

**FORM-GEN-EWS**

**Government of .....**

**(Name & Address of the authority issuing the certificate)**

**INCOME & ASSET 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\*\*\*:
- I. 5 acres of agricultural land and above;
  - II. Residential flat of 1000 sq. ft. and above;
  - III. Residential plot of 100 sq. yards and above in notified municipalities;
  - IV. 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Recent Passport size  
attested photograph of  
the applicant

**The income and the assets of the families  
as mentioned would be required to be  
certified by an officer not below the rank  
of Tehsildar in the States/UTs.**

Signature with seal of Officer\_\_\_\_\_

Name\_\_\_\_\_

Designation\_\_\_\_\_

\* **Note1:** Income covered all sources i.e. salary, agricultural, business, profession, etc.

\*\* **Note2:** The term “**Family**” for this purpose includes the person, who seeks benefit of reservation, his/her parents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

\*\*\* **Note3:** 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.

**FORM-GEN-EWS**

## **Prescribed Format of OBC NCL Certificate**

### **FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS/ ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/ Smt./ Kum..... Son/Daughter of  
Shri/ Smt.....of village/Town.....  
.....District/Division.....in the.....  
Community which is recognized as a backward class under:

- i. Resolution No.12011/68/93-BCC (C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No.186 dated 13/09/93.
- ii. Resolution No.12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No.163 dated 20/10/94.
- iii. Resolution No.12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No.88 dated 25/05/95.
- iv. Resolution No.12011/96/94-BCC dated 9/03/96.
- v. Resolution No.12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No.210 dated 11/12/96.
- vi. Resolution No.12011/13/97-BCC dated 03/12/97.
- vii. Resolution No.12011/99/94-BCC dated 11/12/97.
- viii. Resolution No.12011/68/98-BCC dated 27/10/99.
- ix. Resolution No.12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary Part I Section I No.270 dated 06/12/99.
- x. Resolution No.12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No.71 dated 04/04/2000.
- xi. Resolution No.12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No.210 dated 21/09/2000.
- xii. Resolution No.12015/9/2000-BCC dated 06/09/2001.
- xiii. Resolution No.12011/1/2001-BCC dated 19/06/2003.
- xiv. Resolution No.12011/4/2002-BCC dated 13/01/2004.
- xv. Resolution No.12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No.210 dated 16/01/2006.
- xvi. Resolution No.12011/14/2004-BCC dated 12/03/2007.
- xvii. Resolution No.12011/16/2007-BCC dated 12/10/2007.
- xviii. Resolution No.12019/6/2005-BCC dated 30/07/2010.

- xix. Resolution No.12015/2/2007-BCC dated 18/08/2010.
- xx. Resolution No.12015/15/2008-BCC dated 16/06/2011.
- xxi. Resolution No.12015/13/2010-BC-II dated 08/12/2011.
- xxii. Resolution No.12015/5/2011-BC-II dated 17/02/2014.
- xxiii. Resolution No.12011/04/2014-BC-II dated 14/01/2015.
- xxiv. Resolution No.12011/7/2014-BC-II dated 23/01/2015.
- xxv. Resolution No.12011/1/2015-BC-II dated 27/05/2015.
- xxvi. Resolution No.12015/05/2011-BC-II dated 14/07/2015.
- xxvii. Resolution No.12011/06/2014-BC-II dated 09/09/2015.
- xxviii. Resolution No.12011/13/2016-BC-II dated 25/05/2016.
- xxix. Resolution No.12011/14/2016-BC-II dated 13/06/2016.
- xxx. Resolution No.12011/15/2016-BC-II dated 30/06/2016.
- xxxi. Resolution No.12011/4/2016-BC-II dated 11/08/2016.
- xxxii. Resolution No.12011/6/2014-BC-II dated 06/12/2016.
- xxxiii. Resolution No.12011/13/2016-BC-II dated 22/12/2016.
- xxxiv. Resolution No.12012/1/2017-BC-II dated 18/01/2017.
- xxxv. Resolution No.12011/7/2017-BC-II dated 28/07/2017.
- xxxvi. Resolution No.36033/1/2013-Estt. (Res.) dated 13/09/2017.
- xxxvii. Resolution No.36033/2/2018-Estt. (Res.) dated 08/06/2018.

