

NATIONAL INSTITUTE OF TECHNOLOGY TIRUCHIRAPPALLI - 15

OFFICE OF THE ACADEMIC

Information for Provisional Admission to M.Sc. Programmes under CCMN 2021 Process

The candidates who got seat allotment under **CCMN 2021** process (in **Special Round-1, Special Round-2**) for provisional admission into M.Sc. programmes of National Institute of Technology, Tiruchirappalli for the academic year 2021-22 are requested to follow the guidelines as given below:

1. Candidate Registration Schedule for Provisional Admission in the NITT student portal:

All the candidates must Register and Enter their personal data using the following link (use only Mozilla Firefox browser):

<https://misreg.nitt.edu/STUDENTREG/>

The link will be active between 26.08.2021 (from 9 am onwards) to 01.09.2021 (up to 2.00 pm)

- Please follow the instructions as given in the above web link carefully and fill the required details correctly.**
- Please make a note of the generated 8-digit Temporary Roll Number and keep a copy for future reference.**
- Please send email to misacademics@nitt.edu, if you face any issues during the registration process (other than related to certificates/documents) in the NITT student portal.**

2. Scanned copy of original Certificates/Documents to be uploaded by the candidate in the portal:

- Provisional Admission Letter downloaded from the CCMN 2021 portal.
(after paying the balance fee to CCMN 2021, as per the CCMN schedule)
- JAM score card
- Original Photo Id proof as per Govt. of India norms
- Original Class X Mark sheet and original Birth certificate (in English/Hindi) in a single PDF. (Birth certificate is optional)
- Original Class XII Mark sheet
- Original Statement of Grades/Marks obtained in the qualifying Examination in a single PDF. (preferably Consolidated Grade/Mark Sheet with all subjects mentioned in it)
- Original Degree / Provisional Certificate
- Original Course Completion Certificate for result awaiting candidates
- Original Transfer Certificate issued from the institute last studied/attended
- Original Migration Certificate, for other than Tamil Nadu candidates
- Original Certificate of Category (EWS / OBC / SC / ST), if applicable, issued by the competent authority as per the prescribed format given in Annexure-II (**EWS/OBC category certificate must be issued on or after 01.04.2021**)
Original Caste Validity certificate for Maharashtra State Candidates, if not available, upload an undertaking as per format given in Annexure-II

- l) OBC undertaking form for OBC candidates as given in Annexure-II (filled and signed by the candidate)
- m) Original Certificate for Persons with Disabilities (PWD) issued by Medical Board notified under PWD Act (format given in Annexure-II)
- n) Late submission undertaking form (format given in Annexure-III), if necessary.

Note:

- In case, if the candidate is not able to get the certificate listed above in Sl. No. (g), (h), (i) and (j) at the time of admission due to result awaiting/late issuance of certificate etc., he/she has to upload the Late Submission undertaking form as per the prescribed format given in Annexure-III
- If any certificate is in languages other than Hindi or English, true copy of the same in English version is to be uploaded.

- For EWS/OBC candidates:

Case I:

Those candidates who are not able to obtain the EWS/OBC certificate dated on or after 01.04.2021 due to prevailing COVID-19 pandemic, they should upload the certificate obtained on or after 01.04.2020 and an undertaking form as per the format available in Annexure-II

Caste II:

Those candidates who are not able to obtain the EWS/OBC certificate for the first time or possessing older EWS/OBC (before 01.04.2020) due to prevailing COVID-19 pandemic, they should upload the affidavit in Rs.50/- stamp paper as per the format available in Annexure-II.

- a. Those candidates who have appeared for final semester/year examination, provisional admission is permitted provided their final marks are made available on or before 30th September 2021. For such candidates, the examinations should be completed by 25th August 2021.
- b. Any candidate admitted provisionally shall produce the provisional/degree certificate and all mark lists in original on or before 30th September 2021. Else, their admission shall stand cancelled automatically. For such candidate's refund will be made as per the institute norms.

3. Fee to be paid at the time of Admission (For details refer Annexure-I)

a. Institute Fees

For the balance fee payment, follow the CCMN 2021 guidelines including date of payment.

