

FORMATS OF DIFFERENT CERTIFICATES

(Annexure - 'A' to Annexure - 'J')

Annexure "A"

Certificate in Respect of Kashmiri Migrant (KM)

CERTIFICATE FOR AVAILING ADMISSION AGAINST KASHMIRI MIGRANT QUOTA

Certified that Km/Smt. _____ -
daughter/wife of Shri/ _____
resident of _____ is
registered as migrant from Jammu & Kashmir. The Registration number is _____
_____ dated _____.

It is also certified that Km/Smt. _____ is registered
in Delhi/ _____ as J & K
Migrant on _____

Name & Signature of Deputy Commissioner/Competent Authority

(Office Stamp)

Place: _____

Date _____

Note: No document other than this will be accepted by the University for claiming reservation against the Kashmiri Migrant Seat.

Annexure "B"

Certificate in Respect of Defence Category (CW)

CERTIFICATE FOR AVAILING ADMISSION AGAINST DEFENCE QUOTA OFFICE OF THE ZILA/RAJYA SAINIK BOARD

This is to certify that Miss _____
daughter _____
resident of _____

the above named officer/JCO/OR pertains to the category marked below:-

(Select one from below)

- a. Killed in Action
on _____ during _____
- b. Disabled in Action on _____ and boarded out from
service on _____
during _____ Died in peace time on
_____ with death attributable to military service.
- c. Disabled in peace time and boarded out from service with disability attributable
military service.
- d. Gallantry Award Winner (_____)
- e. Ex-Serviceman.
- f. Serving Soldier

(Category _____ above)

Miss _____ daughter of the above named
officer/JCO/OR is eligible for Admission against the Defense quota under priority
her Ex-Serviceman Widow Identify Card No. is DLH-
01_____.

NO _____
(Round stamp of office)

RSB SECRETARY
(Zila/Rajya Sainik Board)

Annexure "C"

INCOME & ASSEST 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 is 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:

1. Residential flat of 1000 sq. ft. and above;
2. 5 acres of agricultural land and above;
3. Residential plot of 100 sq. yards and above in notified municipalities;
4. 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 Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport
size attested
photograph of the
applicant

Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

Note 3: 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.

Annexure "D"

CERTIFICATE FOR PERSON WITH DISABILITY

To be issued by Medical Board from Government Hospital

Name of the candidate: Ms. _____

Father's Name: _____

Permanent Address: _____

Percentage loss of earning capacity (in words): _____

Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: _____

Name of the disease-causing handicap: _____

Whether handicap is temporary or permanent: _____

Whether handicap is progressive or non-progressive: _____

The candidate is FIT / UNFIT to pursue further studies.

Recent
Passport size
attested
photograph
of the
applicant

Principal Medical Officer

Date: _____

Seal of Office

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

NOTE:

Candidate having temporary or progressive handicap will not be considered against these seats.

Annexure "E"

CERTIFICATE FOR APPEARING IN FINAL SEMESTER/YEAR EXAMINATION

(Required from candidates who are yet to appear in the qualifying examination)

In _____ connection with _____ the _____ application _____ of

Ms. _____ for admission to PG/Ph.D.

programmes at Indira Gandhi Delhi Technical University for Women, Delhi, Hereby

certify that she is a bonafide student of our institution. She is yet to complete the

requirements of qualifying examination including Theory, practical project examination

and back paper (s)/supplementary(ies) for B.E/B.Tech/B.Arch./M.Sc./Others

_____ which is to be scheduled later (Strike out the non-

Applicable ones and write in the blank space if the degree is not mentioned).The

percentage of aggregate marks/CGPA obtained by her up to pre-final year/semester

is _____. Her conduct and character during her stay at the University

has been " GOOD"

Place : _____

Date: _____

**Signature if the Principal/Dean/Registrar
Dy. Registrar/Proctor/Administrative Office**

UNDERTAKING BY THE CANDIDATE REGISTERED WITHOUT PRODUCTION OF PROOF OF PASSING THE QUALIFYING EXAMINATION/APPEARED IN THE BACKPAPER(S) /SUPPLEMENTART(IES) TILL DATE OF REGISTRATION

I _____

daughter/ward of Ms. _____ hereby give an

undertaking that I have appeared in all the examination including

practical(s)/project/backpapers/ supplementary(ies) before the date of registration

and only the result is awaited which is likely to be declared by _____.

Place:

Date:

Signature of Student

Name of Student: _____

Address: _____

Contact no: _____

Annexure "F"

SELF-DECLARATION/UNDERTAKING BY STUDENT

(Required from candidates who are have not submitted latest OBC-NCL caste certificate)

I, Ms. _____ D/o: _____
 Application Reference No. _____ Mobile No: _____
 _____ applied for PG/Ph.D. Course
 _____ for
 Session _____ Year _____ of Indira Gandhi Technical
 University for Women, Kashmere Gate, Delhi-110006 do hereby undertake the
 following:

1. I, hereby, declare that, the entries made by me in the Application Form for availing reservation in OBC-NCL category are complete and true to the best of my knowledge and based on records.
2. I, hereby, undertake to present the original documents immediately upon demand by the concerned authorities of the University.
3. I acknowledge that, the Indira Gandhi Technical University for Women has the authority for taking punitive actions against me for violation and/or non-compliance of the same.
4. I, further declare that, my admission may be cancelled, at any stage, if I am found ineligible and/or the information provided by me are found to be incorrect.

