

NOTICE**CSAB-2020 SPECIAL VACANT SEATS FILLING ROUNDS FOR
B.TECH 2020-21**

1. Candidate has to submit the copies of following documents during ONLINE Institute Reporting and Admission at NIT Sikkim from 25th Nov, 2020 to 1st December 2020 as per the CSAB 2020 schedule:

- i. JEE (Main) Score Card
- ii. JEE (Main) Admit Card
- iii. Birth certificate issued by competent authority/Class X (High School) Board Certificate as proof of date of birth
- iv. 10th Standard/matriculation Mark Sheet & Certificate
- v. Mark Sheet & Pass Certificate of qualifying examination (Class XII) or equivalent
- vi. School Leaving Certificate/Transfer certificate from the institute last attended. **(Original at the time of physical reporting)**
- vii. Migration Certificate **(Original at the time of physical reporting)**
- viii. Character/Conduct Certificate from the institution last attended. **(Original at the time of physical reporting)**
- ix. Gap certificate (applicable for candidate who have passed the qualifying exam in years prior to the current academic year) **(Original at the time of physical reporting)**
- x. Certificate of category (SC/ST/OBC-NCL), if applicable, as per Government of India format, available on the JoSAA-2020/CSAB-2020 website, issued by the competent authority. In case of OBC-NCL category, the certificate must be issued on or after April 01, 2020.
- xi. Certificate for Persons with Disabilities (PwD), if applicable, issued by the competent authority. Refer JoSAA-2020/CSAB-2020 website for format. **(Original at the time of physical reporting)**.
- xii. Medical Certificate [as per JoSAA/CSAB format] **(Original at the time of physical reporting)**
- xiii. Recent Passport size photographs not older than **SIX** month. (preferably in formal dress and light colour background)
- xiv. Provisional Seat Allotment letter
- xv. Photo ID proof issued by competent authority under Govt. of India
- xvi. Document Verification-cum-Seat Acceptance Letter.
- xvii. Online payment receipt for remaining Institute Fee and Hostel Fee.
- xviii. Family Annual Income Proof **(Last three month Salary slip in case of parents are government employee OR ITR for assessment year 2020-2021 OR latest Income certificate in the name of parents or head of the family for others)** along with **affidavit declaration** (In prescribed format)

Students are also requested to download the following formats **given at the end of the notice** (Page 5 onwards) and submit along with the above documents during **ONLINE Institute Reporting and Admission**.

The online link for admission is <https://forms.gle/r5KtYEbCfNDRwjd7> . Students are advised to visit the Institute website (www.nitsikkim.ac.in) regularly for more updates:-

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Note: If the original certificates are not in English/Hindi, English/Hindi version/translation of such certificates, duly certified by the Principal/Director of the graduating Institute, will be required during the verification of documents.

The certificates listed at S.No. vi, vii and viii if not available at the time of online reporting and admission at the Institute, then they have to produce/send the same on or before 15th January, 2021.

2. Fees to be paid at the time of ONLINE REPORTING AND ADMISSION at the NIT Sikkim:

- a. Total amount of Institute fee and hostel fee for 1st semester 2020-21 is **Rs.73000/-** (Rupees Seventy Three Thousand only) and **Rs.16,750/-** (Rupees Sixteen Thousand Seven Fifty only) respectively. *However, the tuition fee exemption /waiver is available for SC, ST & PwD/ Economically Backward Students* (For more fee details please refer **Sl. No. 5 & 6**).

The remaining amount, after payment to JoSAA/CSAB 2020 shall be payable to the Institute at the time of online reporting and admission.

3. Regarding hostel accommodation:

(a) All the students will be provided hostel accommodation. Only local students may be permitted to study as Day Scholar subject to application by parent and allowed by competent authority of NIT Sikkim.

(b) Accommodation will be provided on sharing basis depending on the size of the rooms.

