

FORMAT OF MEDICAL CERTIFICATE

I certify that I have carefully examined Mr./Ms. son/daughter
of Sh. His/her age is about
.....

His/her Chest Measurement is

Unexpanded Cm

Expanded Cm

His/her eyesight is upto the prescribed standards.

Details of glasses, if worn

He/she has no disease or mental or bodily infirmity unfitting or likely to unfit him/her in the future for active outdoor service.

Blood Group _____

Marks of identification

Thumb impression

HEPATITIS "B" IMMUNISATION?

Yes

No

Dated

Signature of Gazetted Medical Officer
(with official Seal)

Signature of Candidate

Format of Income Certificate
(Not required for Candidates applying for PhD Programme)

**CERTIFICATE FROM THE HEAD OF THE OFFICE WHERE
 FATHER/GUARDIAN OF THE STUDENT IS EMPLOYED**

Certified that Sh. S/o Sh. and father of Mr./Ms. is employed in this office as and the details of his monthly salary are given below:

Basic Pay (Rs.)	Grade pay	DA	CCA	Any other Allowance	Total
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Place

Signature of Head of Office

Date

(with official seal)

OR

**Declaration (duly attested by Notary Public) to be deposed by father/guardian
 who is not employed but is running his own business**

I S/o Shri and Father/Guardian of Mr./Ms. and resident of do hereby solemnly declare that I am not employed anywhere and I am carrying on my own business (name of business) at (Place). My average gross monthly income is Rs.

Place:

Signature of Father/Guardian

Date:

Note: Candidates whose father/guardian has retired from Govt. service should produce pension certificate in support of their income at the time of counselling.

FORMAT OF ANTI RAGGING AFFIDAVIT BY PARENT/ GUARDIAN

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 "Regulation"), carefully read and fully understood the provisions contained in the said Regulations.

(* The copy is also available on www.thapar.edu)

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 administration 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: 1. My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
2. 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

Verified 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 _____ of month, _____ year.

Signature of Deponent

Solemnly affirmed and signed in my presence on this the _____ day of _____ month of _____ year after reading the contents of this affidavit.

OATH COMMISSIONER

FORMAT OF ANTI RAGGING AFFIDAVIT BY THE STUDENT

I, _____ (full name of student with admission/ registration/ enrolment number), S/o D/o Mr. / Mrs./ Ms. _____ (full name of parent / guardian) 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 "Regulation"), carefully read and fully understood the provisions contained in the said Regulations.

(* The copy is also available on www.thapar.edu)

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 administration 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: 1. I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
2. 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 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 this _____ day of _____ month of _____ year.

Signature of Deponent

Name: _____

VERIFICATION

Verified 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 _____ of month, _____ year.

Signature of Deponent

Solemnly affirmed and signed in my presence on this the _____ day of _____ month of _____ year after reading the contents of this affidavit.

OATH COMMISSIONER

AFFIDAVIT BY PARENT/GUARDIAN

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 THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA have received a copy of the ANTI-ALCOHOL/DRUG ABUSE Policy (hereinafter called the "Policy") carefully read and fully understood the provisions contained in the said Policy.

- 1) I have, in particular, perused and fully understood the clause 5 of the Policy and 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 the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on Institute campus, training sites and at all INSTITUTE sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the Institute campus.
- 2) I hereby affirm that, if my ward is found guilty as mentioned in clause 2 above, he /she is liable for punishment according to clause 5 of the Policy, 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.

Declared this _____ day of _____ month of _____ year _____

Deponent

Address:

Telephone/Mobile No:

VERIFICATION

Verified 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.

Place:

Deponent

Date:

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 THE STUDENT

I, (full name of student with admission/registration/enrolment number) s/o - d/o Mr./Mrs./Ms _____ having been admitted to THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA have received a copy of the ANTI-ALCOHOL/DRUG ABUSE Policy (hereinafter called the "Policy") carefully read and fully understood the provisions contained in the said Policy.

- 1) I have, in particular, perused and fully understood clause 5 of the Policy 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 the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on Institute campus, training sites and at all INSTITUTE sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the Institute campus.
- 2) I hereby affirm that, if found guilty as mentioned in clause 2 above, I am liable for punishment according to clause 5 of the Policy, 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.

Declared this _____ day of _____ month of _____ year _____

Deponent

VERIFICATION

Verified 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.

Place:

Deponent

Date:

Solemnly affirmed and signed in my presence on this the (day) of month, (year) after reading the contents of this affidavit.

OATH COMMISSIONER

Undertaking from the Student and Guardian

I, Mr./Ms....., Date of Birth..... Roll

No./TIET application number....., seeking admission in

Programme:..... at TIET, Patiala do hereby declare, affirm and undertake on this day.....month..... year.....the following:

1. That the information provided by me in the application form is true, correct and nothing has been concealed therein. The documents appended with the check list/ application form is/are genuine. I have gone through the eligibility criteria laid down by the TIET, Patiala for the Admission to the above mentioned programme and I hereby confirm that I fulfill the same.
2. That I have not used any incorrect, manipulative, forged, illegal, misrepresentation or other inappropriate means/informations/documents/details to secure the admission in the above said mentioned programme. The University shall have the right of cancellation/termination of my admission in case it is found that I have used any of the above mentioned means/informations/documents(s) to secure the admission or given wrong information or facts.
3. I shall abide by the admissible rules and regulations of TIET University, Patiala. I acknowledge that the University has the authority of taking disciplinary action on me for non-compliance of the same.
4. I understand that as per rules and regulations of the University, I will not be permitted to possess or use any motorised vehicle inside the Institute campus, unless I am permitted to do so by a written prior authorization from the Dean (Students' Affairs).
5. In the event of my involvement in any activity outside the campus which is punishable by the law of the land, the Institute shall in no way provide any support to me and will be not be responsible either for my action.
6. I also declare that I am not suffering from any serious/contagious ailment including psychology related symptoms.

Signature of Student

I hereby fully endorse the undertaking made by my child/ward.

Signature of Mother/ Father and or Guardian