



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

**APPLICATION FORM
(For B. Tech. Programme 2021—22)**

JEE main Application No.

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Passport Size
Photographs

Branch Allotted

Category Allotted.....

Adhaar No......

TO BE FILLED IN BY THE CANDIDATE (Use Capital Letters)

1. Name of the candidate (In English) _____
(In Hindi) _____

2. Father's Name _____
Mother's Name _____

3. Guardian's Name _____
(if Parents are not alive) _____

4. Date of Birth

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(As per Class X certificate) (date) (month) (year)

5. Age on 30-6-2021

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day(s) month(s) years

6. Yearly income of the Father/Guardian _____

7. (a) Permanent Address:

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 P I N

(b) Mailing Address:

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 P I N

Telephone No. with STD Code _____ Mobile No. (if any) _____

E-mail Address (if exists): _____

8. Sex (Male or Female) _____ Marital Status _____ Married/Unmarried _____

9. Passport No. (Essential for foreign national candidates) _____

10. Nationality _____ 11. State of Domicile: _____

12. Category Code:

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13. Mark of Identification: _____

14. Details of Exam Fee deposited:
Bank Draft No./Cash Receipt No./Transaction Id.No. _____ Date _____
Name of Branch issuing Bank Draft _____ Amount _____

15. 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 | | | | | | |

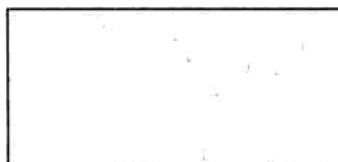
| | | |
|-----|--|--------|
| 16. | Have you ever been debarred from seeking admission or dropped from G.B.P.U.A. & T., Pantnagar | Yes/No |
| 17. | Have you ever been a student of GBPUA&T, Pantnagar? If yes, give your Id. No. _____ and were you admitted to this University through University Entrance Test/All India Test conducted by ICAR/VCUGATE or Sponsored by Govt. of India/state Govt. (Please Tick). | |
| 18. | Do you fulfill the domicile requirement of Uttarakhand State for admission in G.B. Pant University of Agriculture & Technology, Pantnagar? | Yes/No |
| 19. | Have you been awarded a fellowship by the ICAR/CSIR/UGC/GATE/DBT/Govt. of India? if so, attach a valid proof? | Yes/No |

DECLARATION

I, the undersigned, hereby declare that the statements made above are true to the best of my knowledge and belief. 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 in the Prospectus 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.

Countersigned

Signature of Parents or Guardian
(if Parents are not alive)



Left hand Thumb
impression of the candidate

Signature of the candidate in
running hand (Not in Capital Letters)
Date _____

BIO-DATA

TO BE FILLED IN BLOCK CAPITAL

Batch ...2021..... Branch Allotted

Aadhaar No.....Category Allotted.....

Name of the candidate (In English).....
(In Hindi)

I.D. No.

Date & Place of Birth

Marital StatusMarried/Unmarried

Name of State to which you

Belong.....

CategorySub Category

Father's NameMobile No.

Mother's NameMobile No.

Permanent Address-.....

Phone No.

Occupation of Father/Guardian

Education Qualifications

| Examination Passed | Year | Name of the University/ Board | Div. | % | No. of attempt |
|-----------------------|------|----------------------------------|------|---|-------------------|
| High School | | | | | |
| Intermediate | | | | | |
| Pre-University /Other | | | | | |

Marks obtained in JEE (Mains)_____

All India Rank obtained in JEE (Mains)_____

If there is any gap in educational career above

Please specify the reasons therefore.

Name of Advisor Date of Registration

Signature of candidate

Passport Size
Photographs

CHECK LIST TO BE FILLED IN BY THE CANDIDATE

Name JEE Mains Application No.
 Category : GEN /EWS/OBC / SC / ST / TFW / KM All India Rank.....
 Sub Cat. : Main / W/ FF / AF / PH Name of Programme : **B. Tech.**
 University Id. No., If Any..... Branch :.....

