

Email: _____

Mobile: _____

15. Parents/Guardian's Address:

a) Permanent: _____ _____ _____ Mobile No. _____ Tel. with STD/ISD code _____ Email: _____	b) Office: _____ _____ _____ Mobile No. _____ Tel. with STD/ISD code _____ Email: _____
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c) Residential / Correspondence address: _____

Mobile No. _____ Tel. with ISD/STD code _____

16. Declaration by parents regarding local guardian (for non-Jamshedpur based students):

We nominate Shri/Smt. _____ Relation _____
as the local guardian for my ward. The address of the local guardian is:

Address: _____ _____ _____ _____ _____ Mobile No. _____ Tel. No. _____ E-mail: _____

Please mail all performance reports and other correspondence to the address mentioned at S. No. 15(a) / 15(b) / 15(c) / 16 (Please tick any one).

(Signature of Mother / Father / Guardian)

17. Are you under any regular treatment Yes No

If yes, mention prescribed medicines _____

18. Nearest Railway Station (to the current residential address) _____

Nearest Airport (to the current residential address) _____

19. Gross Family Annual Income (in Rs.) _____

20. Bank Account No. _____
State Bank of India, NIT

Jamshedpur
IFSC Code: SBIN0001882

*** SBI NIT Jamshedpur Account is Mandatory.**

21. History of Hospitalization _____

- | | | |
|---|-----|----|
| b) Not owning/ or using motor driven vehicles in the NIT Campus | Yes | No |
| c) Not going towards Kharkhai river area / Villages / Basti | Yes | No |
| d) Anti-ragging verdict by the Hon'ble Supreme Court and indecent behavior towards junior / fellow student. | Yes | No |
| e) Late submission of qualifying degree certificate | Yes | No |

26. Declaration by the Student:

- I do hereby agree to abide by all the Ordinances/Statutes and Regulations of the Institute in force from time to time.
- I do hereby certify that entries made by me in this form are correct to the best of my knowledge.
- I do hereby solemnly declare that I have not been debarred at any time from joining any educational Institution or rusticated from the Institution/University last attended.
- I declare that I have not been associated (actively or passively) with any unlawful organization in the past nor I would associate myself with such organizations in future.
- I hereby solemnly declare that I will maintain good conduct throughout my stay at this Institute.
- I understand that the Institute reserves the right to cancel my admission at any time during my stay at the Institute, if the Institute is satisfied that it was in the interest of the Institute to do so.
- I do hereby agree to abide by the Directions/ Orders of Government of India/ Institute with respect to tuition Fee waiver in case of SC/ ST Candidate.

Date: _____

Full Signature of the Student

27. Parent's/Guardian's Declaration:

- I undertake to pay all Institute fees and subsidiary dues in respect of my ward/son /daughter Sri/Ms. _____ who is being admitted to the National Institute of Technology, Jamshedpur.
- I hereby assure that my ward /son / daughter will abide by all Ordinances/Statutes and Regulations of the Institute.
- I hereby certify that the entries made by my ward in this form are correct to the best of my knowledge and belief.

Place _____

Date: _____

Signature of the Parent / Guardian

Full Name _____

Note:

1. In case of any change in address and/or telephone numbers, parents are requested to kindly intimate the same in writing or by e-mail to the **Dean (Academic) email: dean.ac@nitjsr.ac.in.**
2. The spelling of the name written (in Hindi and English) above will appear in your degree certificate, therefore, you are requested to write your name correctly without any mistake as per high school certificate.

FOR OFFICE USE ONLY

ID No:

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Discipline:

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Signature of Verifying Officer
Full Name:

Signature of Dy. Registrar (Academic)

Signature of Dean (Academic)



राष्ट्रीय प्रौद्योगिकी संस्थान जमशेदपुर
NATIONAL INSTITUTE OF TECHNOLOGY JAMSHEDPUR
 Jamshedpur – 831014, Jharkhand, India

Academic Session 2019-20

Medical Examination Report

(To be issued by a Registered Medical Practitioners)

General Expectations:

Candidates should have good general physique in particular.

