

Undertaking by Applicant

I, [Full name of applicant]_____, hereby solemnly declare that I obtained admission into direct Ph.D. program at (Name of Institute/University)_____
_____ in year (Year of admission) _____ after receiving my B.E./B. Tech. degree and I successfully completed the course-work for Ph.D. program with_____credits /grades. I further declare that I have not received M.E./M. Tech. or any other P.G. degree separately after the B.E./B. Tech. degree.

Place:

Date:

Signature of the Applicant

Name and Full Address as per Application

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR
APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA.**

This is to certify that Shri/Shrimati/Kumari _____ son/daughter of _____ of village/town _____ in _____ District/Division _____ in the State/Union Territory _____ belongs to the _____ community which is recognized as a backward class under:

@Government of India, Ministry of Welfare Resolution No. 12011/68/93-BCC (C) dated 10th September, 1993 published in the Gazette of India Extraordinary Part-I, Section-1, No. 186 dated 13th September, 1993.

@Government of India, Ministry of Welfare Resolution No. 12011/9/94-BCC dated 19- 10-94, published in the Gazette of India Extraordinary Part-I, Section-1, No. 163 dated 20-10-1994.

@Government of India, Ministry of Welfare Resolution No. 12011/7/95-BCC dated 24-5- 95, published in the Gazette of India Extraordinary Part-I, Section-1, No. 88 dated 25-5- 1995.

@Government of India, Ministry of Welfare Resolution No. 12011/96/94-BCC dated 9th March, 1996 published in the Gazette of India Extraordinary Part-I, Section-1, No. 60 dated 11th March, 1996.

@Government of India, Ministry of Welfare Resolution No. 12011/44/96-BCC dated 6th December, 1996 published in the Gazette of India Extraordinary Part-I, Section-1, No. 210 dated 11th December, 1996.

@Government of India, Ministry of Welfare Resolution No. 12011/99/94-BCC dated 11th December, 1997 published in the Gazette of India Extraordinary Part-I, Section-1, No. 236 dated 12th December, 1997.

@Government of India, Ministry of Welfare Resolution No. 12011/13/97-BCC dated 3rd December, 1997 published in the Gazette of India Extraordinary Part-I, Section-1, No. 239 dated 17th December, 1997.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/68/98-BCC dated the 27th October, 1999 published in the Gazette of India Extraordinary Part-I, Section-1, No. 241 dated the 27th October, 1999.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/88/98-BCC dated 6th December, 1999 published in the Gazette of India Extraordinary Part-I, Section-1, No. 270 dated 6th December, 1999.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/36/99-BCC dated 4th April, 2000 published in the Gazette of India Extraordinary Part-I, Section-1, No. 71 dated 4th April, 2000.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/44/99-BCC dated the 21st September, 2000 published in the Gazette of India Extraordinary Part-I, Section-1, No. 210 dated the 21st September, 2000.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12015/9/2000-BCC dated 6th September, 2001 published in the Gazette of India Extraordinary Part-I, Section-1, No. 246 dated 6th September, 2001.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/1/2001-BCC dated 19th June, 2003 published in the Gazette of India Extraordinary Part-I, Section, 1 No. 151 dated 20th June, 2003.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/4/2002-BCC dated 13th January, 2004 published in the Gazette of India Extraordinary, Part-I Section-1, No. 9 dated 13th January, 2004.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/14/2004-BCC dated 12th March, 2007 published in the Gazette of India Extraordinary, Part-I, Section-1, No. 67 dated 12th March, 2007.

Shri/Shrimati/Kumari _____ and/or his/her family ordinarily reside(s) in village/town _____ of _____ District/Division of the State/Union Territory of _____. 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 8.9.1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004- Estt. (Res.) dated 14th October, 2008.

Date: Place:

Signature
Designation
Official Seal

NOTE: The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

List of authorities empowered to issue OBC Certificate:

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/* Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner. (*not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep).

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

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

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

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

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

Signature with seal of Officer _____

Name _____

Designation _____

Recent Passport size
attested photograph
of the applicant

**The income and assets of the families as mentioned
would be required to be certified by an officer not
below the rank of Tehsildar in the States/UTs.**

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

**** Note2:** The term **“Family”** for this purpose include the person, who seeks benefit of reservation, his/her parents are 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.

**THE FORM OF CERTIFICATE TO BE PRODUCED BY PHYSICALLY HANDICAPPED
CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF
INDIA.**

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. _____

Date: _____

DISABILITY CERTIFICATE

Recent Photograph of
the candidate showing
the disability duly
attested by the
Chairperson of the
Medical Board.

