

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

Website: www.nitsikkim.ac.in

Important Information for the Candidates who are Going to Report at NIT Sikkim for M.Tech Admission through CCMT-2018

(25th June 2018 to 28th June 2018)

Reporting Venue

Venue-1: NIT Sikkim, Ravangla

Venue-2: Siliguri

- (1) Candidate can report at any one of the abovementioned venues. The exact location of the reporting center at Siliguri will be updated in the Institute website by 20th June 2018. Candidates are requested to visit the NIT Sikkim website before coming for reporting.
- (2) Candidate has to come with all original documents, one set of photocopy for all documents, filled-up forms.
- (3) All the forms has to be neatly/clearly filled up.

For any type of query candidates can contact the following persons,

1. Dr. Ranjan Basak Dean Academics Affairs, NIT Sikkim, Mob. 9166467836 2. Dr. Aurobinda Panda Center In-charge, CCMT-2018 NIT Sikkim, Mob.8001057780

A. Documents to be produced during reporting at NIT Sikkim (25th June to 28th June 2018)

- 1. Provisional Admission Letter generated from CCMT website
- 2. Document Verification Certificate (DVC)
- 3. Self-attested copy of GATE score card (2016 or 2017 or 2018)
- 4. Photo ID proof as per Govt. of India norms
- 5. Original Birth certificate issued by competent authority/Class X (High School) Board Certificate as proof of date of birth
- 6. Original Mark sheet and certificates of Class X
- 7. Original Mark sheet and certificates of Class XII
- 8. Original Grade/Mark sheets of qualifying examination for all semesters
- 9. Original Degree/ Provisional certificate, if degree is completed
- 10. Original Certificate of category (SC/ST/OB), if applicable, as per Government of India, issued by the competent authority. Refer "http://ccmt.nic.in Formats for Certificates" for formats. In case of OB category, the certificate must be issued on or after April 1, 2018.

<u>Note:</u> Caste certificate (SC/ST/OB) issued by Maharashtra State must be validated by Social Welfare department (in case of SC and OB category) and Tribal Welfare department (in case of ST category) of Maharashtra Government. The SC/ST/OB candidates of Maharashtra State have to produce their caste validity certificate in the exact format available on CCMT website (http://ccmt.nic.in).

- 11. Undertaking by the candidate regarding OB status in the required format (http://ccmt.nic.in
 Formats for Certificates)
- 12. Original Certificate for Persons with Disabilities (PwD), if applicable, issued by the competent authority (Refer "http://ccmt.nic.in Formats for Certificates" for format)
- 13. Proof of payment of Seat Acceptance fee of ₹ 20,000/- and seat confirmation fee of ₹ 10,000/-
- 14. Original Migration certificate of last Institute/ University attended
- 15. Three color passport size photographs
- 16. Original Conduct Certificate from the Head of the Institution last attended
- 17. Original Transfer certificate from the Head of the Institution last attended
- 18. Original Course completion certificate from the Head of the University/Institute in case result is awaited
- 19. Family Annual Income Proof (Last three month Salary slip if parents are government employee & latest Income certificate for others) and Affidavit declaration (In prescribed format) (**only For SC/ST**).
- 20. One set of self-attested photocopy of all the original documents
- 21. Medical Certificates (Format attached at Annexure-I)

<u>Note:</u> 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 Sr. No. 14, 16, 17 and 19 if not available at the time of reporting and admission at the institute, then they have to produce the same on or before 15th Sept. 2018.

B. Regarding depositing of Institute balance Fees and mode of Payment

Types of Fee	General/OBC	SC/ST		
(A) Total Institute and Hostel Fee (For 1 st Semester)	Rs. 60,700/-	Rs.25,700/-		
(B) Fee already paid to CCMT	Rs. 30,000/-	Rs. 30,000/-	Mode o	f payment
Remaining Fee to be paid during reporting at NIT Sikkim (25/06/2018 to 28/06/2018)	General/OBC	SC/ST		
			*Online Transfer	
			Bank A/C No	35907648590
Institute and Hostel Fee	nnd Hostel Fee Nil		Account Type	Current
(A-B)	Rs. 30,700/-	(Subject to	Account Name	NIT Sikkim
		condition)*	Bank and Branch	SBI Ravangla
			IFSC Code	SBIN0007218
			*Online	e Transfer
			Bank A/C No	31337552052
			Account Type	Current
Mess Fee (For 1 st Semester)	Rs. 15,000/-	Rs. 15,000/-	A ccolint Nama	The Chief Warden, NIT Sikkim
			Bank and Branch	SBI Ravangla
			IFSC Code	SBIN0007218