DO NOT pay the balance fee to NIT, Tiruchirappalli.



b. Hostel Fees and Hostel Admission Details:

Information regarding hostel accommodation and fee payment will be announced later.



4. General Information

- i. **Hostel Facilities:** Separate Hostel facilities are available for boys and girls.
- ii. **Banking facility:** State Bank of India (SBI) branch is functioning in NIT, Tiruchirappalli (NITT) Campus. (Bank Branch Code: 1617). ATM facilities are also available.
- iii. **Location of the Institute:** Tiruchirappalli is well connected by Air, Rail and Road network. NITT is situated in a place called “THUVAKUDI” on the northern side of the Tiruchirappalli - Thanjavur road, 20 Kms away from Tiruchirappalli junction. Tiruchirappalli junction is one of the important Railway junctions of Southern Railways.
- iv. **Reaching NITT Campus:** All mofussil buses plying between Tiruchirappalli Central Bus Stand and Thanjavur, stop at NITT Main Gate. (Tiruchirappalli Central Bus Stand is about half a KM from Tiruchirappalli Railway Junction).
- v. Town Bus No. 128 from Tiruchirappalli Central Bus Stand to Thuvakudi stops at NITT Main Gate.
 - **A number of private Taxis, Call Taxis are available nearby Tiruchirappalli Junction and Central Bus Stand. The approximate Call Taxi fare from Tiruchirappalli Railway Station to NITT Main Building will be about Rs.500/-**
 - **If you are getting down at Chathiram Bus Stand/Main-Guard Gate (Commercial Centre of Tiruchirappalli), number of town buses ply between Chathiram Bus Stand/Main-Guard Gate and Thuvakudi.**

Note 1:

-  **Online Classes will start from 6th September, 2021.**
-  **Concerned authorities from the respective departments will be intimating to the candidates regarding schedule and other necessary details of online classes**

Note 2:

-  **After entering all the necessary details in the NITT student portal, regularly login to the student portal and check for any query raised by the verification officer and respond to the same immediately.**
-  **Wait for 5 days to download NIT Tiruchirappalli - Provisional Admission Letter.**

The candidates who got seat allotment under CCMN 2021 process (in Round-1, Round-2 and Round-3) for provisional admission into M.Sc. programmes of National Institute of Technology, Tiruchirappalli for the academic year 2021-22 are also requested to follow the above guidelines, if not done.

5. Dress Code

Boys	:	All the boy students should come with formal dress to the class rooms & computer labs, preferably full pant and shirt. Wearing T-shirts and other informal dresses in the class rooms is strictly prohibited.
Girls	:	All the girl students should come with formal dress to the class rooms & computer labs, in Saree or Churidhar with Dupatta. Wearing T-shirts and other informal dresses in the class rooms & labs are strictly prohibited.

**USE OF CELL PHONES / ELECTRONIC GADGETS IN
THE ACADEMIC PREMISES IS STRICTLY PROHIBITED**

6. Contact Address

Director	Dr. Mini Shaji Thomas , Director National Institute of Technology, Tiruchirappalli – 620 015. Phone No.: +91 431 2503002 E-mail: director@nitt.edu
Dean (Academic)	Dr. A. Ramakalyan , Dean (Academic) National Institute of Technology, Tiruchirappalli – 620 015. Phone No.: +91 431 2503013 Mobile No.: +91 9486001105 E-mail: deanap@nitt.edu
Chairperson-PG Admissions	Dr. G. Lakshminarayanan Chairperson - PG Admissions National Institute of Technology Tiruchirappalli – 620 015. Phone No.: +91 431 2504940 Mobile No.: +91 9486001157 E-mail: pg@nitt.edu
Convener of Hostels	Dr. S. Suresh , Hostel Convener National Institute of Technology Tiruchirappalli - 620 015. Mobile No.: +91 9486001184 E-Mail : hac@nitt.edu

Associate Dean (PG)

Chairperson
PG Admission Committee

Dean (Academic)

