

NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

(AN INSTITUTION OF NATIONAL IMPORTANCE, GOVT. OF INDIA) Barfung Block, Ravangla, South Sikkim-737139

Form-I

		Recent passport size photograph
		(Not older than 6 months)
Aark sheet) (I	N BLOCK LETTERS):	
Gender:		PwD (Y/N):
	Aadhaar No:	
	Nationality:	Religion:
	Quota (All India/Sikkim/D	ASA/FN/MES):
	Mother's name:	
	Relation with Guardian	
	Relation with Guardian.	
	Annual Family Income (₹.)):
	(From all sources)	
	Email ID of Guardian:	
mber	Permanent Address with Pl	hone Number:
		Aadhaar No: Nationality: Quota (All India/Sikkim/D Mother's name: Relation with Guardian: Annual Family Income (₹.) (From all sources) Email ID of Guardian:



NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

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Payment Details at C	CSAB Centre (To be f	illed by Candidate)	
E-Challan		Online Payment	Credit/Debit Card
Bank & Branch Nan	ne		
Amount Paid			
Transaction ID			
Payment Date			
QUALIFYING EDU	CATIONAL DETAI	<u>LS</u>	
Name of Qualifying E	Exam:		
School Studied:			
Year of Passing:			
Details of Qualifying	Exam Marks/Grade (fi	nal Marks/Grade):	
Subject	Maximum Marks	Marks Obtained	Percentage (%)
Physics			
Mathematics			
CSAB Details	1	I	
CSAB Rank CRL:			
CSAB Category Rank	(If Any):		
CSAB Roll No:			
State Eligibility:			
Branch Allotted:			
Place & Date:			
(Signature of the cand	lidate)		



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Form-I

ADMISSION RECORD FOR B.TECH 2019- 20

Allotted Roll No:					
(To be filled by a	dmission office)				
					Recent passport size photograph
Name (in capital	letter):				(Not older than 6
JEE(main)Roll N	o:				months)
CRL Rank(CRL-	SC/CRL-ST/CRL-	OBC):			
Date of Birth:		Place of Bir	rth		
Admission Branc	h:				
Quota of Admiss	ion:		Category:		
Domicile State:			Allotted Category:		
Name of Father:			Name of Mother:		
Name of Guardia	n:		Relation with Guardi	an:	
Permanent address	sswith phone no&E	-mail	Correspondence addr	ess with Phoner	no&E-mail:
Details of Paymo	ents made:				
Details of Fee Ro	emittance at CSAI	3 Centre(as	in provisional Admiss	sion Letter)	
Date:	Amount:		Receipt/DD/Transac	ction No:	
Name of CSAB I	Reporting Centre:			Reporting Date	e:
Details of Fee Ro	emittance at NIT S	Sikkim Adm	ission Centre		
DD of Tuition &	Hostel Fees				
Date of Issue:	Amount:	No	o:	Branch:	
DD Mess Fees					
Date of Issue:	Amount:	No	0:	Branch:	
Verified By: Ad	mission In-Charge	,			



NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

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List of Original/Duplicate certificates deposited during B.Tech A	Admission, l	NIT Sikkim	
Name of Student (BLOCK LETTERS):			
List of Collected Items (Please tick $$ the appropriate box. Write any	remarks ne	xt to the box)	
	Original	Duplicate	Remarks (if any)
JEE (Main) Score Card			
JEE (Main) Admit Card			
Date of birth proof (10th standard/ matriculation or equivalent certificate or marks sheet)			
10th standard/ matriculation or equivalent certificate or marks sheet			
Mark Sheet & Pass Certificate of the Qualifying Exam			
School Certificate/Transfer certificate from the institute last attended			
Migration Certificate			
Character and Conduct certificate from the institute last attended			
Gap Certificate (applicable for candidates who have passed the qualifying exam in years prior to the current academic year)			
Community certificate in the form prescribed by Govt. of India and Issued by the competent authority in case of SC/ST candidates			
Community certificate in the case of OBC candidates from a competent authority indicating the status regarding creamy layer			
Certificate for persons with disabilities (PwD)			
Medical Certificate [format given in Annexure 8 of JoSAA business rules]			
Family Annual Income Proof and Affidavit declaration+			
Three recent passport size photographs not older than six month			
Class XII performance check [format given in Annexure 7 (b) of JoSAA business rules]			



