ताक्षर जिला मजिस्ट्रेट
नाम :
मोहर

उत्तराखण्ड के अन्य पिछड़े वर्ग (UKBC)के लिए जाति प्रमाण-पत्र का प्रपत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारीसुपुत्र/सुपुत्री श्री
निवासी ग्रामतहसील.....नगर.....जिला
उत्तराखण्ड राज्य कीपिछड़ी जाति के व्यक्ति हैं। यह जाति उत्तराखण्ड लोक सेवा (अनुसूचित
जातियों/अनुसूचित जनजातियों तथा अन्य पिछड़े वर्गों के लिए आरक्षण) अधिनियम की अनुसूचीके
अन्तर्गत मान्यता प्राप्त है।

यह भी प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारीउक्त अधिनियमद्वारा
निर्धारित क्रीमिलियर से आच्छादित नहीं है।

श्री/श्रीमती/कुमारीतथा अथवा उनका परिवार उत्तराखण्ड के ग्राम.....
तहसीलनगर.....जिलामें सामान्यता रहता है।

अभ्यर्थी के हस्ताक्षर :

दिनांक :

स्थान :

हस्ताक्षर

पूरा नाम :

मोहर

जिला अधिकारी/अतिरिक्त जिला अधिकारी/सिटीमजिस्ट्रेट/
परगना मजिस्ट्रेट/तहसीलदार

अनुसूचित जाति/जनजाति (UKSC/UKST) के लिए जाति प्रमाण-पत्र का प्रपत्र

(अभ्यर्थी के जन्म जिले के जिला मजिस्ट्रेट/प्रथम क्लास मजिस्ट्रेट द्वारा प्रमाणित)

प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारीसुपुत्र/सुपुत्री श्री
निवासी गांव/शहरतहसील.....जिला.....प्रदेश.....का जन्म.....
जाति में हुआ था यह जाति अनुसूचित जाति/जनजातियों आदेश (संशोधन) एक्ट 1956 के अन्तर्गत भारत
सरकार/उत्तराखण्ड शासन/.....सरकार द्वारा मान्य अनुसूचित जाति/जनजाति है।

अभ्यर्थी के हस्ताक्षर :
दिनांक :
स्थान :

हस्ताक्षर
पूरा नाम :
मोहर

जिला अधिकारी/अतिरिक्त जिला अधिकारी/सिटीमजिस्ट्रेट/
परगना मजिस्ट्रेट/तहसीलदार

उत्तराखण्ड के स्वतंत्रता सेनानी (Sub Category Children of Freedom Fighters)

(उस जिले के जिलाधिकारी द्वारा प्रमाणित जिसका अभ्यर्थी निवासी है)

प्रमाणित किया जाता है कि श्री/कुमारी.....श्री/श्रीमती.....
निवासी के पुत्र/पुत्री/पुत्र के पुत्र/पुत्र की पुत्री (अविवाहित) है।
श्री/श्रीमतीने स्वतंत्रता संग्राम में भाग लेने के कारण—(जो लागू न हो उसे
काटने का कष्ट करें)

1. कम से कम दो माह की वास्तविक अवधि के लिए कारावास का दण्ड भोगा हो, या
2. नजरबंदी या अण्डर ट्रायल कैदी के रूप में जेल में कम से कम तीन मास रहे हों, या
3. कम से कम 10 बेंतो की सजा पायी हो, या
4. फरार घोषित हुआ हो, या
5. गोली से घायल हुआ हो, या
6. वीरगति प्राप्त की हो, या
7. ऐसे व्यक्ति भी जो पेशावर काण्ड के रहें हों, या
8. भूतपूर्व आजाद हिन्द फौज के प्रमाणित सैनिक हो या
9. भूतपूर्व इंडिया इंडिपेंडेस लीग के प्रमाणित सदस्य हो।

टिप्पणी : ऐसे व्यक्ति जिन्होंने माफी मांगी हो ,उक्त परिभाषा में सम्मिलित नहीं माने जायेंगे।

