

GOVIND BALLABH PANT UNIVERSITY OF AGRICULTURE & TECHNOLOCY, PANTNAGAR-263145, U.S. NAGAR (Uttarakhand)

(For B. Tech. Programme 2021-22)

Fill up JEE main Roll N (If Applicable)	<u> </u>]	Passport Size Photographs
10+2 Roll No. (If Applic Branch Allotted	,				
Adhaar No					
TO RE FILLED	IN BY THE CAN	IDIDATE (H	sa Canital I at	tors)	
		·	-	•	
1. Name of the candidate (In	_				
2. Father's Name	Hindi)				
Mother's Name					
3. Guardian's Name					
(if Parents are not alive)					
4, Date of Birth					
(As per Class X certificate)	(date)	(month)	(year	r)	
5. Age on 30-6-2020	1. ()				
6. Yearly income of the Fa	day(s)	month(s)	years		
6. Yearly income of the Fa7. (a) Permanent Address:		<u> </u>			
7. (a) I ermanent Address.					
(b) Mailing Addraga				PIN	
(b) Mailing Address:					
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Telephone No. with STD C	Code	Mol	oile No		
E-mail Address:					
8. Sex (Male or Female)					
9. Passport No. (Essential for	r foreign national c	andidates)			
10. Nationality					
12. Mark of Identification:					
13. Details of Fee deposite					
•				F	-4
Draft Number				Da	ate
Amount					

14. Particulars of Examinations Passed:

Examination	Board/University	Year of Passing	Division	Marks Obtained & Percentage	Name of Institution	Subject(s)
High School or Equivalent						
Intermediate or equivalent						
Diploma						

	16.	Have you ever been debarred from seeking admission or dropped from G.B.P.U.A. & T., Pantnagar	Yes/No
ľ	17.	Have you ever been a student of GBPUA&T, Pantnagar? If yes, give your Id. No.	_
	18.	Do you fulfill the domicile requirement of Uttarakhand State tor admission in G.B. Pant University of Agriculture & Technology, Pantnagar?	Yes/No

DECLARATION

I, the undersigned, hereby declare that the statements made above are true to the best of my knowledge and belief. I have uploaded all the documents scanned/clicked from the originals, I know that if they are found scanned/clicked from photocopy, my admission gets automatically cancelled. I fully understand that any wrong statement made in this application may result in cancellation of my candidature or termination of my admission at any stage at my cost, risk and responsibility. I have carefully gone through all the details on the website and I agree to abide by all eligibility requirements and conditions laid down therein. I further declare that I have not been involved as an accused in a case involving a cognizable offence or have not been convicted of such an offence or of an offence involving moral turpitude. I also declare that I am fully aware of the fact that in the event of the above statement being found wrong at any time, my admission shall be liable to be cancelled. I am also aware that If my Pass result of diploma (in case of B Tech Lateral Entry admissions) is not declared before 15 day from the final semester examination at Pantnagar, my admission will automatically gets cancelled. I am also well aware that my admission is provisional at present subject to verification of my testimonials from the orininals. Any shortcoming in certificates will gets my admission automatically cancelled.

Countersigned		
Signature of Parents or Guardian (if Parents are not alive)		Signature of the candidate in running hand (Not in Capital Letters) Date
	Left hand Thumb impression of the candidate	