- Chest Measurement should not be less than 70cm, with satisfactory limits of expansion and contraction.*
- 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.*
- Hearing should be normal. Defective hearing should be corrected.*
- Heart and lungs should not have any abnormality and there should be no history of mental illness or epileptic fits.*

PERSONAL HISTORY

- Name: _____
- Roll No. _____ 3. Registration No. _____
- Branch: _____
- GATE/CCMT REG No: _____ 6. GATE AIR _____
- Category Rank _____ 7. Age: _____ Years _____ Months
- Parent/Guardian's Name _____
- Gender _____
- Identification mark on the body, if any (this can be a mole, scar or birthmark)

- Major illness/operation, if any (specify nature of illness/operation)

Signature of the Student

MEDICAL CERTIFICATE

(The following are to be filled by the Medical Officer conducting the medical examination)

1. Height: _____ cm 2. Weight: _____ kg
3. Past History:
 - a) Mental Disease : _____
 - b) Epileptic Fit : _____
4. Chest:
 - a) Inspiration: _____ cm b) Expiration: _____ cm
5. Blood Group : _____
6. Hearing : _____
7. Vision with or without glasses:
 - a) Right Eye: _____ b) Left Eye : _____
 - b) Colour Blindness: _____ d) Uniocular vision: _____
8. Respiratory system: _____ 9. Nervous system: _____
10. Heart: (a) Sounds: _____ b) Murmur: _____
11. Abdomen (a) Liver: _____ b) Spleen: _____
12. (a) Hernia: _____ b) Hydrocele: _____
13. Any other defects

Certified that _____ son/daughter of _____

- (a) fulfills the prescribed standard physical fitness and is FIT for admission to Academic Programmes.
- (b) does not fulfill the prescribed standard of physical fitness and is unfit/ temporarily unfit for admission due to following defects

- (c) _____
-
-

Signature of the Medical Officer with date

Full Name _____

Medical Registration No. _____

Mobile No. : _____

Address for correspondence:

Office seal



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 Jamshedpur – 831 014, Jharkhand, India

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 (Office Use Only)

UNDERTAKING (Medical Facilities)

Undertaking of awareness of medical facilities at NIT, Jamshedpur Dispensary by Parent / Guardian

I _____ Father / mother / guardian of
 Mr. / Ms. _____ GATE/CCMT 2019 REG No.
 _____ AIR _____ AIR (Category) _____ hereby declare the
 following in respect of my ward to be admitted to M.Tech Programme of study at NIT
 Jamshedpur.

I am aware of the following facts:

- a) The NIT Jamshedpur Dispensary located in the campus and run by NIT Jamshedpur for its community has limited facilities.
- b) The NIT Jamshedpur Dispensary may not be adequate for treatment of any patient with chronic or serious ailments.
- c) In case of emergency, I hereby authorize the doctors of Tata Main Hospital (TMH), Jamshedpur to take decisions in connection with medicine / surgical treatment in the best interest of my son / daughter / ward.
- d) It is the responsibility of the parents / guardians to take care of their wards for outside treatment.
- e) Each student would be provided a limited health insurance through a professional company. However, the dealing with that company would be entirely the responsibility of the student. NIT Jamshedpur in no way would be responsible for any dispute / discrepancy.

Despite the best efforts on the part of NIT Jamshedpur if any untoward thing happens to my ward, I shall not hold the Institute accountable for the same and will not seek any financial help or compensation for the same through any court of law.

Date:

Signature of the Parent /Guardian

Full Name: _____

Relation: _____



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UNDERTAKING (for not indulging in any kind of ragging and not going towards Kharkhai River area and nearby villages)

e) Undertaking for not indulging in any kind of ragging and indecent behavior towards juniors / fellow student

I, _____ son / daughter / ward of Mr. / Ms. _____ GATE/CCMT REG. No. _____ AIR _____ AIR (Category) _____ hereby give an undertaking that I will not indulge in any act of ragging towards my junior students or indecent behavior or passing indecent SMS to fellow students during my entire stay at NIT Jamshedpur. Also, I am aware of the fact that if at any stage, I am found to violate the above undertaking, the NIT Jamshedpur authorities may take suitable action that includes expelling me from the Institute. I will not challenge action taken by the Institute for such violation in any court of law.