4. Regarding Mess Facility:

Boys & Girls Mess: The boys & Girls mess is run by a mess contractor authorized by the Institute. Boys must have to avail the food at the Institute run mess. The mess fees per is Rs. 18,000/- (Rupees Eighteen thousand only).

Note: The detail guidelines for hostel accommodation and mess facility will be separately issued once the Institute gets open for the physical reporting and offline classes.

6. Bank Account Details for Remaining Fee Payment:

Types of Fee	Total Institute and hostel fee (1 st sem)	Fee already paid to JoSAA 2020 including Rs 2000/- as processing charges	Balance amount to be paid at NIT Sikkim (Institute Fee & Hostel fee) during online reporting and admission	Mode of payment & account details
Institute & Hostel Fee SC/ST/PwD	27,250/-	35000/-	Nil* (the balance amount will be adjusted in next semester)	Online Transfer: Name: NIT Sikkim Account type: Current a/c Account No: 35907648590 IFSC: SBIN0007218 Bank: State Bank of India. Branch: Ravangla (Online transfer/ NEFT/RTGS etc. are only accepted)
OBC-NCL/Gen (whose Annual Income is <1 Lakh per year as per the Income certificate and Affidavit declaration)	27,250/-	75000/-	Nil* (the balance amount will be adjusted in next semester)	
OBC-NCL/Gen (whose Annual Income is between 1 Lakh to 5 lakh per year as per the Income certificate and Affidavit declaration)	48,084/-	75000/-	Nil* (the balance amount will be adjusted in next semester)	
OBC-NCL/Gen (whose Annual Income is > 5 Lakh per year as per the Income certificate and Affidavit declaration)	89,750/-	75000/-	16,750/-	

Note: *For claiming the tuition fee remission at the time of online reporting and admission, the candidate must produce, Annual income proof (Last three month Salary certificate for govt employee parents OR ITR of current assessment year 2020-21 OR Income certificate in the name of parents issued by the competent authority on or after 1st April 2020) and affidavit declaration in the format under notary seal and signature.

If, unable to produce the above documents at the time of online reporting and admission, students has to deposit full fee. Such students may claim the tuition fee remission later (on or before 15th March 2021) by submitting the complete documents as stated above.

7. The tentative date of commencement of first semester classes (online/offline) shall be from 1st DECEMBER 2020.

For any kind of queries related to admission, you may contact:

b.techadmission2020@nitsikkim.ac.in

Contact No: 9734122366

With the permission of the competent authority, issued by:

Sd/-
Dean Academic

FORMAT I: Format for Study Gap Affidavit Declaration

Mr S/o.....R/o
....., do hereby solemnly and state as under:

1. That her/ his above name and address is correct.
2. That her/ his name is And his/her correct date of birth is
.....
3. That s/he has passed 12th class from Board in the year In PCM Science stream.
4. That there is a gap of 1 or 2 year between passing of 12th class and now seeking admission in the **NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM.**
5. That during this gap period, s/he was doing
6. That during this gap period, s/he was neither studying anywhere nor passed any other examination.
7. That s/he was not involved in any criminal offence whatsoever and not punished for any offence by any Court of law during this gap period.

VERIFICATION:

That the above statement is true to the best of my Knowledge and belief and nothing has been concealed there from.

DEPONENT

Note: This is sample gap affidavit format. The applicant has to produce documents to proof above requirement to the Notary Public and get signed from him. This gap affidavit is to be printed on the legal non-judicial stamp paper of Rs. 20 or above.

FORMAT II: Format for Income Affidavit Declaration*(To be printed on the stamp paper (Non-Judicial) of Rs. 20 & above with sign and seal of notary)***AFFIDAVIT**

Dr/Mr/Mrs.....(Parent name) R/O
 Village/Ward/Para/Street.....
 Block/Tehsil..... District.....
 State..... PIN No:..... certify that my Annual
 Income does not exceed Rs.....
 (Rupees:.....
)
 as per the record of Income Certificate issued by the authority on dated:.....
 (Self-attested Copy Enclosed).