CHECK LIST TO BE FILLED IN BY THE CANDIDATE

	lemic Record ame of Examination Board or U	Universi	ity	Division	Percentage	Year of	Subject	
Hi	igh School			Obtained		Passing		
	termediate							
	egree / Diploma							
Ar Ag	re you ever debarred from seeking are you eligible to seek admission as ge as on 30-09-2021 is	per the (eligibi	lity conditior		the Prospectus		
	Demand Draft of Rs	Y/N	13	Character (Certificate, in Or	iginal	Y/N	
	(ii) Demand Draft Rs. 1000/- No	Y/N	14	T.C. / Migr	ation Certificate	, in Original	Y/N	
	5 Nos. of Recent Photographs	Y/N	15	Medical Ce	rtificate, in Orig	ginal	Y/N	
	Seat Allotment Letter	Y/N	16	Affidavit Original	Affidavit for Gap in education in Original			
	Adhaar Card	Y/N	17	Participati Judicial S	Affidavit by Student for Non- Participating on Rs. 10 Non- Judicial Stamp Paper			
	Application From	Y/N	18	Non-Parti Judicial S	Affidavit by Parent/ Guardian for Non-Participating on Rs. 10 Non- Judicial Stamp Paper			
	10 th Examination Mark Sheet	Y/N	19	Domicile	Domicile Certificate, if applicable			
	10 th Examination Certificate	Y/N	18	Category	Certificate, if ap	plicable	Y/N	
	12 th Examination Mark Sheet	Y/N	19		Sub-Category Certificate, if applicable		Y/N	
0	12 th Examination Certificate	Y/N	20	Bio Data			Y/N	
1	Mark Sheet of all semesters/ years of Diploma / Degree (For lateral entry in 2 nd year)	Y/N	21	Solemn V	Solemn Voluntary DeclarationForm			
2	Diploma Certificate/B.Sc.Degree	Y/N	22	completed examinatio automatica	tating if Diploma by 1 st Semester l n, admission wil lly get cancelled	Final II	Y/N	
es I	am unable to submit the T.C / Migr positively.	ation, at	prese	ent, the T.C /	Migration will b	e submitted by	y me upto	

BIO-DATA

TO BE FILLED IN BLOCK CAPITAL

Batch2021	Bran	ch Allotted	•••••		
Aadhaar No			• • • • • • • • • • • • • • • • • • • •		Passport Size
(In Hindi)					Photographs
Marital Status	•••••	Married	/Unmarr	ied	
Name of State to which	•				
Belong				• • • • • • • •	
Category		Sub Category			
Mother's Name Permanent Address		Mobile No	o		
	ardian				
Examination Passed	Year	Name of the University/ Board	Div.	%	No. of attempt
High School					
Intermediate					
Pre-University /Other					
Marks obtained in JEE (N	Mains)				
All India Rank obtained i	in JEE (Ma	ains)			
If there is any gap in edu	cational ca	reer above			
Please specify the reason	s therefore	·.			
Name of Advisor		Date of I	Registratio	on	
Signature of candidate					

FORMAT FOR MEDICAL CERTIFICATE

Age:

Sex:

(TO BE OBTAINED ONLY FROM A CHIEF MEDICAL OFFICER OF A DISTRICT or CHIEF MEDICAL SUPERINTENDENT OF GOVT. BASE HOSPITAL)

Car	ndidate:										
JEE	E Roll No.:		Category	<u>':</u>		Sub	category	y:			
All	India Rank		Father's Na	ame:							
		(T	o be filled in	by th	e candidat	e)					
Left Thumb Impression M.I. V Colour Vision											
Ц	eight Weight	Chest	Abdomen	S	Without g	ulace					
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М	Pallor	L Nodes		CSO	M		Hyd	roce	le		
N A	Cardiovascular			CNS	3						
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N	Genitourinary			Bloc	od Group						
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	he candidate phys res. Type and o				: Yes/ No)ne lea (or he	and defe	ctive	
writ		saterit or ria	ndicap (i ic	asc	• •		•			Clive	
	Type				Type –I Type –						
	Extent				туре –	III . C	nie nanc	J IIIIs	sairig		
Any	other type of ha	ndicap (Pleas	e specify)		:						
Anv	other finding:										
	al result. (Fit/Unf						ha		on the	mad	lical
	`	,									lical
Ciai	Standards given in Appendix III of the Prospectus (overleaf) for the purpose of Admission.										