- 1. Original online payment receipt to be submitted during reporting
- 2. Online money transfer from nationalized bank will only be considered
- 3. For detailed fee structure go to following link: https://www.nitsikkim.ac.in/admission/fee_structure.php

*Note:

- i. For SC/ST candidate whose income is less than 4.5 lakhs as per the annual family income are exempted from tuition fee.
- ii. In case the SC/ST candidate who unable to produce annual family income proof along with affidavit declaration at the time of admission (25th June 2018 to 28th June 2018) are liable to pay the full tuition fee.
- iii. If any candidate unable to produce the documents mentioned in sl. no (ii), may claim fee remission on production of documents before 01st August 2018.

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Form-1: Candidate data sheet for M.Tech admission through CCMT-2018

Reporting Date:

(Use Block Letters to fill th	Recent			
Name of Candidate(as per co	Passport Size Photograph			
	Not Older than Six			
Date of Birth: (DD-MM-YYYY):	Gender:	PWD (Y/N):	Month	
Place of Birth:				
State:		Nationality:		
Category (GEN/OBC/SC/ST	·):	Qualifying Degree Year:		
Qualifying Degree:				
Father's Name:		Mother's Name:		
Guardian's Name: Relation with Guardian:				
Name of Local Guardians w	ith Address:			
Phone No:		Email ID:		
Occupation of Father:		Annual Family Income (Rs):		
Occupation of Mother:				
Email ID of Student:		Email ID of Guardian:		
Correspondence Address Wi	th Phone Number:	Permanent Address with Phone Number:		

Signature of Candidate

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Form-2: Submitted Fee Details at CCMT and Qualifying Degree Details

Seat Acceptance fee Details at CCMT (To be filled by Candidate)					
e-challan	Online Payment	Credit/Debit Card			
Bank & Branch Name					
Amount Paid					
Transaction ID					
Payment Date					
Seat Confirmation	fee Details at CCMT (To be filled by Cand	lidate)			
e-challan	Online Payment	Credit/Debit Card			
Bank & Branch Name					
Amount Paid					
Transaction ID					
Payment Date					
	Qualifying Degree Details				
Name of Qualifying Exam: Department: Institute/University: Year of Passing: Details of Qualifying Exam Marks/ 1 st : 2 nd 5 th 6 th Final Obtained CGPA (Marks/Grad GATE Score: GATE Marks (Out of 100): GATE Qualifying Paper: GATE Qualifying Year: 12 th Standard Percentage: Year of Passing of 12 th Standard: Passing Board: 10 th Standard Percentage: Year of Passing of 10 th Standard: Passing Board:	3 rd	4 th 8 th Signature of Candidate			

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Form-3: Admission Re	cord For M.Tech 20	- 20	
			Recent
Allotted Roll No.			Passport Size
(To be filled by admission offic	Photograph		
Name (in capital letter): GATE Registration	Not Older than Six Month		
Date of Birth: (DD-MM-YYYY):		Place of Birth:	
Admission Branch and specialize	zation:		
Admission Program:		Category:	
Domicile State:		Allotted Category:	
Name of Father:		Name of Mother:	
Name of Guardian:		Relation With Guardian:	
Permanent address with phone i	no & E-mail	Correspondence address with p	hone no & E-mail
	Details of Pa	yment made	
Seat Accept	ance fee Details at Co	CMT (as in provisional Ad	mission Letter)
Date: Amou	nt:	Receipt/DD/Transaction No):
Name of CCMT Reportin	g Centre:		Reporting Date:
Seat Confir	mation fee details at (CCMT (as in provisional A	dmission Letter)
Date: Amoun	f ·	Receipt/DD/Transaction No).
Name of CCMT Reportin		Receipt/DD/ Transaction No	Reporting Date:
Traine of Centr Reporting	g centre.		Reporting Date.
		NIT Sikkim Admission Ce	entre
Transaction Details of Tu	ition & Hostel Fees		
Date of transfer:	Amount:	No:	Branch:
Transaction Details of Me	T		
Date of Issue:	Amount:	No:	Branch:
		Verified By	r: Faculty In-Charge