Date: _____ **Counter Signature of Parent/Guardian** _____ **Signature of the Student** _____

2. Undertaking by the student for not going towards Kharkhai river area and nearby villages

I _____ son / daughter / ward of Mr. / Ms. _____ GATE/CCMT REG. No. _____ AIR _____ AIR (Category) _____ hereby give an undertaking that I will not go / visit the Kharkhai river area/villages/Bastiduring my stay at NIT Jamshedpur. If at any stage I am found to violate the above undertaking and if any untoward thing happens to me, I/my parents/guardians shall not hold the institute accountable for the same and will not seek any compensation for the same from any court of law and the NIT Jamshedpur may take suitable action that includes expelling me from the hostel without assigning any reason.

Date: _____ **Counter Signature of Parent / Guardian** _____ **Signature of the student** _____



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(Office Use Only)

UNDERTAKING (for not owning or using motor vehicle)

Undertaking by the student for not owning motor or using motor driven vehicles inside NIT Jamshedpur campus

I _____ son / daughter / ward of Mr. / Ms. _____ GATE/CCMT REG. No. _____ AIR _____ AIR (Category) _____ hereby give an undertaking that I will not own / drive motor driven vehicle inside the NIT Jamshedpur campus during my stay at NIT Jamshedpur. If at any stage, I am found to violate the above undertaking my hostel seat will stand automatically cancelled without assigning any reasons. I also undertake that any visitor bringing a vehicle would follow guideline for registering the vehicle at the hostel security and I would be liable for punishment for any violation on this account

Date:

Counter Signature of Parent/Guardian

Signature of the Student

MOTORIZED VEHICLE POLICY

- a) Students residing in the hostels are not permitted to keep and use motorized vehicles. An undertaking signed by each student and countersigned by parents / guardian will be submitted by each resident as a pre-requisite to hostel allotment. Thus, any student residing in the hostel is **not permitted to use a motorized vehicle** anywhere in the campus.
- b) Any violations to the above will be dealt with as per the following:

An offence may attract a disciplinary action such as cancellation of hostel allotment and / or fine up to Rs. 5,000/- (for two wheeler) and up to Rs. 10,000/- (for four wheeler).
If a vehicle belonging to student is found parked in residential areas of the campus or in any other area with an intention of hiding it, an additional punishment may be imposed.
- c) Any visitor to the hostel **must** park the vehicle in the designated area of the hostel and **must** make an entry in the vehicle register kept with the security guard, otherwise it will be treated as illegal vehicle and will dealt with accordingly.
- d) Day-scholars, visiting their classmates / friends in the hostel **must** also follow the rules applicable to the visitors as stated above at Sl. No. 3.
- e) If a visitor is found defaulting on any of the above, the host will be held responsible and will have to bear the fines / punishment. **Thus, the onus of making the visitor aware of the rules and their compliance is on the host of the visitor.**
- f) If for some reason a resident needs to use a vehicle for a limited period, a written permission of the Dean (Students' Welfare) **must** be taken **prior** to the use of the vehicle.
- g) All fines state above will be deposited in Hostel Bank Account and will be credited to Students' Welfare Fund.

Sd/-
Dean (Students Welfare)

OBC UNDERTAKING

Declaration/ undertaking for OBC Candidates only

I, _____ son/daughter of Shri _____ resident of
village/town/city _____ district _____
State _____ hereby declare that I belong to the _____ community which is
recognised as a backward class by the Government of India for the purpose of reservation in services
as per orders contained in Department Personnel and Training Office Memorandum NO.36012/22/93-
Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/ sections (Creamy layer)
mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993,
which is modified vide Department of Personnel and Training Office Memorandum No. 36033/3/2004
Estt. (Res.) dated 9/3/2004. I also declare that the condition of status /annual income for creamy layer of
my parents/ guardian is within prescribed limits as on financial year ending on March 31, 2019.

Place:

Signature of the Candidate*

Date:

*Declaration/undertaking not signed by Candidate will be rejected.