Signature of Candidate

Signature of Chief Medical Officer /

Chief Medical Supdt. of Govt. Base Hospital (with official stamp) Date:

Name

of

G.B. Pant University of Agriculture & Technology

Office of The Registrar Personal Data of Students

	ersonal Bata of Stadents
Aadhaar No.	
आधार संख्या	
Student ID No.	
विद्यार्थी पंजीयन संख्या	
Student Name	
विद्यार्थी का नाम	
Degree Programme	
उपाधि पाठ्यकम	
Major/Branch	
मुख्य शाखा	
Father's Name	
पिता का नाम	
Mother's Name	
माता का नाम	
D.O.B (DD-MM-YYYY)	
जन्म तिथि	
Permanent Address	
स्थीय पता	
Country	
देश	
State	
राज्य	
City	
नगर	
Pin Code	
पिन कोड	
Mailing Address	
पत्राचार का पता	
Country	
देश	
State	
राज्य	
City	
नगर	
Pin Code	
पिन कोड	
Sex	
लिंग	
Marital States	
वैवाहिक स्थिति	
Mobile No.	
दूरभाष संख्या	
Email ID	
ई–मेल Guardian Name	
अभिभावक का नाम	
# \ m 1 1 1 1 1 1 1 1 1	•

Blood Group						
रक्त समूह		1				
Identification Marks		†				
पहचान चिन्ह		1				
Nationality						
राष्ट्रीयता		1				
Religion						
धर्म]				
Passport No.(Mandatory for foreig	n Students)		_			
पासपोर्ट नम्बर		1				
Bonefides Resident (domicife/Fr	om B					
स्थायी निवास प्रमाण पत्र		<u> </u>				
Yearly Family Income						
वार्षिक पारिवारिक आय		<u> </u>				
Nearest Railway Station						
समीपवर्ती रेलवे स्टेशन		<u> </u>				
Nearest Police Station						
समीपवर्ती पुलिस स्टेशन						
Fee details		Ţ		_		_
शुल्क विवरण		<u> </u>		_		
Category			_			
वर्ग						
Sub category						
उपवर्ग						
Admitted seat category						
प्रवेशित वर्ग		<u> </u>			·	
Passport Photograph					Thumb Impression बॉए ॲगूठे का निशान	on
पासपोर्ट फोटोग्राफ					बार जगूठ यम । साम	
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Urban/ Rural						
शहरी / ग्रामीण						
Particular of Examination Pas	sed		1			
Examination	Board/U	University	Year of Passing	N	ame of Institute	Subject(s)
High School Or Equivalent						
Intermediate or Equivalent						
Bachelor's						
Master's						
Others						
Others						
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Declaration	ah				declare that the st knowledge and belie	
विद्यार्थी द्वारा घोषणा			to the best	<u> </u>	miowieage and bene	
Signature of Candidate						
Date:		>>				

SOLEMN VOLUNTARY DECLARATION

(All Freshmen shall be required to sign this solemn volu University)	ntary declaration prescribed as under by the
IRoll No	admitted to
degree programme of the G.B. Pant University of Agricu	
1. That I firmly believe in the basic philosophy outlin Commission, particularly that quoted below: "A University or a College is an academic fellowsh decided reasonably by the joint committees of teach have this purpose specifically in view. These sho genuine difficulties of student. What binds together partnership in the sharing of common interest, mutu for their main purpose, which is the pursuit of knowledge to this philosophy or prepared to honour it has really	nip of equals where things can be discussed and chers and students which we have recommended uld be fully utilized to ascertain and redress the r students and teachers is the deep and creative all regard & sense of values and working together edge and discovery. Any one who is not committed
 That in any consequence, I believe that all grievance settled by constitutional means, such as approach to Chancellor or other individuals concerned or by recentral Food Advisory Committee, Professional Soci Board of Management, Chancellor or the State Gor Court of justice. 	s, disputes and problems of the students should be the Advisor, Warden, Chief Warden, Dean, Viceaising them in the relevant committees, such as leties, Cultural Societies, etc. or by reference to the
 That I, further believe that under no circumstances, t Rules and Regulations of the University, show of for other means forming part of the so called direct actio unconstitutional means. 	ce, unruly demonstration, coercion, violence or any
4. That I, further believe that under no circumstances, the outsider, may be the agitators from the Universities, with the affairs of the University. All matters should be University such as the students and staff of the University of Management, the State Government, approaching any outside element not concerned with	politicians or disgruntled individuals not concerned be settled by those concerned with the affairs of the versity, guardians of the students, members of the Chancellor, etc. I shall accordingly refrain from
5. That, I shall attend my classes and participate in programme, irrespective of the fact whether my oth even in the face of intimidation by any of them.	other activities of the University according to the
6. That, I further declare that any activity/travelling continuous entirely on my risk and responsibility and in case of functionary will not be responsible for that.	· · · · · · · · · · · · · · · · · · ·
7. I also affirm that I shall abide by the word and spirit of if, at any time I am found indulging in any such activities. The shall abide by the word and spirit of if, at any time I am found indulging in any such activities.	
Guardian's Signature	Student's Signature
Name in Block Letters	Name in Block Letters
Place	Place

Date

Date.....