Place: _____

Date: _____

Signature of Student

DECLARATION BY PARENT/ GUARDIAN

I _____ (Mother / Father / Guardian)
 hereby fully endorse the above undertaking/declaration given by my child/ward. And
 I will endeavour to induce my child/ward to do her best to observe the above stated
 undertaking in words and spirit.

Place: _____

Date: _____

Signature of Mother / Father / Local Guardian

Annexure "G"**SELF-DECLARATION/UNDERTAKING BY STUDENT**

(Required from candidates who have not submitted any of the Essential document(s))

I, Ms. _____ D/o: _____
 Application Reference No _____ Mobile No: _____ applied
 for PG/Ph.D. Course _____ for
 Session _____ Year _____ of Indira Gandhi Technical University
 for Women, Kashmere Gate, Delhi-110006 do hereby state that I haven't submitted the
 following essential document(s) needed to be uploaded on IGDTUW Admission Portal (**Place
 a tick mark on the items you haven't submitted**) :

<input checked="" type="checkbox"/>	Name of the Essential Document
	Date of Birth Certificate or the High School (class X) Certificate with Date of Birth
	Class XII or equivalent marksheet.
	Consolidated Marksheet (for Graduation Degree) (scanned both sides) OR Marksheets of all the years/semesters for Graduation Degree, for result awaited candidates (scanned both sides)
	Consolidated Marksheet for Post-Graduation Degree (If applicable)(scanned both sides) OR Marksheets of all the years/semesters for Post-Graduation Degree (If applicable) , for result awaited candidates (scanned both sides)
	GATE score card / JRF / NET CERTIFICATE (if applicable)
	Certificate/s for Reserved Category as applicable for SC / ST/ OBC-NCL / KM / PD / CW / EWS. (If applicable) Candidates belonging to OBC-Non-Creamy Layer & EWS will be required to submit the Certificate issued on or later than 1st April 2023.
	ID. proof Aadhar Card/Driving License/Voter ID/Pan Card
	Work Experience Certificate for Part-Time Applicants (Only for Ph.D. Applicants)
	No Objection Certificate (NOC) from the current employer (Only for Part-Time Ph.D Applicants)
	CoA (Council of Architecture) registration certificate of CoA Approved program (in case of B.Arch.) Temporary Registration number from COA. (Only for M. Plan.)
	NIMCET scorecard (if applicable) only for MCA Applicants (scanned on both sides)
	Proof of CGPA conversion to Percentage (if applicable)
	Medical Fitness Certificate
	PDFs of published conference/ Journal papers (Only for Direct Ph.D. Applicants)

Place: _____

Date: _____

Signature of Student

Annexure "H"

Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

The certificate must be from the Medical Officer or any rank above it from any Central/State Government Hospital/Dispensary/Medical College must be brought by the candidate at the time of admission/as mentioned in IGDTUW Admission 2021-22 instructions.

Photograph
(To be attested by
Doctor signing the
certificate)

I certify that I have carefully examined Ms. _____ daughter of Shri _____ whose signature is given below. Based on the examination, I certify that she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional.

Marks of Identification _____

Signature of the Candidate _____

Place:

Date:

Name & signature of the Medical
Officer with seal and registration
number

ANNEXURE “I”

FORMAT FOR EMPLOYER’S NO OBJECTION CERTIFICATE

(To be issued on the Letter Head of the current Employer)

This is to certify that Ms. _____
D/O _____ working as
_____ in the department of
_____ from
_____ to _____ is an
employee of our Department/Organization. Her total work experience is
_____ Years and _____ Months. We have no
objection to her joining in Ph.D (Part-Time) Degree Program at IGDTUW. She
will be relieved from her duties as per the requirements of her Degree Program.

Signature

(Head of Institution)

ANNEXURE "J"**FORM FOR WITHDRAWAL OF ADMISSION**

- 1) Branch & Department _____
- 2) Name of the Candidate _____
- 3) Parent's/ Guardian Name _____
- 4) Communication Address _____
- _____
- 5) Telephone _____ Mobile _____
- 6) Email Address _____
- 8) Category / Sub Category _____

Bank Account Details

Name of the Bank Account Holder _____

(in favour of whom Bank Transfer is to be made)

Relationship of the Bank Account Holder with the Candidate _____

Ban Details of above person to be furnished in the given format :

Name of the Bank	Address of the Bank	Complete Bank Account No.	IFSC CODE of the Bank

UNDERTAKING

We understand and know the refund rules of the University and agree to abide by the same and we further understand that the refund would be made in due course of time through bank transfer only as per above request.

(Signature of Parents/Guardian)

Date : _____

(Signature of Student)