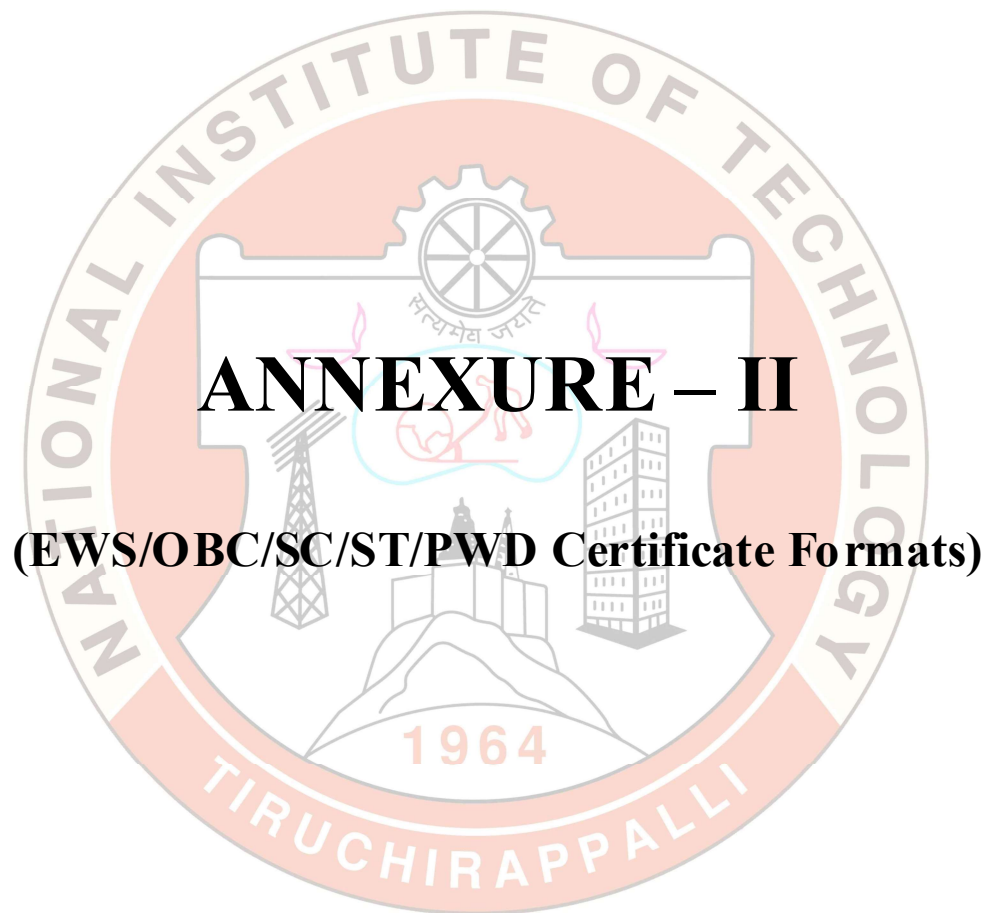
Director

Annexure-I

Fee Details for M.Sc.

S.No.	Items of Fees & Deposits	Amount in Rs.
I. Institute Fees		
A. Semester Fees		
1.	Tuition Fees*	7,500
B. Annual Fees		
1.	Computer Fee	2,000
2.	Internet Fee	400
3.	Library Fee	3,000
4.	Examination Fee	2,000
5.	Registration-Enrolment Fee	400
6.	Association and Cultural Fee	700
7.	Students Aid Fee	400
8.	Sports Facilitation Fee	400
9.	Medical and insurance Fee	500
Total B		9,800
C. One Time Fees		
1.	Admission Fee	2,000
2.	Campus Development Fee	10,000
3.	Medical Exam Fee	250
4.	Seminar/Thesis Fee	5,000
5.	Institute Deposit (Refundable)	5,000
6.	Library Deposit (Refundable)	2,000
7.	Alumni Fee	1,000
8.	Convocation Fee	3,000
9.	Alumni Global Interaction Fee	1,000
Total C		29,250
Total (A+B+C)		46,550

* SC/ST students are exempted from payment of tuition fee.



ANNEXURE – II

(EWS/OBC/SC/ST/PWD Certificate Formats)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Government of

(Name & Address of the authority issuing the certificate)

[This certificate MUST have been issued on or after 1st April 2021]

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

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 is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets***:**

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).s

Signature with seal of Office _____

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.