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Barfung Block, Ravangla, South Sikkim-737139

Provisional Seat allotment letter			
Photo identity card			
Registration-cum-locked choices for seat allotment			
Document Verification-cum-Seat Acceptance Letter	•		
Proof of fee payment to JoSAA			
Any other item:			
Signature of student with date	Verified By:		
Dean In-Charge, Academic Affairs:		Sign	ature with Seal:



NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

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Barfung Block, Ravangla, South Sikkim-737139

Form-I

2019 - 20 BATCH

1st Year B.Tech, 1st Semester

STUDENT INFORMATION FORM

Recent passport size photograph

(Not older than 6 months)

1.	Name of the Student (IN BLOCK LETTERS)	
2.	Category (GEN / SC / ST / OBC / PwD / EWS/Minority)	
3.	JEE Main Rank – CRL	
4.	JEE Main Rank – Category Rank	
5.	JEE Main Roll No.	
6.	Allotted Roll No. (To be filled by admission office)	
7.	Branch Allotted (In Full)	
8.	Date of Birth (dd/mm/yyyy)	
9.	Mobile no of Student	
10.	Landline No (With STD CODE) & Mobile No of Parents	
11.	E-mail Id of Student	
12.	E-mail Id of Guardian	
13.	Languages Known	
14.	Blood Group	
15.	Any Physical Disability (PwD)	



NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

(AN INSTITUTION OF NATIONAL IMPORTANCE, GOVT. OF INDIA) Barfung Block, Ravangla, South Sikkim-737139

17. Mother's Name & Occupation 18. Aadhar Card No: House No: Street Name: Locality: City: District: Post Office: Police Station: State: Pin code: 10. Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) sectare that the information given above are true and can be used by the Institute.			
18 Aadhar Card No: House No: Street Name: Locality: City: District: Post Office: Police Station: State: Pin code: 19. Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details ((Name, Contact No., Full Address, Etc.)) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) sectare that the information given above are true and can be used by the Institute. smature of the Guardian Signature of the Candidate	16.	Father's Name & Occupation	
House No: Street Name: Locality: City: District: Post Office: Police Station: State: Pin code: 20. Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) seclare that the information given above are true and can be used by the Institute. snature of the Guardian Signature of the Candidate	17.	Mother's Name & Occupation	
Street Name: Locality: City: District: Post Office: Police Station: State: Pin code: 20. Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) seclare that the information given above are true and can be used by the Institute. speciment of the Guardian Signature of the Candidate	18	Aadhar Card No:	
Locality: City: District: Post Office: Police Station: State: Pin code:			House No:
City: District: Post Office: Police Station: State: Pin code: 20. Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) 26. Specimen Signature (With Date) 27. Signature of the Guardian 28. Signature of the Candidate			Street Name:
19. Permanent Address District: Post Office: Police Station: State: Pin code: 20. Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) 26. Specimen Signature (With Date) 27. Signature of the Guardian Signature of the Candidate			Locality:
Post Office: Police Station: State: Pin code: Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) seclare that the information given above are true and can be used by the Institute.			City:
Police Station: State: Pin code: 20. Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) seclare that the information given above are true and can be used by the Institute.	19.	Permanent Address	District:
State: Pin code: 20. Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) 26. Specimen Signature (With Date) 27. Signature of the Guardian Signature of the Candidate			Post Office:
Pin code: Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) eclare that the information given above are true and can be used by the Institute. gnature of the Guardian Signature of the Candidate			Police Station:
Name of Local Guardian (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) 26. Specimen Signature (With Date) 27. Specimen Signature (With Date) 28. Signature of the Guardian Signature of the Candidate			State:
20. (In Sikkim, If Any) Full Address & Mobile No 21. Emergency Contact Details (Name, Contact No., Full Address, Etc.) 22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) 26. Specimen Signature (With Date) 27. Specimen Signature (With Date) 28. Specimen Signature (With Date)			Pin code:
22. Extracurricular Activity(If Any) 23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) 26. Specimen Signature (With Date) 27. Specimen Signature (With Date) 28. Specimen Signature (With Date) 29. Specimen Signature (With Date) 20. Specimen Signature (With Date)	20.	(In Sikkim, If Any)	
23. Cultural Activity(If Any) 24. Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) 26. Specimen Signature (With Date) 27. Specimen Signature (With Date) 28. Specimen Signature (With Date) 29. Specimen Signature (With Date) 29. Specimen Signature of the Institute.	21.		
Any Medical Issue Which Requires Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) Specimen that the information given above are true and can be used by the Institute. Signature of the Guardian Signature of the Candidate	22.	Extracurricular Activity(If Any)	
24. Regular Monitoring / Treatment (Write "NA" If There Is No Such Issue) 25. Specimen Signature (With Date) Seclare that the information given above are true and can be used by the Institute. Signature of the Guardian Signature of the Candidate	23.	Cultural Activity(If Any)	
declare that the information given above are true and can be used by the Institute. Signature of the Guardian Signature of the Candidate	24.	Regular Monitoring / Treatment	
gnature of the Guardian Signature of the Candidate	25.	Specimen Signature (With Date)	
	lecla	re that the information given above are tru	ue and can be used by the Institute.
te: Date:	gnatu	are of the Guardian	Signature of the Candidate
	ite:		Date:



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Barfung Block, Ravangla, South Sikkim-737139

Form-I

2019 - 20 BATCH

1st Year B.Tech, 1st Semester

INFORMATION FOR IDENTITY CARD

(Fill up the form in clear hand-writing and no over righting)

Recent passport size photograph

(Not older than 6 months)

1.	Specimen Signature (Full Signature)	
2.	IDENTITY CARD No. (For Office use)	NITSKM / BTECH / 20
3.	VALID UPTO (For Office Use)	JULY, 20
3.	Name of Student (IN BLOCK LETTERS)	
4.	Father's Name (IN BLOCK LETTERS)	
5.	Mother's Name (IN BLOCK LETTERS)	
6.	Course Admitted In (For Office Use)	
7.	DEPARTMENT (Write in full)	
8.	Roll No. (For Office Use)	
9.	Date Of Birth (dd-mm-yyyy)	



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10.	Hostel Address (For Office Use)	National Institute of Technology Sikkim Ravangla, South Sikkim – 737 139, INDIA
11.	Permanent Address	House No: Street Name: Locality: City: District: Post Office: Police Station: State: Pin code:
12.	Student's Contact No. (Mobile)	
13.	Emergency Contact No. Landline (With STD CODE & Mobile No.)	
14.	Blood Group	
15.	E-mail Id of Student	
declar	e that the information give above	is true and can be used for issuing Identity card.
	re of Guardian	Signature of candidate
Date:		Date:
Place:		Place:



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Form-I

SAMPLE

STUDY GAP AFFIDAVIT

Mr/Ms	S/o	
R/o	,	, do hereby solemnly and state as under:
That his/her above name and address is correct.		
That his/her name is	And his/her cor	rrect date of birth is
That he/she has passed 12th class from	. Board in the year	
That there is a gap of 1 or 2 year between passing of INSTITUTE OF TECHNOLOGY SIKKIM.	of 12th class and now	seeking admission in the NATIONAL
That during this gap period, he/she was doing		
That during this gap period, he/she was neither study		
That he/she was not involved in any criminal offence of law during this gap period.	e whatsoever and not	t punished for any offence by any Court
VERFICATION:		
That the above statement is true to the best of my from.	Knowledge and belie	of and nothing has been concealed there
DEPONENT:-		
Note: This sample gap affidavit performa. Th requirement to the Notary Public and get signed fi judicial stamp paper of ₹10 or above.		- ·



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Barfung Block, Ravangla, South Sikkim-737139

Form-I

SAMPLE

To be print in the stamp paper (Non-Judicial) of Rs. 10 & above with signed, sealed of notary.