Shri/Smt./Kum. .... and/or his family ordinarily reside(s) in the..... District/Division of ..... state. This is also to certify that he/she does not belong to the persons/section (Creamy Layer) mentioned in Column 3 of the Schedules of the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-- Estt. (SCT) dated 08/09/93 which is modified vide OM No.36033/3/2004 Estt.(Res.) dated 09/03/2004.

Dated: .....

District Magistrate/ Deputy  
Commissioner/ Competent Authority Seal

NOTE:

- a. The term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act. 1950.
- b. The authorities compete to issue Caste Certificates are indicated below:

- i. District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
- ii. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.
- iii. Revenue Officer not below the rank of Tehsildar and
- iv. Sub--Divisional Officer of the area where the candidate and/ or his family resides.

**FORM-OBC-NCL**

## **FORM OF CASTE CERTIFICATE FOR SC/ST**

1. This is to certify that Shri\*/Shrimati/Kumari ..... Son/Daughter  
of.....Village/Town...../District/Division\*.....  
.....State/Union Territory belongs to the..... Caste\*/Tribe which  
is recognized as a Scheduled Caste/Tribe under:

\*The Constitution Scheduled Castes Order, 1950.

\*The Constitution Scheduled Tribes Order, 1950.

\*The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order, 1951.

\*The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order, 1951.

[As amended by the Scheduled Castes and Scheduled Tribes List (Modification Order, 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]

\*The Constitution (Jammu and Kashmir)\* Scheduled Castes Orders, 1956.

\*The Constitution (Andaman and Nicobar Islands)\* Scheduled Castes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.

\*The Constitution (Dadra and Nagar Haveli)\* Scheduled Castes Order, 1962.

\*The Constitution (Dadra and Nagar Haveli)\* Scheduled Tribes Order, 1962.

\*The Constitution (Pondicherry) Scheduled Castes Order, 1964.

\*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967

\*The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968.

\*The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968.

\*The Constitution (Nagaland) Scheduled Tribes Order, 1970.

\*The Constitution (Sikkim) Scheduled Castes Order, 1978.

\*The Constitution (Sikkim) Scheduled Tribes Order, 1978.

\*The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989.

\*The Constitution (SC) Orders (Amendment) Act, 1990.

\*The Constitution (ST) Order (Amendment) Ordinance Act, 1991.

\*The Constitution (ST) Order (Amendment) Ordinance Act, 1996.

\*The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002.

\*The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.

\*The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.

2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shri/Shrimati\* \_\_\_\_\_ father/mother\* \_\_\_\_\_ of Shri/Shrimati/Kumari \_\_\_\_\_ of Village/Town\* \_\_\_\_\_ in /District/Division\* \_\_\_\_\_ of the State/Union Territory\* \_\_\_\_\_ who belongs to the \_\_\_\_\_ Caste\*/Tribes which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory\* issued by the \_\_\_\_\_ dated \_\_\_\_\_.

3. Shri/Shrimati/Kumari\* and /or\* his/her family ordinarily reside(s) in Village/Town\* \_\_\_\_\_ District/Division of the State/Union Territory\* of \_\_\_\_\_.

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

(with seal of office)

**FORM-SC-ST**

State/Union Territory\_\_\_\_\_

\* Please delete the words, which are not applicable.

@ Please quote specific Presidential Order.

% Delete the Paragraph, which is not applicable.

Note: (a) The term 'ordinarily reside'(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

The following Officers are authorised to issue caste certificates:

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1<sup>st</sup> Class Stipendiary Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
2. Chief Presidency Magistrate/Additional Chief Presidency magistrate/Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
5. Certificates issued by Gazetted Officers of the Central or of a State Government countersigned by the District Magistrate concerned.
6. Administrator/Secretary to Administrator (Laccadive, Minicoy and Amindivi Islands).