Further, the gross salary of any of my family member(s) is as per the salary slip of last three month (copy enclosed).

I, do hereby solemnly declare that, the income stated above is correct and true as per my belief and knowledge and I shall held responsible if in any case, it breaches the rules for the purpose of fee waiver of my Son/Daughter.....(Name of Student) who will undergo Four year B Tech Programme at National Institute of Technology Sikkim from 2020-21 session onwards. The Institute may withdraw her/his candidature or asked to pay full fee with fine if any, in case of violation, or found false statement in my Income Certificate/employment position submitted herein during the internal verification by the Institute. I will not claim any scholarship or financial support from agency /government organisation under tuition fee head.

The following member(s) constitutes our family:

Slno	Name & Age	Relation with Students	Occupation, if any	Derived annual income

Jointly declared this affidavit on this date:.....

Signature

Signature

Name of Father/Mother/Parents:.....

Name of Student:.....

Dept:.....

Mobile No:.....

Mobile no:.....

Note: *The above matter must be printed/typed/written in the non-Judicial stamp paper of Rs. 20 and above. *The Name of Father/Mother/Parent should be same as declared in the admission form. *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.

FORMAT III: Declaration for the late submission of Relevant Documents

Candidate's Details			
JEE application No.		Father Name :	
Date of Birth :		Mother Name :	
Candidate Name :		Guardian Name :	

Allotment Details			
Institute Name:		Department:	
Seat Pool:		Candidate Category:	
Allotted Category:		Allotted Quota:	
CRL Rank:		Category Rank (if any):	

The following document(s) is/are not currently available with me. I undertake that I will submit these documents at the allotted Institute by **15th January 2021**, failing which I shall forego the seat allotted to me.

Sl.No	Documents	Remarks
1		
2		
3		
4		
5		
6		

Date:

Signature of Parent/ Guardian

Signature of the Candidate:

ANNEXURE – I: MEDICAL CERTIFICATE

MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)					
<u>GENERAL EXPECTATIONS</u>					
Candidates should have good general physique					
1. Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.					
2. Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and unocular (having vision in only one eye) persons are restricted from admission to certain courses.					
3. Hearing should be normal. Defective hearing should be corrected.					
4. Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.					
1.	Name of the candidate:				
2.	Identification Mark (a mole, scar or birthmark), if any				
3.	Major illness/operation, if any (specify nature of illness/operation)				
4.	Height in cm:	Weight in kg:	Blood Group:		
5.	Past History	(a) Mental illness (b) Epileptic Fit			
6.	Chest (a) Inspiration in cm		(b) Expiration in cm		
7.	Hearing				
8.	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Unocular vision (having vision in only one eye)
9.	Respiratory System				
10.	Nervous System				
11.	Heart	(a) Sounds		(b) Murmur	
12.	Abdomen (a) Liver (b) Spleen	Hernia		Hydrocele	
13.	Any other defects:				
Certificate of Medical Fitness					
<input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceuticals/ Science Course					
<input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:					

Name of the Doctor		Signature		Registration number	
				Seal	

ANNEXURE – III: Form of Certificate To Be Produced By Scheduled Castes And Scheduled Tribes Candidates (FORM SC/ST)

1. This is to certify that Shri/ Shrimati/Kumari* _____ son/daughter* of _____ of Village/Town* _____ District/Division* _____ of State/Union Territory* _____ belongs to the _____

Scheduled Caste / Scheduled Tribe* under: -

- * The Constitution (Scheduled Castes) Order, 1950
- * The Constitution (Scheduled Tribes) Order, 1950
- * The Constitution (Scheduled Castes) (Union Territories) Order, 1951
- * The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