Note:

* Income covered all sources i.e. salary, agriculture, business, profession, etc.

** 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.

*** 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.

FORMAT FOR OBC [NCL] CERTIFICATE

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING
FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES
(CEIs), UNDER THE GOVERNMENT OF INDIA
[This certificate MUST have been issued on or after 1st April 2021]**

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri/Smt.

_____ of Village/Town _____

District/Division _____ in the _____ State/UT

belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C), dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186, dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC, dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163, dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC, dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88, dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC, dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC, dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC, dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC, dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC, dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC, dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270, dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC, dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71, dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC, dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-BCC, dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC, dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC, dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC, dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 16/01/2006.
- (xvi) Resolution No. 12015/2/2007-BCC, dated 18/08/2010.

- (xvii) Resolution No. 12015/2/2007-BCC, dated 11/10/2010.
- (xviii) Resolution No. 12015/13/2010-BC-II, dated 08/12/2011.
- (xix) Resolution No. 12015/05/2011-BC-II, dated 17/02/2014.
- (xx) Resolution No. 12011/6/2014-BC-II, dated 07/12/2016.
- (xxi) Resolution No. 12011/13/2016-BC-II, dated 22/12/2016
- (xxii) Resolution No. 20012/1/2017-BC-II, dated 19/01/2017
- (xxiii) Resolution No. 12011/7/2017-BC-II, dated 31/07/2017

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____ District/Division of _____ State/UT. 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. 36 012/22/93-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.

Place _____ Signature _____
 Date _____ Designation _____
 (with seal of office)

NOTE:

- (a) The term 'Ordinarily' 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 / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1ST Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

OBC UNDERTAKING

Declaration/undertaking - for OBC Candidates only

I, _____ son / daughter of Shri
_____ resident of _____
village/town/city _____ district
_____ State/UT hereby declare that I belong to the
_____ community which is recognised as a backward class by the
Government of India for the purpose of reservation in services as per orders
contained in Department of Personnel and Training Office Memorandum
No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong
to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the
above referred Office Memorandum, dated 8/9/1993, which is modified vide
Department of Personnel and Training Office Memorandum No.36033/3/2004
Estt.(Res.) dated 9/3/2004. Also declare that the condition of status/annual income
for creamy layer of my parents/guardian is within prescribed limits as on financial
year ending on March 31, 2021.

Signature of the Candidate

Place: _____

Date: _____

FORMAT FOR SC/ST CERTIFICATE

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE

A candidate who claims to belong to one of the Scheduled Castes or the Scheduled Tribes should submit in support of his claim an attested/self-certified copy of a certificate in the form given below, from the District Officer or the Sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the NIT Tiruchirappalli would accept only attested/self-certified photocopies of such certificates and not any other copy.

This is to certify that **Shri/Shrimati/Kumari*** _____
_____ **son/daughter of** _____
_____ **of village/town/*** _____ **in**
District/Division* _____ **of the State/Union Territory*** _____
belongs to the _____ **Caste/Tribe*** **which is recognized as a Scheduled Castes**
[SC]*
/ Scheduled Tribes [ST]* 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 Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976. [%]

The Constitution (Jammu & 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 (Scheduled Tribes) (Uttar Pradesh) Order, 1967**. The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968**. The Constitution (Goa, Daman & 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 & Kashmir) Scheduled Tribes Order 1989**. The Constitution (SC) Orders (Amendment) Act, 1990**. The Constitution (ST) Orders (Amendment) Ordinance, 1991**. The Constitution (ST) Orders (Second Amendment) Act, 1991**. The Constitution (ST) orders (Amendment) Ordinance, 1996. The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act. 2002. The Constitution (Scheduled Caste) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste) Order (Amendment) Act, 2007. [%]

2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes certificate issued to

Shri/Shrimati _____, Father/Mother of
Shri/Srimati/Kumari*

_____ of village/town* _____
in the District/Division* _____ of the State/Union Territory* _____,
who belong to the _____ Caste/Tribe* which is recognized 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 the village/town* _____ of
_____ District/Division* of the State/Union Territory of
_____.**

Place _____

Signature _____

Date _____

Designation _____

(with seal of office)

*** Please delete the words which are not applicable**

**** Please quote specific presidential order**

% please delete the paragraph which is not applicable.

