

Annexure-I

Scheduled Caste Certificate (SC)

Certificate Sr. No. -----/year-----/Teh-----

Photo of
Applicant to be
attested by the
Issuing Authority

1. This is to certify that Shri/Smt./Kumari.....Son/daughter of Shri
Resident ofVillage/town..... Tehsil District of the
State/Union Territorybelongs to..... caste/Tribe, which is recognized as a Scheduled
Tribe Under the Constitution (Scheduled Caste) order 1950.

(Applicable in the case of person who have migrated from other State/U.T. Administration.)

2. This Certificate is issued on the basis of the Scheduled Caste Certificate issued by..... vide letter
No.....dated.....to Shri./Smt.....Father/Mother of Shri/Smt./Kumari..... of
Village/Town.....of Tehsil..... Districtof State/Union
Territory..... who belongs to the..... Caste/Scheduled Tribes in the State/Union
Territory

3. Shri/Smt/Kumari.....and/or his/her family ordinarily reside(s) in
village/Town of Tehsil District of the State/Union
Territory.....

Tehsildar/ Naib Tehsildar
signature with seal

Place.....

Date.....

Annexure-II

BACKWARD CLASS CERTIFICATE(BC)

Photo of
Applicant to be
attested by the
Issuing Authority

Certificate Sr. No. ----/year----/Teh-----

1. This is to certify that Shri/Smt./Kumari. Son/daughter of Shri
Resident ofVillage/town Tehsil Distt. of the
State/Union Territorybelongs to caste. This caste is mentioned in the State list of BC
Block

(Applicable in the case of person who have migrated from other State/U.T. Administration.)

2. This Certificate is issued on the basis of the Backward Class Certificate issued byvide letter
No.....dated.....to Shri./Smt.....Father/Mother of Shri/Smt./ Kumari.....
.....of Village/Town.....of TehsilDistrict
.....of State/Union Territory.....who belongs to theCaste which
is recognized as Backward Class in the State/Union Territory

(The applicant shall submit an affidavit that he/she falls /does not fall in creamy layer).

3. Shri/Smt/Kumari.....and/or his/her family ordinarily reside(s) in.....
village/Town of Tehsil..... District of the State/Union Territory

4. This is to certify that he/she does not belong to the person/section(Creamy layer) as per State Govt. letter No.
1170-SW(1)-95 dated 7.6.1995, No. 22/36/2000-3GS-III dated 9.8.2000 & No. 213-SW(1)-2010 dated 31.8.2010.

Tehsildar/ Naib Tehsildar
signature with seal

Place.....

Date.....

ANNEXURE –III
Economically weaker section

Government of Haryana
(Name & Address of the Authority issuing the Certificate)
(ECONOMICALLY WEAKER SECTIONS)

Photo of
applicant

INCOME AND ASSET CERTIFICATE

Certificate No. _____ Date: _____

VALID FOR THE YEAR _____

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. 6 lakh (Rupees Six Lakh only) for the financial year _____.

It is further certified that 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.
- V. Total immovable assets owned are valued at Rs. one Crore or more.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Backward Classes (Block-A) and Backward Classes (Block-B)

Signature with seal of Office

Name _____

Designation _____

Recent
Passport size
attested
photographs of
the applicant

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

**Note 2 : The term 'Family' for this purpose will include the person, who applies for benefit of reservation, his/her parents, spouse as well as children and siblings below the age of 18 years.

***Note 3 : The property held by a "Family" in different locations or different places/cities are to be clubbed while applying the land or property holding test to determine EWS status

Annexure-IV

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. _____ Date: _____

DISABILITY CERTIFICATE

Recent
Photograph of the
candidate showing the
disability duly attested
by the Chairperson
of the Medical Board.

This is certified that Shri/Smt./Kum. _____ son/wife/daughter of Shri _____ age _____
sex _____ identification marks (s) _____ is suffering from permanent disability of following category:

- A. Locomotor or cerebral palsy:
- BL-Both legs affected but not arms.
 - BA-Both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - OL-One leg effected (right or left)
 - (a) Impaired reach.
 - (b) Weakness of grip
 - (c) Ataxic
 - OA-One arm affected
 - (a) Impaired reach.
 - (b) Weakness of grip
 - (c) Ataxic
 - BH-Stiff back and hips (cannot sit or stoop)
 - MW-Muscular weakness and limited physical endurance.
- B. Blindness or Low Vision:
- (i) B-Blind
 - (ii) PB-Partially Blind
- C. Hearing Impairment:
- (i) D-Deaf
 - (ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/ not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of _____ years _____ months.*
3. Percentage of disability in his/her case is _____ percent.
4. Sh./Smt./Kum. _____ meets the following physical requirement for discharge of his/her duties:-
- (i) F-can perform work by manipulating with fingers. Yes/No.
 - (ii) PP-can perform work by pulling and pushing. Yes/No.
 - (iii) L-can perform work by lifting. Yes/No.
 - (iv) KC-can perform work by kneeling and crouching. Yes/No.
 - (v) B-can perform work by bending. Yes/No.
 - (vi) S-can perform work by sitting. Yes/No.
 - (vii) ST- can perform work by standing. Yes/No.
 - (viii) W- can perform work by walking. Yes/No.
 - (ix) SE- can perform work by seeing. Yes/No.
 - (x) H- can perform work by hearing/speaking. Yes/No.
 - (xi) RW- can perform work by reading and writing. Yes/No.

(Dr. _____)
Member
Medical Board

(Dr. _____)
Member
Medical Board

(Dr. _____)
Chairperson
Medical Board

Countersigned by the Medical
Superintendent/CMO/Head of Hospital
(with seal)

*Strike out which is not applicable.

Annexure-V

CERTIFICATE

(Certificate to be furnished in support of claim for ESM and their Wards alongwith Retirement/Pension Booklet)

Certified that Sh _____ Husband/Father of _____ is an Ex-serviceman and his wife/son/daughter is entitled for the benefit of reservation of seats for admission in the CCSHAU. His detailed particulars are as under:

1. Name of (Ex-Military person) _____
2. Father's name _____
3. Whether
 - i) Killed in operation during _____
military service
 - ii) Permanently disabled in action _____
during military service _____

Give details

Place: _____

Dated: _____

Signature of Secretary

Zila Sainik Board

(Seal of the above authority)

Annexure-VI

HARYANA RESIDENT CERTIFICATE
(For bonafide Residents of Haryana only)

Photo of Applicant
to be attested by
the Issuing
Authority

Certified that Sh./Km./Smt. _____ son/daughter of
Sh. _____ R/o _____
_____ (com
plete address) since _____ is a bonafide resident of Haryana State in terms of
Chief Secretary, Haryana letter No.62/17/95-6 GSI dated 03.10.96 and letter No. 62/27/2003-6 GSI dated
29.07.2003, under clause _____.

No. _____ (Signature of the competent authority)

Date: _____ Name _____

Place _____ Designation _____
(with legible office seal)

- i) The competent authority to issue Haryana Resident Certificate will be as per State Govt. letter No. 22/28/2003-3 G.S. III dated 30.01.2004.
- ii) The Haryana Resident candidates, who have passed their qualifying examination alongwith Matric and 10+2 examinations from the Universities/Board/Institutes located in Haryana are not required to produce Certificate of Haryana Resident.

Annexure-VII

**FOR THE USE OF PERSONS APPLYING AS INSERVICE CANDIDATE
OF MAHARANA PRATAP HORTICULTURAL UNIVERSITY, KARNAL
CERTIFICATE BY THE HEAD OF THE SECTION/DEPARTMENT/OFFICE**

Certified that Sh./Smt. _____ is employed as _____ in the office of _____ since _____. He/she submitted his/her application to this office on _____ for onward transmission to Maharana Pratap Horticultural University, Karnal.

2. Certified that his/her service record, so far as known to me, is good. His/her service record has been checked and found that nothing is adverse against him/her for which he/she would be debarred for admission to the programme for which he/she has applied.

No. _____

Date _____

Place _____

Head of the Department or

Signatures of Controlling Officer
Designation

Annexure-VIII

NO OBJECTION CERTIFICATE

(To be submitted by all inservice candidates except MHU candidates)

Certified that Sh./Smt. _____ is employed as _____ in the office of _____ since _____. He/she submitted his/her application to this office on _____ for onward transmission to the MHU, Karnal.

The institute has no objection for his/her admission to M.Sc./Ph.D. programme.

Date _____

Place _____

Head of the Department or
Signatures of Controlling Officer
Designation

Annexure-IX

CERTIFICATE REGARDING DONATION OF LAND- RESOLUTION

It is hereby resolved that today dated _____ the meeting of the Village Panchayat was held under the Chairmanship of the Village Sarpanch and following resolution was passed:

That the Village Panchayat had donated land _____ Acre for establishment of Main Campus of MHU/RRS at Village _____.