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Form-4: <u>Student's Information Form</u>
M.Tech 1st Year, 1st Semester, 20___ to 20___ Batch

Recent
Passport Size
Photograph
Not Older than Six
Month

1.	Name of the student (IN BLOCK LETTERS)	
2.	Category (GEN/SC/ST/OBC/PWD)	
3.	GATE Rank-CRL	
4.	GATE Score	
5.	GATE Registration No. & Year	
6.	Allotted Roll No.	
7.	Program Allotted (In Full)	
8.	Date of Birth (dd/mm/yyyy)	
9.	Mobile no of student	
10.	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)	
16.	Father's Name & Occupation	
17.	Mother's Name & Occupation	
18.	Permanent Address	
19.	Name of Local Guardian (In Sikkim If Any)	
	Full Address & Mobile no.	
20.	Emergency Contact Details(Name, Contact	
	No., Full address, Etc)	
21.	Extracurricular Activity (If Any)	
22.	Cultural Activity (If Any)	
23.	Any medical issue which requires regular	
	monitoring/treatment (Write NA if there	
	is no such issue)	
24.	Specimen Signature (With Date)	

I declare that the information given above are true and can be used by the Institute.

Signature of the Guardian	Signature of the Candidat	
Date:	Date:	

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 $\label{eq:Form-5: Information For Identity Card - Batch} \\ \text{(Fill up the form in clear hand-writing and no over righting. The photo should be clean and clear.)}$

Recent Passport Size Photograph Not Older than Six Month

1	Specimen Signature (Full Signature)	
2	IDENTITY CARD No. (For Office Use)	NITSKM/MTECH/20
3	VALID UPTO (For Office Use)	JULY, 20
4	Name of Student (IN BLOCK LETTERS)	
5	Father's Name (IN BLOCK LETTERS)	
6	Mother's Name (IN BLOCK LETTERS)	
7	Program Admitted In (For Office Use)	
8	DEPARTMENT (Write in Full)	
9	Roll No. (For office Use)	
10	Date of Birth (dd-mm-yyyy)	
10	Hostel Address (For Office Use)	National Institute of Technology Sikkim Ravangla, South Sikkim-737139,INDIA
11	Permanent Address	
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	

I declare that the information give above is true and can be used for issuing	Identity Card.
Signature of Guardians	Signature of Candidate
Date:	Date:
Place:	Place:

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Ravangla Campus, Barfung Block, South Sikkim-737139

List of Original/Duplicate certificates deposited during M. Tech Admission, NIT Sikkim						
Nan	Name of Student (BLOCK LETTERS):					
	List of Collected Items (Please tick the appr	opriate box. Write an	y remarks ne	ext to the box)		
	Items	Original	Duplicate	Remarks (if any)		
1.	Provisional Admission Letter generated from CCMT Webs	site				
2.	Document Verification Certificate (DVC)					
3.	Self-attested copy of GATE score card (2016 or 2017 or 2018)					
4.	Photo ID proof as per Govt. of India norms	-				
5.	Original Birth certificate issued by competent authority/C	Class X (High				
6.	School) Board Certificate as proof of date of birth					
7.	Original Mark sheet of Class X					
8.	Original certificates of Class X					
9.	Original Mark sheet of Class XII					
10.	Original certificates of Class XII					
11.	Original Grade/Mark sheets of qualifying examination for	all semesters				
12.	Original Degree/ Provisional certificate, if degree is comp	leted				
13.	Original Certificate of category (SC/ST/OB)					
14.	Undertaking by the candidate regarding OB status in the Format given in CCMT website (http://ccmt.nic.in)	required				
15.	Original Certificate for Persons with Disabilities (PwD),	if applicable, issued				
	by the competent authority (Refer "http://ccmt.n					
	Certificates" for format)					
16.	Proof of payment of Seat Acceptance fee of ₹ 20,000/-					
17.	Proof of payment of seat confirmation fee of ₹ 10,000/-					
18.	Original Migration certificate of last Institute/ University a	attended				
19.	Three color passport size photographs					
20.	Original Conduct Certificate from the Head of the Institut	ion last attended				
21.	Original Transfer certificate from the Head of the Instituti	ion last attended				
22.	Original Course completion certificate from the Head of t	he				
	University/Institute in case result is awaited					
23.	Family Annual Income Proof (Last three month Salary	· ·				
	government employee & latest Income certificate for o					
	declaration (In prescribed format- Given in Annexure-I) (
	One set of self-attested photocopy of all the original docu	uments				
	Medical Certificate (Format attached at Annexure-II)					
26.	If any other :					
	Claushous of students with Bate	Mandella di Borri				
	Signature of student with Date	Verified By:				
Fac	ulty In-Charge:	Signature				
Wit	h Seal:					