Academic Record

| Name of Examination | Board or University | Division Obtained | Percentage | Year of Passing | Subject |
|---------------------|---------------------|-------------------|------------|-----------------|---------|
| High School | | | | | |
| Intermediate | | | | | |
| Degree / Diploma | | | | | |

Have you ever debarred from seeking admission at G.B.P.U.A.&T. and or dismissed from the University ? **Yes / No**

Are you eligible to seek admission as per the eligibility conditions prescribed in the Prospectus for year 2021-22. **Yes / No**

Age as on 30-06-2021 is Years Months Days

List of Documents submitted

| | | | | | |
|-----|---|-----------------|-----|--|-----------------|
| 1. | Demand Draft of Fee Rs. No. | Yes / No | 11. | Bio Data | Yes / No |
| | (ii) Demand Draft of Reporting Fee Rs. 1000/- No. | Yes / No | | | |
| | (iii) Demand Draft of Upgradation Fee Rs. 1000/- No. | Yes / No | 12. | Character Certificate, in Original | Yes / No |
| 2. | 5 Nos. of Recent Photographs | Yes / No | | | |
| 3. | Seat Allotment Letter | Yes / No | 14. | Medical Certificate, in Original | Yes / No |
| 4. | JEE Main Admit Card, in Original | Yes / No | 15. | Affidavit for Gap in education in Original | Yes / No |
| 5. | JEE Main Score Card, in Original | Yes / No | 16. | Affidavit by Student for Non-Participating on Rs. 10 Non-Judicial Stamp Paper | Yes / No |
| 6. | Application Form | Yes / No | 17. | Affidavit by Parent/ Guardian for Non-Participating on Rs. 10 Non-Judicial Stamp Paper | Yes / No |
| 7. | 10 th Examination Mark Sheet | Yes / No | 18. | Domicile Certificate, if applicable | Yes / No |
| 8. | 10 th Examination Certificate | Yes / No | 19. | Category Certificate, if applicable | Yes / No |
| 9. | 12 th Examination Mark Sheet | Yes / No | 20. | Sub-Category Certificate, if applicable | Yes / No |
| 10. | 12 th Examination Certificate | Yes / No | 22. | Solemn Voluntary Declaration Form | Yes / No |

I am unable to submit the T.C / Migration, at present, the T.C / Migration will be submitted by me up to.....positively.

1..... 2.....
 3..... 4.....

Date :

.....
Signature of the candidate

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

| | | | | | |
|------------------------------------|--|----------------|--|--------------|--|
| Name of Candidate: | | Age: | | Sex: | |
| JEE Roll No.: | | Category: | | Subcategory: | |
| All India Rank | | Father's Name: | | | |
| (To be filled in by the candidate) | | | | | |

| | | | | | |
|-----------------------|--------|----------------------------|---------------|------------|---------------|
| Left Thumb Impression | M.I. | V I S I O N | Colour Vision | | |
| Height | Weight | | Chest | Abdomen | Without glass |
| | | | | With glass | |

| History | Operation Seizures | Kock's Asthma | Colic's Piles | BP Diabetes |
|--|-----------------------|------------------|------------------|----------------|
| E | Pulse | Tonsil | DNS | Hernia |
| X | | | | |
| A | | | | |
| M | Pallor | L Nodes | CSOM | Hydrocele |
| I | | | | |
| N | | | | |
| A | Cardiovascular | | CNS | |
| T | | | | |
| I | Respiratory | | GIT | |
| O | | | | |
| N | Genitourinary | | Blood Group | |
| S | | | | |
| Is the candidate physically handicapped : Yes/ No | | | | |
| If yes. Type and extent of handicap (Please write) : Type –I : One leg or hand defective | | | | |
| Type _____ : Type –II : One leg missing | | | | |
| Extent _____ % : Type – III : One hand missing | | | | |
| Any other type of handicap (Please specify) : | | | | |
| Any other finding: | | | | |
| Final result. (Fit/Unfit)based on the medical 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:

शपथ पत्र गैप

मैं किउम्र बालिग पुत्र श्री..... निवासीका हूँ तथा शपथपूर्वक निम्न बयान करता हूँ:-

1. यह कि शपथकर्ता का उपरोक्त नाम व पता सही व सत्य है।
2. यह कि शपथकर्ता ने वर्ष में की परीक्षा बोर्ड से उत्तीर्ण कर ली है।
3. यह कि शपथकर्ता ने की परीक्षा उत्तीर्ण करने के पश्चात् वर्ष तक किसी भी महाविद्यालय या अन्य शिक्षण संस्थान में प्रवेश नहीं लिया इस दौरान शपथकर्ता ने घर पर ही रहकर प्रतियोगिता परीक्षा की तैयारी की।

ह0 शपथकर्ता

मैं शपथकर्ता उपरोक्त तस्दीक करता हूँ कि शपथपत्र में दिये गये क्रम संख्या 1 से 3 तक मेरी जानकारी में सही एवं सत्य है कोई तथ्य छिपाया नहीं गया है। तस्दीक किया स्थान..... दिनांक.....