This is certified that Shri/Smt./Kum. _____ son/wife/daughter
of Shri _____ age _____ sex _____ identification mark(s)

_____ is suffering from permanent disability of following category:

A. Locomotor or Cerebral Palsy:

- | | | |
|-------|---|--|
| (i) | BL – Both legs affected but not arms | |
| (ii) | BA – Both arms affected | (a) Impaired reach
(b) Weakness of grip |
| (iii) | BLA – Both legs and both arms affected | |
| (iv) | OL – One leg affected (right or left) | (a) Impaired reach
(b) Weakness of grip
(c) Ataxic |
| (v) | OA – One arm affected | (a) Impaired reach
(b) Weakness of grip
(c) Ataxic |
| (vi) | BH – Stiff back and hips (cannot sit or stoop) | |
| (vii) | MW – Muscular weakness and limited physical endurance | |

B. Blindness or Low Vision:

- (i) B – Blind
- (ii) PB – Partially blind

C. Hearing impairment:

- (i) D – Deaf
- (ii) PD – Partially deaf

(Delete the category whichever is not applicable)

This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of _____ years _____ months.
Percentage of disability in his/her case is _____ percent.

Shri/Smt./Kum._____ meets the following physical requirements for discharge of his/her duties:

- | | | |
|--------|--|--------|
| (i) | F—Can perform work by manipulating with fingers. | Yes/No |
| (ii) | PP—Can perform work by pulling and pushing. | Yes/No |
| (iii) | L—Can perform work by lifting. | Yes/No |
| (iv) | KC—Can perform work by kneeling and crouching. | Yes/No |
| (v) | B—Can perform work by bending. | Yes/No |
| (vi) | S—Can perform work by Siting. | Yes/No |
| (vii) | ST—Can perform work by standing. | Yes/No |
| (viii) | W—Can perform work by walking. | Yes/No |
| (ix) | SE—Can perform work by seeing. | Yes/No |
| (x) | H—Can perform work by hearing/speaking. | Yes/No |
| (xi) | RW—Can perform work by reading and writing. | Yes/No |

(Dr._____)

Member
Medical Board

(Dr._____)

Member
Medical Board

(Dr._____)

Member
Medical Board

Countersigned by the Medical
Superintendent/CMO/Head of Hospital
(With seal)

* Strike out whichever is not applicable.

**CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED/RELEASED ARMED FORCES PERSONNEL FOR
AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT**

A. Form of Certificate applicable for Released/Retired Personnel

It is certified that No _____ Rank _____ Name _____ whose
date of birth is _____ has rendered service from _____ to _____ in Army/Navy/Air Force.

He has been released from military services:

a) on completion of assignment otherwise than

- (i) by way of dismissal, or
- (ii) by way of discharge on account of misconduct or inefficiency, or
- (iii) on his own request, but without earning his pension, or
- (iv) he has not been transferred to the reserve pending such release

b) on account of physical disability attributable to Military Service.

c) on invalidment after putting in at least five years of Military service.

He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time.

Note: Strikeout whichever is not applicable.

Date:

Place:

Signature
Designation
Official Seal

B. Form of Certificate for Serving Personnel

(Applicable for serving personnel who are due to be released within one year)

It is certified that No _____ Rank _____ Name _____ is serving
in the Army/Navy/Air Force from _____.

He is due for release retirement on completion of his specific period of assignment on _____.

No disciplinary case is pending against him.

Date:

Place:

Signature
Designation
Official Seal

Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:

Undertaking to be given by serving Armed Force personnel who are due to be released within one year

I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.

Date:

Place:

Signature
and name of the Candidate

Endorsement by the Present Employer

(on letterhead)

**Forwarded to SARDAR VALLABHBHAI NATIONAL INSTITUTE OF
TECHNOLOGY, SURAT, GUJARAT, PIN: 395007**

The applicant Dr./Mr./Mrs/Ms., who
has submitted this application for the post of
in the Sardar Vallabhbhai National Institute of Technology, Surat, has been working in this
organization namely.....
as(name of the post), in a temporary/ contract/ permanent
capacity with effect from in the Scale of Pay/ Pay Band of
Rs..... He/She is drawing a basic pay of Rs. His/her next
increment is due on

Also, on his/her selection, he/she will be relieved from the present position of
.....

Further, it is certified that no disciplinary/vigilance case has ever been held or contemplated
or is pending against the said applicant. There is no objection for his/ her application being
considered by the Sardar Vallabhbhai National Institute of Technology, Surat, Gujarat.

Date

Place

Signature of the forwarding Authority

Name

Designation

Seal