To be print in the stamp paper of Rs. 10 & Above

AFFIDAVIT

Dr/MR	/MRs				R/O		
Village	/Ward/Para/Str	eet			Blo	ck/Tehsil	
							certify that
my	Annual	Income	does	not	exceed	Rs	
(Rupe	25:)	as per the
record	of Income Cer	tificate issued b	by the authorit	ty on dated:		(Self-attested Co	py Enclosed).
Furthe enclos		any of my family	member(s) as	declared is a	s per the sal	ary slip of last three	month (copy
and I Son/Do Nation to pay Certific any sci	shall held res aughteral Institute of Te full fee with cate/employmer nolarship or fina	consible if any chnology Sikkim fine if any, in c t position submi	case, it bread from 2018 bate ase of violation itted herein dur m agency /gove	ches the rule who is un ch. The Institu n, temperam ring the intern	es for the dergoing Two the may with one or found and verification of the contraction of	e as per my belief ar purpose of fee wa o year M.Tech. Po draw his/her candida d false statement in on by the Institute. I r tuition fee head.	iver of my rogramme at ature or asked n my Income
The fo	llowing member	(s) constitutes ou	ır family:				
Slno	Name & Age		Relation Student		Occupation	n, if any Derived income	annual
Jointly	declare this affi	davit on this date	:				
	`	gnature				Signature	
Name	of Father/Mothe	er/Parents:	•••••		Name of S	tudent:	
Bank A	account No:		IFSC		Roll No:		
Name	of Bank:	Brancl	n		Dept:		
Mobile	No:				Mobile no	•	

Note: *The above matter must be print/type/Write in the non-Judicial stamp paper of Rs. 10 and above. *The Name of Father/Mother/Parent should be same as declared during admission. *The bank account holder and Income certificate holder should be same person. *The exempted students must submitted the same affidavit during the registration of odd semester with copy of fresh Annual Income Certificate.

Annexure-II

MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)

GENERAL EXPECTATIONS

Candidates should have good general physique. In particular,

- a) Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.
- b) 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 uniocular persons are restricted from admission to certain courses.
- c) Hearing should be normal. Defective hearing should be corrected.
- d) Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.

a	and epileptic fits.						
1	Name of the candidate:						
2	Identification Mark (a	mole, so	ear or birth	mark), if any			
3	Major illness/operatio	n, if any	(specify na	nture of illness	operation)		
4	Height in cm:		Weight i	n kg:	Blood Grou	ip:	
5	Past History		ntal illness leptic Fit				
6	Chest (a) Inspiration	in cm		(b) I	Expiration in cm		
7	Hearing						
8	Vision with or without glasses:	Will of Right Lye Left Lye Colour Bindness				Uniocular vision	
9	Respiratory System						
10	Nervous System						
11	Heart (a) Sou	unds		(b) M	urmur		
12	Abdomen		Hernia		Hydro	ocele	
	(a) Liver (b) Spleen						
13	Any other defects:						
			Certifica	te of Medical	Fitness		
					ysical fitness, medica maceutics/ Science C		
					ndard of physical fitn		
	and is unfit/ter	mporarily	y unfit for a	admission due	to following defects:		
	Name of the Doctor	Signa	ture	Registratio	n number	Seal	