**FORM-SC-ST**



**FORM-PwD (II)**

**Form-II  
Disability Certificate**

**(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)**

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)**

**(See rule 4)**

Recent Passport size  
attested Photograph  
(face only) of the  
person with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum.  
\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_ Date  
of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,  
male/female \_\_\_\_\_ Registration No. \_\_\_\_\_ permanent  
resident of House No. \_\_\_\_\_  
Ward/Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_  
District \_\_\_\_\_ State \_\_\_\_\_, whose photograph is affixed  
above, and am satisfied that:

1. he/she is a case of:
  - a. locomotor disability
  - b. blindness

(Please tick as applicable)

2. the diagnosis in his/her case is\_\_\_\_\_.
3. He/ She has\_\_\_\_\_ % (in figure)\_\_\_\_\_ percent (in words) permanent physical impairment/blindness in relation to his/her \_\_\_\_\_(part of body) as per guidelines (to be specified).

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

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Signature/Thumb impression of the person in whose favour a disability certificate is issued.

**FORM-PwD (II)**

**FORM-PwD (III)**

**Form-III  
Disability Certificate**

**(In cases of multiple disabilities)**

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)**

**(See rule 4)**

Recent PP size attested  
Photograph (showing  
face only) of the person  
with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum  
\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_ Date  
of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,  
male/female \_\_\_\_\_ Registration No. \_\_\_\_\_ permanent  
resident of House No. \_\_\_\_\_  
Ward/Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_  
District \_\_\_\_\_ State \_\_\_\_\_, whose photograph is affixed  
above, and am satisfied that:

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table further:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	£		
5.	Mental retardation	X		
6.	Mental-illness	X		

@ - e.g., Left/Right/both arms/legs

# - e.g., Single eye/both eyes

£ - e.g., Left/Right/both ears

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_percent

In words: \_\_\_\_\_percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

i. not necessary

Or

ii. is recommended/after \_\_\_\_\_years \_\_\_\_\_months, and therefore this certificate shall be valid till (DD/MM/YY)\_\_\_\_\_.

**FORM- PwD (III)**

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

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Signature/Thumb impression of the person in whose favour a disability certificate is issued.

**FORM-PwD (III)**

**FORM-PwD (IV)**

**Form-IV  
Disability Certificate**

**(In cases of other than those mentioned in Forms II and III)**

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)**

**(See rule 4)**

Recent PP size attested  
Photograph (showing  
face only) of the person  
with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum  
\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_ Date  
of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,  
male/female \_\_\_\_\_ Registration No. \_\_\_\_\_ permanent  
resident of House No. \_\_\_\_\_  
Ward/Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_  
District \_\_\_\_\_ State \_\_\_\_\_, whose photograph is affixed  
above, and satisfied that he/she is a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below

S. No.	Disability	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability		

2.	Visual Impairment (blindness / low vision)		
3.	Hearing impairment		
4.	Speech and language disability		
5.	Intellectual disability		
6.	Mental-illness		
7.	Disability caused due to chronic neurological conditions and / or blood disorders		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is:

a. not necessary

Or

b. is recommended/after\_\_\_\_\_years\_\_\_\_\_months, and therefore this certificate shall be valid till (DD/MM/YY)\_\_\_\_\_.

4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

**FORM- PwD (IV)**



Signature/Thumb impression of the person in whose favour a disability certificate is issued.

**Note:** In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette.



**FORM-DYSLEXIC-1**

**FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY  
DYSLEXIC CANDIDATE**

**{To be obtained from any Government or Government approved Learning Disability  
Clinic/Neurodevelopmental Centre/Dyslexia Association}**

Date:\_\_\_\_\_

**PSYCHO-EDUCATION EVALUATION REPORT**

Name of the candidate:

Date of Birth:

Candidate Registration in the Clinic/Centre/Dyslexia Assn. (date /  
number):

Name of the Father/Mother/Guardian:

Name/address and Regn. No. : of the Dyslexia Association:

Recent PP size  
photograph of the  
candidate.

Physical & Neurologic Assessment: [ ]

Psychological Assessment: [ ]

WISC

Verbal IQ:

Performance IQ:

Full Scale IQ:

Interpretation: [ ]

Educational Assessment: [ ]

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)\*.
2. The disability is **PERMANENT** in nature and **DETAILED REPORTS OF DYSLEXIA  
ASSESSMENT ARE ATTACHED WITH THIS FORM (IN ORIGINAL).**

\*Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However, the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