^ List of authorities empowered to issue Schedule Caste / Schedule Tribe Certificates:

- 1) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner / Taluka Magistrate / Executive Magistrate.
- 2) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- 3) Revenue Officers not below the rank of Tehsildar.
- 4) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTES:

- 1) The term ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

PwD certificate Format

DISABILITY CERTIFICATE FORMAT - II

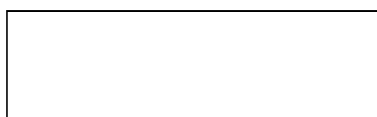
{In cases of amputation or complete permanent paralysis of limbs and in cases of blindness}

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

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate



Passport size
photograph
of the
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[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 (Please tick as applicable):

a. locomotor disability

b. blindness

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 the certificate

Official Seal:

[Authorized Signatory of notified Medical Authority] Name:

DISABILITY CERTIFICATE FORMAT - III

{In cases of multiple disabilities}

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

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport size
photograph
of the
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[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 **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		

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____%

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)_____.

@ - e.g. Left/Right/both arms/legs

- e.g. single eye/both eyes

£ - e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the 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

DISABILITY CERTIFICATE FORMAT - IV

{In cases of any other case not covered in Format – II & III}

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

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport size
photograph
of the
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[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 **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		

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____%

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)_____.

@ - e.g. Left/Right/both arms/legs

- e.g. single eye/both eyes

£ - e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorized Signatory of notified Medical Authority*]

Name: _____

* 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.

Countersigned

Official Seal:

[CMO/Medical Superintendent/Head of Govt. Hospital]

Name: _____

^ Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in case the certificate is issued by a medical authority who is not a government servant.

FORMAT FOR DYSLEXIA CERTIFICATE - I

MEDICAL CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATES

{Psycho-Education Evaluation Report - To be obtained from any Dyslexia Association*}

No. - _____

Date - ____/____/____

Name of the candidate: _____

Date of Birth: ____/____/____

Name of the Father/Mother/Guardian: _____

Registration in the Dyslexia Association: No _____

Date - ____/____/____

Passport size
photograph
of the
Candidate

Name & Address of the Dyslexia Association: _____

Registration No. of the Dyslexia Association: _____

Physical & Neurologic Assessment: []

Psychological Assessment: [] WISC

Verbal IQ:

Performance IQ:

Full Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that

The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)**

The disability is **PERMANENT** in nature.

*Some Dyslexia Associations:

- 1) Dyslexia Trust of Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
- 2) Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1, 1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
- 3) Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
- 4) The Dyslexia Association of India, MZ-47, The Center Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

**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 PwD category, the candidate must come under SEVERE category.

Official Seal:

[Signature]

Name of the certifying official: _____

FORMAT FOR DYSLLEXIA CERTIFICATE - II

TESTIMONIAL TO BE PRODUCED BY DYSLLEXIC CANDIDATES

{Testimonial - To be obtained from the Principal of the school/college last attended*}