ह0 शपथकर्ता

APPENDIX - V

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.
- I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
 - 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 I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
 - I hereby solemnly aver and undertake that:
 - I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - 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.
 - 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 law for the time being in force.
 - 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 this _____ day of _____ month of _____ year.

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 _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

AFFIDAVIT BY PARENT/GUARDIAN

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

I, Mr./Mrs./Ms. _____ *(full name of parent/guardian)* father/mother/guardian of, *(full name of student with admission/registration/enrolment number)* 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 ward in case 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 that may be constituted as ragging under clause 3 of the Regulations.

(b) My ward 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, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6. I hereby declare that my ward has 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, the admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent
Name
Address.....
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 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 _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

SOLEMN VOLUNTARY DECLARATION

(All Freshmen shall be required to sign this solemn voluntary declaration prescribed as under by the University)

IRoll No.....admitted to..... degree programme of the G.B. Pant University of Agriculture & Technology, Pantnagar hereby affirm:

1. That I firmly believe in the basic philosophy outlined in paragraph 11.75 of the Second Education Commission, particularly that quoted below:
 "A University or a College is an academic fellowship of equals where things can be discussed and decided reasonably by the joint committees of teachers and students which we have recommended have this purpose specifically in view. These should be fully utilized to ascertain and redress the genuine difficulties of student. What binds together students and teachers is the deep and creative partnership in the sharing of common interest, mutual regard & sense of values and working together for their main purpose, which is the pursuit of knowledge and discovery. Any one who is not committed to this philosophy or prepared to honour it has really no place in an institution of higher education".
2. That in any consequence, I believe that all grievances, disputes and problems of the students should be settled by constitutional means, such as approach to the Advisor, Warden, Chief Warden, Dean, Vice-Chancellor or other individuals concerned or by raising them in the relevant committees, such as Central Food Advisory Committee, Professional Societies, Cultural Societies, etc. or by reference to the Board of Management, Chancellor or the State Govt. or if all other means fail by having recourse to Court of justice.
3. That I, further believe that under no circumstances, there is need or justification for any defiance of the Rules and Regulations of the University, show of force, unruly demonstration, coercion, violence or any other means forming part of the so called direct action. I promise that I shall never have recourse to and unconstitutional means.
4. That I, further believe that under no circumstances, there is justification for any student approaching any outsider, may be the agitators from the Universities, politicians or disgruntled individuals not concerned with the affairs of the University. All matters should be settled by those concerned with the affairs of the University such as the students and staff of the University, guardians of the students, members of the Board of Management, the State Government, Chancellor, etc. I shall accordingly refrain from approaching any outside element not concerned with affairs of the University.
5. That, I shall attend my classes and participate in other activities of the University according to the programme, irrespective of the fact whether my other colleagues do so or not and that I shall do so even in the face of intimidation by any of them.
6. That, I further declare that any activity/travelling connected with studies/courses/project etc. will be entirely on my risk and responsibility and in case of accident or mishap the University or any of the functionary will not be responsible for that.
7. I also affirm that I shall abide by the word and spirit of the above declaration and further undertake that if, at any time I am found indulging in any such activity I may be dismissed from the University.

Guardian's Signature

Student's Signature

Name in Block Letters.....

Name in Block Letters

Place

Place

Date.....

Date

उत्तराखंड आर्म्ड फोर्सेज सर्टिफिकेट फॉर्मेट

(सैनिक पुनर्वास कल्याण बोर्ड द्वारा निर्गत)

यह प्रमाणित किया जाता है कि श्री/कु० पुत्र/पुत्री निवासी
गांव/शहर तहसील जिला उत्तराखंड
दिनांक को सेवा निवृत्त (सुपरांनुटेड)/ युद्ध में मारे गए/ अपांग हो गए। वे उस समय भारतीय थल
सेना, जल सेना/ वायु सेना स्थान में के पद पर कार्यरत थे।

दिनांक :

स्थान :

अधिकारी

सैनिक पुनर्वास कल्याण बोर्ड

नाम :

मोहर :

(जिला मजिस्ट्रेट द्वारा प्रमाणित)

यह प्रमाणित किया जाता है कि श्री/कु० निवासी गांव/शहर
तहसील जिला उपरोक्त सेना दाल के सेवा निवृत्त (सुपरांनुटेड)/ युद्ध में
मारे गए/ अपांग हो गए कर्मचारी जो उत्तराखंड के स्थायी निवासी हैं /थे के पुत्र/पुत्री हैं।

दिनांक :

स्थान :

हस्ताक्षर

जिला मजिस्ट्रेट

नाम :

मोहर :

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

प्रमाण-पत्र संख्या.....वर्ष.....हेतु मान्य दिनांक.....