Mr./Ms. _____ S/o/D/o Sh. _____ is a bonafide permanent resident of Village _____ Tehsil _____ Distt. _____ and has applied for admission in Maharana Pratap Horticultural University, Karnal. The Village Panchayat nominates him/her for admission to _____ programme in MHU, Karnal against LDV quota.

Sarpanch
(Seal of Panchayat)

Gram Sachiv

Dated:

Countersigned

Block Development & Panchayat Officer

(Seal of BDPO)

It is certified that the Village Panchayat has donated land for the establishment of Main Campus of MHU/RRS as per detail given above.

Regional Director, RRS _____

Registrar/Director of Research
Maharana Pratap Horticultural University, Karnal

Annexure-X

Income Certificate for Backward Class (BC)

Photo to
applicant

This is to certify that Sh./Smt./Kumari

Son/Daughter of Sh. R/o

Village/Town Tehsil District State/Union

Territory belong to Caste is having annual

income Rs. as verified by Numberdar/Sarpanch/Patwari.

No.

Date

Place

Tehsildar/Naib Tehsildar
Signature with seal

UNDERTAKING BY THE STUDENT

I, (full name of student with admission number/registration/enrolment number) S/o d/o Mr./Mrs./Ms....., having been admitted to..... (Name of the institution)....., have carefully read "THE HARYANA PROHIBITION OF RAGGING IN EDUCATIONAL INSTITUTIONS ACT 2012" and fully understood the provision contained in the said Act.

- 2) I have, in particular perused Rule 7 and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 8 of the Act and I 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.
- 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 the Act.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under the Act.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to the Act of 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.
- 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 that my admission is liable to be cancelled.

Declared this..... day of..... month of year.

Signature of Deponent
Name

VERIFICATION

Verified that the contents of this undertaking are true to the best of my knowledge and no part of the undertaking is false and nothing has been concealed or misstated therein.

Verified at ____ (place) ____ on this the ____ (day) ____ of ____ (month), ____ (year) ____

Signature of Deponent
Name

Note:- For UG Programmes the respective Deans will collect the undertakings. However, the HODs will collect the undertakings from the fresh as well as old PG students (on roll) at the start of Academic Year and forward to the Dean, PGS.

UNDERTAKING BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. (full name of parent/guardian). Father/mother/guardian of..... (full name of student with admission/registration/enrolment), having been admitted to (Name of the institution) have carefully read "THE HARYANA PROHIBITION OF RAGGING IN EDUCATIONAL INSTITUTIONS ACT 2012" and fully understood the provision contained in the said Act.

- 2) I have, in particular perused rule 7 and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 8 of the Act and I am fully aware of the penal and administrative action that is liable to be taken against my 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 of the Act.
 - 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 of the Rules.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause of the Act/Rule, 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 Parents/Guardian

Name

Address

Telephone/Mobile No.

email

VERIFICATION

Verified that the contents of this undertaking are true to the best of my knowledge and no part of the undertaking is false and nothing has been concealed or misstated therein.

Verified at ___ (place) ___ on this the ___ (day) ___ of ___ (month), ___ (year) ___

Signature of Deponent

Name

Note:- For UG Programmes the respective Deans will collect the undertakings. However, the HODs will collect the undertakings from the fresh as well as old PG students (on roll) at the start of Academic Year and forward to the Dean, PGS.

CERTIFICATE FOR ONLY GIRL CHILD/ONE OUT OF TWO GIRL CHILDREN

I / We, _____ (father) and _____ (mother) of Miss _____

(full address to be given) resident of House No. _____ Street / Sector _____

_____ Town / City / Village _____

District / State _____ do hereby solemnly declare and affirm as under:

1. That I am / we are citizens of India.
2. That Miss _____ born on _____ is our girl child.
3. That we have no male child.
4. That we have the following only girls(s) and none else :

(i) Name _____	(i) Name _____
(ii) Date of Birth _____	(ii) Date of Birth _____
5. That none of the above mentioned two girl children has obtained / availed the benefit granted under this category, in this University.

Signature
(Father)

Signature
(Mother)

Place :

Dated :

Note: Who can apply under this category ?

Single Girl Child

OR

One amongst the only two girl children with no male child*.

*Clarification :

This Seat shall not be available for :

- i) Those having three or more girl children
- ii) Those having any male child