AFFIDA	VIT								
	⁄IRs	•							
		_							
	0:								
	(Rupees								
on dated.	(Self-attested Cis as per the salary slip of last three	Copy Enclo	sed). Fur	ther,				•	-
and I sh Son/Daug Tech Pro	by solemnly declare that, the incomal held responsible if any case ghter	e, it bread	ches the (Nar y Sikkim	rule ne of fror	es for the f Student) m 2018 ba	purpose who is t tch. The	of fee indergoir Institute	waiver ng Four may v	of my year B vithdraw
statement	t in my Income Certificate/employ I will not claim any scholarship	ment positi	on subm	itted	herein duri	ng the in	ternal ve	rificatio	on by the
The follo	wing member(s) constitutes our far	mily:							
Sl.no	Name & Age	Relation Students	with	Oce	cupation, if	f any D	erived an	nual ind	come
Jointly de	leclare this affidavit on this date:				••••				
Signat	ture					Signat	ıre	<u> </u>	
Name of	Father/Mother/Parents (Account he	older):							
Bank Acc	count No:		.Name o	of Stu	dent:			•••	
IFSC			. Roll No	o:					
Name of	Bank:		Dept.:						
Branch		Mobil	e no:						
Mobile N	Jo:								
Note:*Th	ne above matter must be print/type/	Write in th	e non-Ju	dicia	l stamp pa _l	per of ₹10	and abo	ve. *Tl	he Name

Note:*The above matter must be print/type/Write in the non-Judicial stamp paper of ₹10 and above. *The Name of Father/Mother/Parent should be same as declared in the admission form admission. *The bank account holder and Income certificate holder should be same person. *The affidavit along with annual family income proof has to be submitted in every odd semester registration with copy of afresh Annual Income Certificate/salary slip.*The Government servant may submit salary slip of last three month and other should submit annual income certificate issued by the competent authority only.



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Barfung Block, Ravangla, South Sikkim-737139

Form-I

Declaration for the late submission of Relevant Documents:-

JEE(Main)			
` '	Father	Name:	
2017 Roll No. Date of Birth:	Mother	Name:	
Candidate	Guardi	an Name :	
Name :			
Rank List			
Rank List	JEE(Main) 2017 Paper-1	JEE(Main) 2017 Paper-2	JEE(Advanced)
CRL Rank:			
SC/ ST/ PwD/ OBC-NCL Rank:			
Allotment Details	r	,	
Choice No:	Roll No		
Institute:	Depart	nent:	
Allotted from	Quota:		
Category:			
<u>l</u>			
	not currently available with me 2017, failing which I shal		
		l forego the seat allotted to me	
sallotted institute by Sl.No	2017, failing which I shal	l forego the seat allotted to me	e.
Sl.No 1 2	2017, failing which I shal	l forego the seat allotted to me	e.
Sl.No 1 2 3	2017, failing which I shal	l forego the seat allotted to me	e.
Sl.No 1 2 3 4	2017, failing which I shal	l forego the seat allotted to me	e.
Sl.No 1 2 3	2017, failing which I shal	l forego the seat allotted to me	e.
Sl.No 1 2 3 4	2017, failing which I shal	l forego the seat allotted to me	e.
Sl.No 1 2 3 4 5	2017, failing which I shal	l forego the seat allotted to me	e.
Sl.No 1 2 3 4 5	2017, failing which I shal	l forego the seat allotted to me	e.
Sl.No 1 2 3 4 5	2017, failing which I shal	l forego the seat allotted to me	e.
Sl.No 1 2 3 4 5	2017, failing which I shal	l forego the seat allotted to me	e.
Sl.No 1 2 3 4 5 6	2017, failing which I shal	l forego the seat allotted to me	Remarks
Sl.No 1 2 3 4 5 6	2017, failing which I shal	I forego the seat allotted to me	Remarks
Sl.No 1 2 3 4 5 6	2017, failing which I shal	I forego the seat allotted to me	Remarks
Sl.No 1 2 3 4 5 6 stee:	Documents	I forego the seat allotted to me	Remarks
Sl.No 1 2 3 4 5 6	Documents	I forego the seat allotted to me	Remarks