**Signature and Name (in CAPITAL LETTERS) of the certifying official:**

**Seal:**

**FORM-DYSLEXIC-1**

**FORM - DISABILITY AND HAVING DIFFICULTY IN WRITING**

**CERTIFICATE FOR PERSON WITH SPECIFIED DISABILITY COVERED UNDER THE DEFINITION OF SECTION 2 (S) OF THE RPWD ACT, 2016 BUT NOT COVERED UNDER THE DEFINITION OF SECTION 2(R) OF THE SAID ACT, i.e. PERSONS HAVING LESS THAN 40% DISABILITY AND HAVING DIFFICULTY IN WRITING**

1. This is to certify that, we have examined Mr/Ms/Mrs. \_\_\_\_\_ (name of the candidate), S/o /D/o \_\_\_\_\_, a resident of \_\_\_\_\_ (Vill/PO/PS/District/State), aged \_\_\_\_\_ yrs, a person with \_\_\_\_\_ (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires the support of scribe for writing the examination.
2. The above candidate uses aids and assistive devices such as prosthetics & orthotics, hearing aid (name to be specified) which is/are essential for the candidate to appear at the examination with the assistance of scribe.
3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid up to \_\_\_\_\_ (it is valid for a maximum period of six months or less as may be certified by the medical authority).

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic/ PMR specialist	Clinical Psychologist / Rehabilitation Psychologist / Psychiatrist / Special Educator	Neurologist (if available)	Occupational Therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer / Civil Surgeon / Chief District Medical Officer ..... Chairperson				

Place: \_\_\_\_\_ Name of Government Hospital / Health care Centre with Seal

Date: \_\_\_\_\_

**FORM - DISABILITY AND HAVING DIFFICULTY IN WRITING**

**FORM-DYSLEXIC-2**

**\*CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE  
FROM THE PRINCIPAL OF THE SCHOOL/COLLEGE LAST ATTENDED**

**Testimonial**

Date: \_\_\_\_\_

Name of the candidate:

Date of Birth:

Name and Address of the School/College:

Recent PP size  
photograph of the  
candidate.

It is Certified that Shri/Smt/Kum \_\_\_\_\_ son/daughter of  
\_\_\_\_\_ of \_\_\_\_\_ village/town  
passed his/her Class XII from this school and as per records, availed concession under dyslexic category.

Signature with seal:

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*\* A candidate passing Class XII or equivalent through open school system or in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.*

**FORM-DYSLEXIC-2**

**CERTIFICATE FOR AVAILING ADMISSION AGAINST KASHMIRI  
MIGRANT QUOTA**

**Photograph of the  
Applicant duly  
attested by the  
officer who has  
certified this  
certificate.**

It is certified that Shri/Kum/Smt. \_\_\_\_\_  
son/daughter/wife of Shri \_\_\_\_\_ resident of  
\_\_\_\_\_ is registered as migrant from Jammu &  
Kashmir.  
The registration number is \_\_\_\_\_  
dated \_\_\_\_\_.

It is also certify that Shri/Kum/Smt. \_\_\_\_\_ is registered as J&K Migrant on  
\_\_\_\_\_.

Place:

Name and signature of Deputy  
commissioner/competent authority  
(Office Stamp)

Date:

**Note** :No other document shall be accepted by IISTM for claiming reservation againstthe  
Kashmiri Migrant Seat.

**INDIAN INSTITUTE OF SCIENCE TECHNOLOGY AND MEDICAL**



**Admission to BTech/ MBBS /BS-MS Dual Degree  
Program 2024**

**DECLARATION BY THE CANDIDATE IN LIEU OF GEN-EWS CERTIFICATE**

Name of the candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ .

Passport size  
Photograph of the  
candidate.

Application Number for IISTMET 2023:

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

I understand that as per the new guidelines from the Ministry of Personnel, Public Grievances and Pensions, GoI, I am required to submit a GEN-EWS certificate issued on or after **1 April 2024**.

Since I have not been able to collect the said certificate on time, I may kindly be allowed to write **IISTMET UG-2024** provisionally. I hereby declare that I will upload a fresh certificate (issued on or after **1 April 2024**) on or before July 17, 2024, as notified on the () website.

I understand that if I do not upload the same by the given date and time I will not be considered for admission under this category. I also understand that, if qualified, my category will be adjusted accordingly in the Common Rank List.