AFFIDAVIT BY PARENT/GUARDIAN

(To be furnished on a Non-Judicial Stamp Paper of Rs.10/- duly attested by Oath Commissioner)

I, Mr./Mrs./M <u>s. (full name of parent/guardi</u>	ian) father/mother/guardian
of, <u>(full name of student with admission/registration/enrolm</u>	
to (name of the institution), have received a copy of the	
Menace of Ragging in Higher Educational Institutions	
"Regulations") carefully read and fully understood the p Regulations.	provisions contained in the said
2. I have, in particular, perused clause 3 of the Regula	ations and am aware as to what
constitutes ragging.	
3. I have also, in particular, perused clause 7 and clause 9	
aware of the penal and administrative action that is liable	
he/she is found guilty of or abetting ragging, actively	or passively, or being part of a
conspiracy to promote ragging. 4. I hereby solemnly aver and undertake that:	
(a) My ward will not indulge in any behaviour or act the	nat may be constituted as ragging
under clause 3 of the Regulations.	3
(b) My ward will not participate in or abet or propagate	
omission that may be constituted as ragging under c	lause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is	
clause 9.1 of the Regulations, without prejudice to any	
taken against my ward under any penal law or any law for 6. I hereby declare that my ward has not been expelled o	
institution in the country on account of being found gui	•
conspiracy to promote, ragging; and further affirm that, in	
untrue, the admission of my ward is liable to be cancelled	
Declared thisday ofmonth of	year.
	Signature of Deponent
	NameAddress
	Telephone/Mobile No
VERIFICATION	
Verify that the contents of this affidavit are true to the	best of my knowledge and no part
of the affidavit is false and nothing has been concealed or m	nisstated therein.
Verified at(place) on this the(day) of	(month) , (year)
on the the <u>(day)</u> of	<u>(111011111)</u> , <u>(your)</u>
	Signature of Deponent
Solemnly affirmed and signed in my presence on this the	
after reading the contents of this affidavit.	(<u>((((((((((((((((((((((((((((((((((((</u>
3	

OATH COMISSIONER

AFFIDAVIT BY THE STUDENT FOR NON-PARTICIPATION IN RAGGING

(To be furnished on a Non-Judicial Stamp Paper of Rs. 10/- duly attested by Oath Commissioner)

I, (full name of student with admission/registration/enrolment number) s/o d/o of Mr./Mrs./Ms.
having been admitted to(name of the
institution) , have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations. 2. I have, in particular, perused clause 3 of the Regulations and am aware as to what
constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that:
(a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.(b) I will not participate in or abet or propagate through any act of commission or omission
that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any penal law or any law for the time being in force.6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
Declared thisday ofmonth ofyear.
Signature of Deponent
Name
VERIFICATION
Verify that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.
Verified at(place) on this the(day) of(month),(year)
Signature of Deponent
Solemnly affirmed and signed in my presence on this the <u>(day)</u> of <u>(month)</u> , <u>(year)</u> after reading the contents of this affidavit.

OATH COMISSIONER

उत्तराखण्ड सरकार

(प्रमाण पत्र निर्गत करने वाले कार्यालय का नाम एवं पता)

(अधिसूचना संख्या 64/XXXVI(3)/2019/19(1)/2019 दिनांक 07 मार्च, 2019 के अधीन)