यह प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी.....
पुत्र/पत्नी/पुत्री.....ग्राम/मुहल्ला.....
पोस्ट ऑफिस.....जिला.....पिन कोड.....
उत्तराखण्ड राज्य के मूल निवासी/स्थायी निवासी हैं, जिनका नवीनतम फोटो नीचे प्रमाणित है।
इनके परिवार की सभी स्रोतों से वित्तीय वर्ष.....की औसत आय आर्थिक रूप से
कमजोर वर्ग के लिए निर्धारित मानक ₹ 8.00 लाख (रूपये आठ लाख) से कम है और इनका
परिवार निम्न में से कोई सम्पत्ति धारित नहीं करता है :-

- (I) कृषि भूमि 5 एकड़ या उससे अधिक, या
- (II) आवासीय भवन 1000 वर्ग फुट या उससे अधिक, या
- (III) अधिसूचित नगरपालिकाओं में 100 वर्ग गज या उससे अधिक के आवासीय भूखण्ड, या
- (IV) अधिसूचित नगरपालिकाओं के अलावा अन्य क्षेत्रों में 200 वर्ग गज या उससे अधिक के भूखण्ड।

2. श्री/श्रीमती/कुमारी.....जो कि.....जाति से हैं
और भारत सरकार/उत्तराखण्ड सरकार की अनुसूचित जाति/अनुसूचित जनजाति/अन्य पिछड़ा
वर्ग सूची में सम्मिलित नहीं है।

हस्ताक्षर सहित कार्यालय की मुहर
नाम.....
पदनाम.....

| |
|--|
| आवेदक का नवीनतम पासपोर्ट साइज का प्रमाणित फोटो |
|--|

naibisat

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.....श्री/श्रीमती.....
निवासी के पुत्र/पुत्री/पुत्र के पुत्र/पुत्र की पुत्री (अविवाहित) है।
श्री/श्रीमतीने स्वतंत्रता संग्राम में भाग लेने के कारण—(जो लागू न हो उसे
काटने का कष्ट करें)

1. कम से कम दो माह की वास्तविक अवधि के लिए कारावास का दण्ड भोगा हो, या
2. नजरबंदी या अण्डर ट्रायल कैदी के रूप में जेल में कम से कम तीन मास रहे हों, या
3. कम से कम 10 बेंतो की सजा पायी हो, या
4. फरार घोषित हुआ हो, या
5. गोली से घायल हुआ हो, या
6. वीरगति प्राप्त की हो, या
7. ऐसे व्यक्ति भी जो पेशावर काण्ड के रहें हों, या
8. भूतपूर्व आजाद हिन्द फौज के प्रमाणित सैनिक हो या
9. भूतपूर्व इंडिया इंडिपेंडेस लीग के प्रमाणित सदस्य हो।

टिप्पणी : ऐसे व्यक्ति जिन्होंने माफी मांगी हो ,उक्त परिभाषा में सम्मिलित नहीं माने जायेंगे।

यह भी प्रमाणित किया जाता है कि श्री/कुमारी.....उपरोक्त स्वतंत्रता संग्राम
सेनानी श्री/श्रीमतीके पुत्र/पुत्री हैं अथवा उनके पौत्र/पौत्री हैं तथा वह
उन पर वास्तव में आश्रित हैं।

अभ्यर्थी के हस्ताक्षर

दिनांक :

स्थान :

हस्ताक्षर जिला मजिस्ट्रेट

नाम :

मोहर

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

प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारीसुपुत्र/सुपुत्री श्री
निवासी ग्रामतहसील.....नगर.....जिला
उत्तराखण्ड राज्य कीपिछड़ी जाति के व्यक्ति हैं। यह जाति उत्तराखण्ड लोक सेवा (अनुसूचित
जातियों/अनुसूचित जनजातियों तथा अन्य पिछड़े वर्गों के लिए आरक्षण) अधिनियम की अनुसूचीके
अन्तर्गत मान्यता प्राप्त है।