- * The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;
- * The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;
- * The Constitution (Dadara and Nagar Haveli) Scheduled Tribes Order, 1962;
- * The Constitution (Pondicherry) Scheduled Castes Order, 1964;
- * The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;
- * The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;
- * The Constitution (Nagaland) Scheduled Tribes Order, 1970;
- * The Constitution (Sikkim) Scheduled Castes Order, 1978;
- * The Constitution (Sikkim) Scheduled Tribes Order, 1978;
- * The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989;
- * The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- * The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- * The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991;

2. #This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri /Shrimati* _____ father/mother* of Shri /Shrimati /Kumari* _____ of Village/Town* _____ in District/Division* _____ of the State State/Union Territory* _____ who belong to the Caste / Tribe* which is recognised as a Scheduled Caste / Scheduled Tribe* in the State / Union Territory* _____ issued by the _____ dated _____.

3. Shri/ Shrimati/ Kumari * _____ and / or* his / her* family ordinarily reside(s)** in Village/Town* _____ of _____ District/Division* of the State Union Territory* of _____.

Signature: _____
 Designation _____
 (with seal of the Office)

Place: _____ State/Union Territory* _____
 Date: _____

* Please delete the word(s) which are not applicable.
 # Applicable in the case of SC/ST Persons who have migrated from another State/UT.

IMPORTANT NOTES

The term "ordinarily reside(s)***" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshdweep Island).
6. Certificate issued by any other authority will be rejected.

ANNEXURE –VI: Form of Medical Certificate for Persons with Disabilities (PwD)

Form-II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size
Attested
Photograph
(Showing face
only) of the person
with disability



Certificate No.....Date:.....

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

Son/wife/daughter of Shri..... Date of Birth (DD/MM/YY).....

Age.....Years, male/female.....Registration No..... Permanent resident
of House No..... Ward/Village/Street..... Post
Office..... District..... State.....

whose photograph is affixed above, and am satisfied that:

1. he/she is a case of:
 - a. Locomotor disability
 - b. Blindness
 (Please tick as applicable)
2. The diagnosis in his/her case is.....
3. He/She has.....% (in figure).....
Percent (in words) permanent physical impairment/blindness in relation to his/her.....
(part of body) as per guidelines (to be specified).
4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

Signature / Thumb
impression of the
person in whose
favour disability
certificate is issued

(Signature and Seal of Authorized Signatory of notified Medical Authority)

Form-III Disability Certificate (In cases of multiple disabilities)

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

(See rule 4)

Recent PP size
Attested Photograph
(Showing face only)
of the person with
disability

CertificateNo. _____ Date:.....

This is to certify that I have carefully examined Shri/Smt./Kum.....
.....son/wife/daughter of Shri.....
Date of Birth..... (DD/MM/YY) Age..... Years,
male/female..... Registration No..... permanent resident of
House No..... Ward/Village/Street..... Post
Office..... District..... State.....
.....whose photograph is affixed above, and are satisfied that:

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

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

- e.g. Single eye/both eyes

£ - e.g. Left/Right/bot hears

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

In figures: _____ percent

In words: _____ percent

3. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

4. Reassessment of disability's:

(i) Not necessary

Or

(ii) is recommended/after _____ years.....months, and therefore this certificate shall be valid till(DD/MM/YY) _____

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

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

Signature / Thumb impression of the person in whose favour disability certificate is issued

Form-IV Disability Certificate

(In cases other than those mentioned in Forms II and III)

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

(See rule 4)

Recent PP size
Attested Photograph
(Showing face only)
of the person with
disability

Certificate No.....Date:.....

This is to certify that I have carefully examined
Shri/Smt./Km.....son/wife/daughter
of Shri.....Date of Birth (DD/MM/YY).....
Age.....Years, male/female.....Registration No.....
permanent resident of House No.....Ward/Village
/Street.....Post Office District.....State
whose photograph is affixed above, and am satisfied that he/she is a case of
disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S. No.	Disability	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		

(Please strike out the disabilities which are not applicable.)

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

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.
3. Reassessment of disability's:
 - a. not necessary
 - Or
 - b. is recommended/afteryears.....months, and therefore this certificate shall be valid till (DD/MM/YY).....
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority) (Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature / Thumb impression of the person in whose favour disability certificate is issued

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if counter signed 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.