No. - _____

Date - ____/____/____

Name of the candidate: _____

Date of Birth: ____/____/____

Name of the Father/Mother/Guardian: _____

Registration in the Dyslexia Association: No _____

Date - ____/____/____

Passport size
photograph
of the
Candidate

Name & Address of the School/College: _____

Certified that

Shri/Shrimati/Kumari _____

son/daughter of _____ of

_____ Village / Town passed his/her Class X from this school and as per

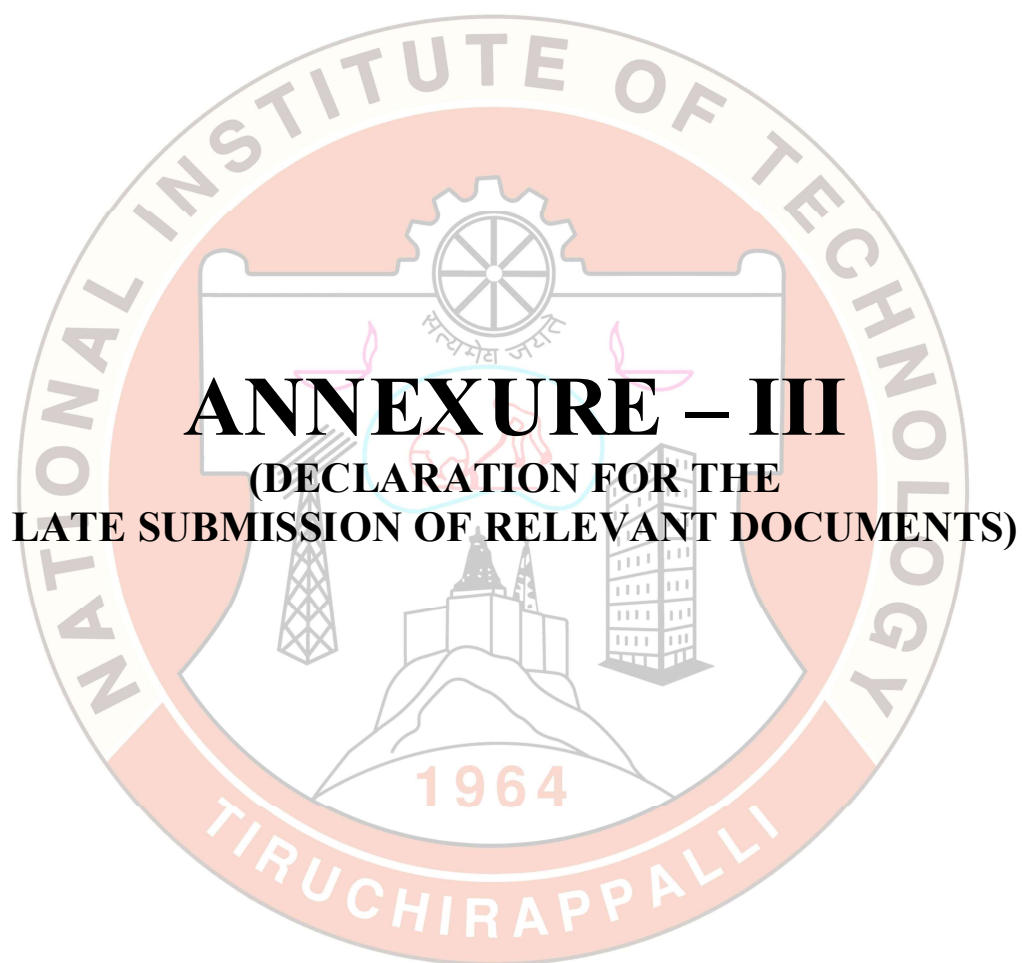
records, he/she has availed concession under dyslexic category.

Official Seal:

[Signature]

Name of the Principal: _____

*A candidate passing Class X or equivalent through 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.



ANNEXURE – III
(DECLARATION FOR THE
LATE SUBMISSION OF RELEVANT DOCUMENTS)

NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI-15
OFFICE OF THE ACADEMIC

DECLARATION FOR THE LATE SUBMISSION OF RELEVANT DOCUMENTS

Candidate's Details:

Name of the Candidate	
Date of Birth	
JAM Registration Number	
JAM Score	
Qualifying Degree Passing Status	Appeared / Passed
Qualifying Degree	
Qualifying Degree Discipline	
Mobile Number	
Email id	

Allotment Details

Allotted Specialization	
Allotted Category	

The following certificates are not currently available with me due to late declaration of result/non-issuance of certificate. I undertake that I will submit the following certificate(s) on or before **30th September 2021**, failing which I shall forgo my admission at NIT Tiruchirappalli. I aware that all exams of my qualifying degree should have been completed by **15th August 2021**. Further, I aware that I will get the stipend only after submission of the following certificates:

- 1. Original Provisional / Degree certificate**
- 2. Original Transfer Certificate/Migration Certificate**
- 3. Original Grade / Mark Sheets**
- 4. Any other***

Date:

Signature of the Candidate

****Note: This late submission form is not applicable for CATEGORY CERTIFICATE. EWS/OBC/SC/ST candidates should produce the required original category certificate for verification.***