यह भी प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारीउक्त अधिनियमद्वारा
निर्धारित क्रीमिलियर से आच्छादित नहीं है।

श्री/श्रीमती/कुमारीतथा अथवा उनका परिवार उत्तराखण्ड के ग्राम.....
तहसीलनगर.....जिलामें सामान्यता रहता है।

अभ्यर्थी के हस्ताक्षर :

दिनांक :

स्थान :

हस्ताक्षर

पूरा नाम :

मोहर

जिला अधिकारी/अतिरिक्त जिला अधिकारी/सिटीमजिस्ट्रेट/
परगना मजिस्ट्रेट/तहसीलदार

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

प्रमाणित किया जाता है कि श्री/कु0पुत्र/पुत्री, श्री/श्रीमती.....
निवासी गाँव/शहर..... तहसील.....जिला..... उत्तराखण्ड, जाँच के
अनुसार नीचे लिखे कारणों से शारीरिक रूप से विकलांग है।

(केवल मुख्य चिकित्सा अधिकारी ही कारण लिखें)

.....
.....

यह भी प्रमाणित किया जाता है कि उपरोक्त विकलांग स्थिति अभ्यर्थी के प्रौद्योगिकी शिक्षा प्राप्त करने में बाधक नहीं होगी।

दिनांक :

स्थान :

हस्ताक्षर मुख्य चिकित्सा अधिकारी

नाम

मोहर

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/कुमारीसुपुत्र/सुपुत्री श्री
निवासी गांव/शहरतहसील.....जिला.....प्रदेश.....का जन्म.....
जाति में हुआ था यह जाति अनुसूचित जाति/जनजातियों आदेश (संशोधन) एक्ट 1956 के अन्तर्गत भारत
सरकार/उत्तराखण्ड शासन/.....सरकार द्वारा मान्य अनुसूचित जाति/जनजाति है।

अभ्यर्थी के हस्ताक्षर :
दिनांक :
स्थान :

हस्ताक्षर
पूरा नाम :
मोहर

जिला अधिकारी/अतिरिक्त जिला अधिकारी/सिटीमजिस्ट्रेट/
परगना मजिस्ट्रेट/तहसीलदार

G.B. Pant University of Agriculture & Technology

Office of The Registrar
Personal Data of Students

| | |
|--------------------------|--|
| Aadhaar No. | |
| आधार संख्या | |
| Student ID No. | |
| विद्यार्थी पंजीयन संख्या | |
| Student Name | |
| विद्यार्थी का नाम | |
| Degree Programme | |
| उपाधि पाठ्यक्रम | |
| 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 | |
| स्थाय 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 | |

| | | |
|--|---------------------------------------|---|
| Blood Group | | |
| रक्त समूह | | |
| Identification Marks | | |
| पहचान चिन्ह | | |
| Nationality | | |
| राष्ट्रीयता | | |
| Religion | | |
| धर्म | | |
| Passport No.(Mandatory for foreign Students) | | |
| पासपोर्ट नम्बर | | |
| Bonefides Resident (domicife/From B | | |
| स्थायी निवास प्रमाण पत्र | | |
| Yearly Family Income | | |
| वार्षिक पारिवारिक आय | | |
| Nearest Railway Station | | |
| समीपवर्ती रेलवे स्टेशन | | |
| Nearest Police Station | | |
| समीपवर्ती पुलिस स्टेशन | | |
| Fee details | | |
| शुल्क विवरण | | |
| Category | | |
| वर्ग | | |
| Sub category | | |
| उपवर्ग | | |
| Admitted seat category | | |
| प्रवेशित वर्ग | | |
| Passport Photograph | Affix recent passport size photograph | |
| पासपोर्ट फोटोग्राफ | | |
| | | Thumb Impression बॉए अंगूठे का निशान |
| | | |
| Urban/ Rural | | |
| शहरी / ग्रामीण | | |

Particular of Examination Passed

| Examination | Board/University | Year of Passing | Name of Institute | Subject(s) |
|----------------------------|------------------|-----------------|-------------------|------------|
| High School Or Equivalent | | | | |
| Intermediate or Equivalent | | | | |
| Bachelor's | | | | |
| Master's | | | | |
| Others | | | | |

Declaration

विद्यार्थी द्वारा घोषणा

I, undersigned, hereby declare that the statements made above are true to the best of my knowledge and belief.

Signature of Candidate

Date:

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