यह भी प्रमाणित किया जाता है कि श्री/कुमारी.....उपरोक्त स्वतंत्रता संग्राम
सेनानी श्री/श्रीमतीके पुत्र/पुत्री हैं अथवा उनके पौत्र/पौत्री हैं तथा वह
उन पर वास्तव में आश्रित हैं।

अभ्यर्थी के हस्ताक्षर

दिनांक :

स्थान :

हस्ताक्षर जिला मजिस्ट्रेट

नाम :

मोहर

उत्तराखंड आर्म्ड फोर्सेज सर्टिफिकेट फॉर्मेट

(सैनिक पुनर्वास कल्याण बोर्ड द्वारा निर्गत)

यह प्रमाणित किया जाता है कि श्री/कु० पुत्र/पुत्री निवासी
गांव/शहर तहसील जिला उत्तराखंड
दिनांक को सेवा निवृत्त (सुपरांनुटेड)/ युद्ध में मारे गए/ अपांग हो गए। वे उस समय भारतीय थल
सेना, जल सेना/ वायु सेना स्थान में के पद पर कार्यरत थे।

दिनांक :

स्थान :

अधिकारी

सैनिक पुनर्वास कल्याण बोर्ड

नाम :

मोहर :

(जिला मजिस्ट्रेट द्वारा प्रमाणित)

यह प्रमाणित किया जाता है कि श्री/कु० निवासी गांव/शहर
तहसील जिला उपरोक्त सेना दाल के सेवा निवृत्त (सुपरांनुटेड)/ युद्ध में
मारे गए/ अपांग हो गए कर्मचारी जो उत्तराखंड के स्थायी निवासी हैं /थे के पुत्र/पुत्री हैं।

दिनांक :

स्थान :

हस्ताक्षर

जिला मजिस्ट्रेट

नाम :

मोहर :

शारीरिक विकलांग (Physically Handicapped) के अधिमान के लिए प्रमाण-पत्र
(मुख्य चिकित्सा अधिकारी द्वारा प्रमाणित)

प्रमाणित किया जाता है कि श्री/कु0पुत्र/पुत्री, श्री/श्रीमती.....
निवासी गाँव/शहर..... तहसील.....जिला..... उत्तराखण्ड, जाँच के
अनुसार नीचे लिखे कारणों से शारीरिक रूप से विकलांग है।

(केवल मुख्य चिकित्सा अधिकारी ही कारण लिखें)

.....
.....

यह भी प्रमाणित किया जाता है कि उपरोक्त विकलांग स्थिति अभ्यर्थी के प्रौद्योगिकी शिक्षा प्राप्त करने में बाधक नहीं होगी।

दिनांक :

स्थान :

हस्ताक्षर मुख्य चिकित्सा अधिकारी

नाम

मोहर

Affidavit regarding Anti-Alcohol-Drug Absuse

AFFIDAVIT BY THE STUDENT

1) I, _____(Full name of the student)
s/o-d/o Mr./Mrs. having been admitted in B. Tech. course Branch _____
_____ in College of Technology/College of Basic Sciences and Humanities,
Pantnagar.

2) I have, in particular, perused and fully understood and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on university campus, training sites or at any of the UNIVERSITY sponsored students' events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the University Campus.

3) I hereby affirm that, if found guilty, I am liable for punishment according to the Policy, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

Declared this _____day of _____ month of _____
year _____

Deponent

Mobile No.

Affidavit regarding Anti-Alcohol-Drug Abuse

AFFIDAVIT BY PARENT/GUARDIAN

1) I, _____ father / mother/guardian
of _____
having been admitted in B. Tech. Course to College of Technology/ College of Basic
Sciences and Humanities, Pantnagar,

2) I have, in particular, perused and fully understood and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on university campus, training sites or at any of the UNIVERSITY sponsored students' events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the University campus.

3) I hereby affirm that, if my ward is found guilty, he/she is liable for punishment, without prejudice to any other criminal action that may be taken against him under any penal law or any law for the time being in force.

Declared this _____ day of _____ month of _____ year _____

Deponent

Address:.....

.....

.....

.....

Telephone/Mobile No.