आर्थिक रूप से कमजोर वर्गों के लिए आय एवं सम्पत्ति प्रमाण-पत्र

वर्षहेतु मान्य	य दिनांक
गाम / मुहल्ला जिला थायी निवासी हैं, जिनका च त्तीय वर्ष	पिन कोड़ नवीनतम फोटो नीचे प्रमाणित है। की औसत आय आर्थिक रूप से ठ लाख) से कम है और इनका
ोक, या ग उससे अधिक, या o वर्ग गज या उससे अधिक के लावा अन्य क्षेत्रों में 200 वर्ग गर	े आवासीय भूखण्ड, या ज या उससे अधिक के भूखण्ड।
	जाति से हैं नुसूचित जनजाति/अन्य पिछड़ा
ਵ	स्ताक्षर सहित कार्यालय की मुहर
	के श्री / श्रीमती / कुमारी गम / मुहल्ला शायी निवासी हैं, जिनका क तीय वर्ष ह ₹ 8.00 लाख (रूपये आ त नहीं करता है :— क, या त वर्ग गज या उससे अधिक के लावा अन्य क्षेत्रों में 200 वर्ग गज र की अनुसूचित जाति / अन्

natisus

स्थाई निवास प्रमाण—पत्र (शासनादेश संख्या 2588/एक—4/सा0प्र0/2001)

	प्रमाणित किया जाता ह	है कि श्री / कु0	/ श्रीमती						
पुत्र	/ पुत्री / पत्नी श्रीजिला. गीलजिला.			निवासी ग्रा	ाम / मोह. / व	ार्ड			
तहर	गिलजिला.		उत	त्तराखण्ड के र	स्थायी निवार	री है।			
				_		_			
	यह भी प्रमाणित किया	जाता है कि	उक्त प्रमाण	पत्र निर्गत क	ज्रने से पूर्व	निर्धारित	समस्त	मानदण्डों	की
नली	भांति जॉच कर ली गई है,	और मै जांच	से पूर्णतया र	नन्तुष्ट हूँ।					

हस्ताक्षर जिला मजिस्ट्रेट नाम : मोहर

Appendix-VII

CERTIFICATE - I

उत्तराखण्ड के अन्य पिछड़े वर्ग (UKBC)के लिए जाति प्रमाण-पत्र का प्रपत्र

निवासी ग्रामपिछानी तहसीलपिछड़ी उत्तराखण्ड राज्य कीपिछड़ी	सुपुत्र / सुपुत्री श्री नगरजिलाजिला जाति के व्यक्ति हैं। यह जाति उत्तराखण्ड लोक सेवा (अनुसूचित वर्गों के लिए आरक्षण) अधिनियमकी अनुसूचीकी
यह भी प्रमाणित किया जाता है कि श्री/श्रीमती/ निर्धारित क्रीमिलियर से आच्छादित नहीं है।	'कुमारीइारा अधिनियमइारा
तहसीलनगर	था अथवा उनका परिवार उत्तराखण्ड के ग्रामजिला परिवार उत्तराखण्ड के ग्रामजिला है।
अभ्यर्थी के हस्ताक्षर : दिनांक :	हस्ताक्षर
ादनाकः स्थानः	पूरा नाम : मोहर
	जिला अधिकारी/अतिरिक्त जिला अधिकारी/सिटीमजिस्ट्रेट/ परगना मजिस्ट्रेट/तहसीलदार

अनुसूचित जाति / जनजाति (UKSC/UKST) के लिए जाति प्रमाण-पत्र का प्रपत्र

(अभ्यर्थी के जन्म जिले के जिला मजिस्ट्रेट/प्रथम क्लास मजिस्ट्रेट द्वारा प्रमाणित)

प्रमाणित किया जाता है कि श्री/श्रीमती/कृ	ऱ्मारीसुपुत्र/ सुपुत्री श्री
निवासी गांव/शहरतहसील	
जाति में हुआ था यह जाति अनुसूचित ज	गित ∕ जनजातियों आदेश (संशोधन) एक्ट 1956 के अन्तर्गत भारत
सरकार / उत्तराखण्ड शासन /	सरकार द्वारा मान्य अनुसूचित जाति / जनजाति है।
अभ्यर्थी के हस्ताक्षर :	
	हस्ताक्षर
दिनांक :	पूरा नाम :
स्थान :	मोहर
	जिला अधिकारी/अतिरिक्त जिला अधिकारी/सिटीमजिस्ट्रेट/
	परगना मजिस्ट्रेट / तहसीलदार