FORMAT VI: Format for OBC-NCL [As per JoSAA format] Pg-15

ANNEXURE –IV: OBC-NCL Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES (NCL) APPLYING FOR ADMISSION TO CENTRAL
EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT
OF INDIA

(This certificate must have been issued on or after 1st April 2020)

This is to certify that Shri/Smt./Km* _____
Son/Daughter* of Shri/Smt.* _____
_____ of Village/Town* _____ District/Division*
_____ in the State/Union Territory
_____ belongs to the _____
community which is recognized as a backward class under Government of India**,
Ministry of Social Justice and Empowerment's Resolution
No. _____ dated. _____***.

Shri/Smt./Km. _____ and / or his/her family
ordinarily reside(s) in the _____ District/Division of the
_____ State/Union Territory. This is also to certify that he/she does
NOT belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the
Schedule to the Government of India, Department of Personnel & Training O.M. No.
36012/22/93- Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004
Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.)
dated 14/10/2008, again further modified vide OM No.36036/2/2013-Estt(Res) dtd.
30/05/2014.

District Magistrate /
Deputy Commissioner /
Competent Authority

Dated:
Seal

- * Please delete the word(s) which are not applicable.
** As listed in the Annexure (for FORM-OBC-NCL)
*** The authority issuing the certificate needs to mention the details of Resolution of
Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
(b) The authorities competent to issue Caste Certificates are indicated below:
(i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
(iii) Revenue Officer not below the rank of Tehsildar' and
(iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

FORMAT-VII: AFFIDAVIT BY THE CANDIDATE

(To be printed and signed in the non judicial stamp paper of Rs.100)

I, _____ (full name of student with JEE (Main) Application No.) S/D/o Mr./ Ms.

_____, having been admitted to National Institute of Technology Sikkim is hereby abide by undertaking on this affidavit:

1. I do undertake that concealment of any material fact in my application/ production of false documents/ temperament or furnishing of wrong information which might be detected at any stage even after my admission may render me disqualified and any amount paid by me towards institution fees etc. may stand forfeited.

2. I hereby do undertake to devote myself to studies, games and such extramural activities as are recognized by the Institute authority during my stay at the institute and shall appear in all Online classes/ class tests / seminars / quizzes, mid semester examinations and end semester examinations whenever required to do so by the concerned teacher or institute authorities. I shall also abide by all the rules/regulations of the Institute as amended from time to time.

3. I do clearly undertake that my name may be removed from the Roll of the Institute or I may be finally rusticated or expelled from the institute, if I directly or indirectly take part in any movement or agitation to stage Dharna and Strike in the institute for any reasons whatsoever, or which induces directly any other activity that in the opinion of the institute is subversive of institute's discipline.

4. I hereby declare that I was never involved or punished in any case of indiscipline during my School/College career so far. There is no enquiry pending against me with the School/College/ Police/District authorities or any other relevant authority in India or Abroad. In case the above declaration is proved false, then my admission in the National Institute of Technology, Sikkim may be cancelled, the amount deposited be forfeited, and I would not be entitled to any claim whatsoever on the account.

5. I have gone through the rules and regulations regarding ragging and disciplines of the Institution.

6. I hereby solemnly affirm that I shall abide by all the orders of the institute authorities for violation of these rules. I will have no claim against the order of the rustication, and/or expulsion from the institution and/or hostel.

Date:

Signature of Candidate

I certify that my son/daughter/ward seeks the admission with my knowledge and consent that I held myself responsible for his good conduct, maintenance of discipline, and timely payment of fees during the period he/she is on the Institute Rolls. I undertake to make the payment of Mess and other dues of my son/daughter/ward regularly and timely. I have carefully studied the above undertaking.

Date:

Signature of Parents / Guardians

Permanent Address:

Pin Code:

Email:

Phone/Mobile:

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