

NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM (AN INSTITUTE OF NATIONAL IMPORTANCE, GOVT. OF INDIA) Ravangla Campus, Barfung, Ravangla, South Sikkim-737139 Website: <u>www.nitsikkim.ac.in</u>

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

(23rd July 2018 to 27th July 2018)

Reporting Venue

NIT Sikkim, Ravangla

(1) Candidate has to come with all original documents, one set of photocopy for all documents, filled-up forms.

(2) All the forms have 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 (23rd July to 27th July 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 (<u>http://ccmt.nic.in</u>).

- 11. Undertaking by the candidate regarding OB status in the required format (<u>http://ccmt.nic.in</u> 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 NSR Fees
- 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)
- 22. Proof of payment of Institute remaining fee

<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.

<u>B. Regarding depositing of Institute balance Fees and mode of Payment for NSR</u> <u>Candidates</u>

Types of Fee	General/OBC	SC/ST			
(A) Total Institute and Hostel Fee (For 1 st Semester)	Rs. 60,700/-	Rs.25,700/-	<u>Mode of payment</u>		
(B) Fee already paid to CCMT (NSR Participation Fee)	Rs. 40,000/-	Rs. 10,000/-			
Remaining Fee to be paid during reporting at NIT Sikkim (23/07/2018 to 27/07/2018)	General/OBC	SC/ST			
			**Online Transfer		
Institute and Hostel Fee (A-B)	Rs. 20,700/-	15,700/- (Subject to condition)*	Bank A/C No	35907648590	
			Account Type	Current	
			Account Name	NIT Sikkim	
			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/-		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 (23rd July 2018 to 27th July 2018) are liable to pay the full tuition fee like general candidate.
- 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 Passport Size		
Name of Candidate(as per co	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	Г):	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 With Phone Number:		Permanent Address with Pho	one Number:

Signature of Candidate

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

NSR fee Details at CCMT (To be filled by Candidate)						
e-challan	Online Payı	ment Credit/Debit Card				
Bank & Branch Name						
Amount Paid						
Transaction ID						
Payment Date						
	Qualifying Degree Detail	<u>ls</u>				
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/Gra 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 7 th ide):): 4 th 8 th				
		Signature of Candidate				

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Form-3: Admission Record For M.Tech 20 - 20

Allotted Roll No. (To be filled by admission office)	20 - 20	Recent Passport Size Photograph
Name (in capital letter): GATE Registration		Not Older than Six Month
Date of Birth: (DD-MM-YYYY):	Place of Birth:	
Admission Branch and specialization:		
Admission Program:	Category:	
Domicile State:	Allotted Category:	
Name of Father:	Name of Mother:	
Name of Guardian:	Relation With Guardian:	
Permanent address with phone no & E-mail	Correspondence address w	ith phone no & E-mail

Details of Payment made

NSR fee Details at CCMT (as in provisional Admission Letter)					
Date:	Amount:	Receipt/DD/Transa	ction No:		
Name of CCMT F	Reporting Centre:		Reporting Date:		
	Details of Fee Submitt	ed at NIT Sikkim Admi	ssion Centre		
Transaction Detail	ls of Tuition & Hostel F	ees			
Date of transfer:	Amount:	No:	Branch:		
Transaction Detail	ls of Mess Fees				
Date of Issue:	Amount:	No:	Branch:		
		Ver	rified By: 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 Date:

Signature of the Candidate Date:

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Recent Passport Size Photograph Not Older than Six Month

Form-5: Information For Identity Card – Batch (Fill up the form in clear hand-writing and no over righting. The photo should be clean and clear.)

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 Date: Place:

Signature of Candidate Date: Place:

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List of Original/Duplicate certificates de	posited during M. 1	۲ech Adm	ission, NIT S	ikkim
Name of Student (BLOCK LETTERS):				
List of Collected Items (Please tick the app	ropriate box. Write any	remarks n	ext to the box)	
Items		Original	Duplicate	Remarks (if any)
1. Provisional Admission Letter generated from CCMT Web	osite			
2. Document Verification Certificate (DVC)				
3. Self-attested copy of GATE score card (2016 or 2017 or 2	2018)			
4. Photo ID proof as per Govt. of India norms				
5. Original Birth certificate issued by competent authority/	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				
12. Original Degree/ Provisional certificate, if degree is com	pleted			
13. Original Certificate of category (SC/ST/OB)				
 Undertaking by the candidate regarding OB status in the Format given in CCMT website (<u>http://ccmt.nic.in</u>) 	required			
15. Original Certificate for Persons with Disabilities (PwD),	if applicable, issued			
by the competent authority (Refer "http://ccmt.				
Certificates" for format)				
16. Proof of payment of NSR Fee				
17. Proof of payment of Institute remaining fees				
18. Original Migration certificate of last Institute/ University	attended			
19. Three color passport size photographs				
20. Original Conduct Certificate from the Head of the Institu				
21. Original Transfer certificate from the Head of the Institu				
 Original Course completion certificate from the Head of University/Institute in case result is awaited 	the			
23. Family Annual Income Proof (Last three month Salar	v slip if parents are			
government employee & latest Income certificate for				
declaration (In prescribed format- Given in Annexure-I)				
24. One set of self-attested photocopy of all the original do				
25. Medical Certificate (Format attached at Annexure-II)				
26. If any other :				
			-	
Signature of student with Date	Verified By:			
Faculty In-Charge:	Signature			
With Seal:				

Annexure-I

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

AFFIDAVIT

Dr/MR/	MRs				R/O		
Village/	Ward/Para/Stre	eet			Blo	ck/Tehsil	
District.		State.			PIN No:		certify that
my	Annual	Income	does	not	exceed	Rs	
(Rupees	5:) as per the
record	of Income Cer	tificate issued	by the autho	ority on dat	ed:	(Self-atte	sted Copy Enclosed).
Further,	, the salary of a	any of my family	y member(s)	as declared	is as per the sal	ary slip of la	st three month (copy
enclose	d).						

The following member(s) constitutes our family:

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

Jointly declare this affidavit on this date:.....

Signature	Signature	
Name of Father/Mother/Parents:	Name of Student:	
Bank Account No:IFSC	Roll No:	
Name of Bank:BranchBranch	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.

1	Name of the candidate:						
2	Identification Mark (a mole, scar or birthmark), if any						
3	Major illness/operatio	n, if any (specify n	ature of illness	/operation)			
4	Height in cm:	Weight	in kg:	Blood Grou	ıp:		
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 Uniocular vision				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:						
		Certific	ate of Medical	Fitness			
				ysical fitness, medica			
	for admission to Engineering/Architecture/ Pharmaceutics/ Science Course 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	Registratio	on number	Seal		