उत्तराखण्ड के स्वतंत्रता सेनानी (Sub Category Children of Freedom Fighters)

(उस जिले के जिलाधिकारी द्वारा प्रमाणित जिसका अभ्यर्थी निवासी है)

प्रमाणित किया जाता है कि श्री / कुमारी	शी / श्रीमती
निवासी के पुत्र / पु	त्री / पुत्र के पुत्र / पुत्र की पुत्री (अविवाहित) है।
श्री / श्रीमतीने स्वतंत्रता सं	प्राम में भाग लेने के कारण—(जो लागू न हो उसे
काटने का कष्ट करें)	
 कम से कम दो माह की वास्तविक अविध के लिए कारावास व नजरबंदी या अण्डर ट्रायल कैदी के रूप में जेल में कम से क कम से कम 10 बेंतो की सजा पायी हो, या फरार घेषित हुआ हो, या गोली से घायल हुआ हो, या वीरगति प्राप्त की हो, या ऐसे व्यक्ति भी जो पेशावर काण्ड के रहें हों, या भूतपूर्व आजाद हिन्द फौज के प्रमाणित सैनिक हो या भूतपूर्व इंड़िया इंडिपेंडेस लींग के प्रमाणित सदस्य हो। 	
<u>टिप्पणी</u> : ऐसे व्यक्ति जिन्होनें माफी मांगी हो ,उक्त परिभाषा में स	ाम्मिलित नही माने जायेंगे।
यह भी प्रमाणित किया जाता है कि श्री / कुमारीके पुर सैनानी श्री / श्रीमतीके पुर उन पर वास्तव में आश्रित हैं।	उपरोक्त स्वंतत्रता संग्राम त्र/पुत्री हैं अथवा उनके पौत्र/पौत्री हैं तथा वह
अभ्यर्थी के हस्ताक्षर दिनांक : स्थान :	हस्ताक्षर जिला मजिस्ट्रेट नाम : मोहर

उत्तराखण्ड सेना दल (Sub Category Defence Personnel Wards)

(अन्तिम यूनिट के आफिसर कमान्डिंग द्वारा प्रमाणित)

यह प्रमाणित किया जाता है कि श्री	पुत्र / पुत्री
निवासी गॉव/शहरतहसील	उत्तराखण्ड
	nuated) / युद्ध में मारे गये / अंपग हो गये। वे उस समय भारतीय
थल सेना, जलसेना / वायु सेना स्थान	के पद पर कार्यरत थे।
-	
दिनांक :	यूनिट कमान्डिंग आफिसर के हस्ताक्षर
स्थान :	नाम :
	मोहर
	। मजिस्ट्रेट द्वारा प्रमाणित)
यह प्रमाणित किया जाता है कि श्री / कु0	चिवासी गॉव/शहर उपरोक्त सेना दल के सेवा निवृत्त (Superannuated)/युद्ध मे
तहसीलजिलाजिला	उपरोक्त सेना दल के सेवा निवृत्त (Superannuated) / युद्ध मे
मारे गये/अंपग हो गये कर्मचारी जो उत्तराखण	ड के स्थायी निवासी हैं/थें, के पुत्र/पुत्री हैं।
दिनांक :	हस्ताक्षर जिला मजिस्ट्रेट
स्थान :	नाम :
(3) 1 .	मोटर

शारीरिक विकलांग (Physically Handicapped) के अधिमान के लिए प्रमाण-पत्र (मुख्य चिकित्सा अधिकारी द्वारा प्रमाणित)

प्रमाणित किया जाता है कि श्री/कु0तह निवासी गॉव/शहरतह अनुसार नीचे लिखे कारणों से शारीरिक रूप से f	इसीलजिला	, श्री / श्रीमती उत्तराखण्ड, जांच व
•	केत्सा अधिकारी ही कारण लिखें)
यह भी प्रमाणित किया जाता है कि उपरोक्त नि नहीं होगी।	वेकलांग स्थिति अभ्यर्थी के प्रौह	ग्रोगिकी शिक्षा प्राप्त करने में बाधव
दिनांक :	हस्ताक्षर मुख्य चि	केत्सा अधिकारी
स्थान :	नाम	
	मोहर	