**Signature of Father/Mother**

Name:

Date:

**Signature of Applicant**

Date:

**DECLARATION BY THE CANDIDATE IN LIEU OF GEN-EWS CERTIFICATE**

**INDIAN INSTITUTE OF SCIENCE TECHNOLOGY AND MEDICAL**



**Admission to BTech/ MBBS /BS-MS Dual Degree  
Program 2024**

**DECLARATION BY THE CANDIDATE IN LIEU OF OBC-NCL CERTIFICATE**

Name of the candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ .

Passport size  
Photograph of the  
candidate.

Application Number for IISTMET 2024:

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

I understand that as per the new guidelines from the Ministry of Personnel, Public Grievances and Pensions, GoI, I am required to submit a OBC-NCL certificate issued on or after **1 April 2024**.

Since I have not been able to collect the said certificate on time, I may kindly be allowed to write **IISTMET 2024** provisionally. I hereby declare that I will upload a fresh certificate (issued on or after **1 April 2024**) on or before July 17, 2024, as notified on the ([www.iiseradmission.in](http://www.iiseradmission.in)) website.



I understand that if I do not upload the same by the given date and time I will not be considered for admission under this category. I also understand that, if qualified, my category will be adjusted accordingly in the Common Rank List.

**Signature of Father/Mother**

Name:

Date:

**Signature of Applicant**

Date:

**DECLARATION BY THE CANDIDATE IN LIEU OF OBC-NCL CERTIFICATE**

# INDIAN INSTITUTE OF SCIENCE TECHNOLOGY AND MEDICAL



## Admission to BTech/ MBBS /BS-MS Dual Degree Program 2024

### DECLARATION BY THE CANDIDATE IN LIEU OF ELIGIBILITY EXAMINATION CERTIFICATE/MARKS SHEET

Please tick appropriate boxes

1.	Application Number:	<b>Paste your recent Passport size Photograph here.</b>
2.	Stream ()	
3.	Category (GE, OBC-NCL, SC, ST, EWS, KM)	
4.	PwD (YES, NO)	
5.	Applicant's Name:	
6.	Parent's/Guardian's Name :	
	<p>I understand that I am required to submit the certificate/marks sheet of 12th standard or equivalent examination.</p> <p>Since I have not been able to collect the said certificate/marks sheet on time, I may kindly be allowed to write <b>IISTMET UG-2024</b> provisionally. I hereby declare that I will upload the certificate/marks sheet on or before July 17 2024, as notified on the website.</p> <p>I understand that if I do not upload the same by the given date and time, I will not be considered for allocation to any of the IISTM and I will not be allotted a seat in any of the IISTM.</p>	
Signature of the Candidate Place: Date:		Signature of the Parent/ Guardian

# INDIAN INSTITUTE OF SCIENCE TECHNOLOGY AND MEDICAL



## Admission to BTech/ MBBS /BS-MS Dual Degree Program 2024

### Medical Examination Report

(To be issued by a Registered Medical Practitioner)

1.	Application Number:		Paste your recent passport-size photograph here
2.	Stream ():		
3.	Category (GEN, OBC-NCL, SC, ST, EWS, KM):		
4.	PwD (Yes / No):		
5.	Name of the Candidate:		
6.	Date of Birth:		
7.	Gender:		
8.	Identification Mark:		
9.	Major Illness, if any:		
Medical Certificate (To be filled by the Medical Officer Conducting the Test)			
1.	Height:		
2.	Weight:		
3.	Past History	Mental Diseases:	
		Epileptic fits:	
4.	Chest	Inspiration:	
		Expiration:	
5.	Blood Group:		
6.	Hearing:		
7.	Vision (with or without glasses)	Right Eye:	
		Left Eye:	
		Color Blindness:	

8.	Respiratory System:
9.	Nervous System:

10.	Heart	Sounds:
		Murmur:
	Abdomen:	Liver:
		Spleen:
	Hernia:	
	Hydrocele:	
	Any other defects:	

Certified that .....

Son / Daughter of .....

(a) Fulfills the prescribed standard of physical fitness and is FIT for admission to 5 Year BS-MS/5.5 Year MBBS/ 4 Year Btech.

(b) Does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for admission due to following defects

Signature of the Medical Officer  
(Minimum Qualification MBBS / MD)

Full Name:

Medical Registration Number:

Address:

Official Stamp  
Date:

Signature of the Candidate

