**Instructions to Applicant for Admission to M.Tech (EDT)**

1. The counselling/admission will be on **24-07-2017and all are requested to** **attend the counselling and admission in person** on or before 11.00 am on 24-07-2017 with original certificates, mark lists and self attested copies. Those who don’t bring the necessary documents (originals and self attested copies) on or before 11.00 am on 24-07-2017are not eligible for counselling/admission.
2. Admission is subject to satisfying the requirements and availability of seats. Attending the counselling does not guarantee the admission.
3. **Following documents with one self attested copy of each document to be handed over to NIELIT Aurangabad academic section at the time of admission by all category candidates.**
4. One Passport Size Photograph (pasted & attested)
5. Date of Birth proof (Xth Mark-sheet / Certificate)
6. All Mark Lists of the Qualifying Examination
7. Degree Certificate of the Qualifying Examination.
8. GATE Score Card
9. Conduct Certificate in original from the College, where the student has last studied
10. Transfer Certificate from the college last studied.
11. Migration Certificate (In case students are from other university)
12. Physical Fitness Certificate (as per given format)

**In addition to the above, following documents with one self attested copy of each document to be handed over to NIELIT Aurangabad academic section at the time of admission depending upon the category to which candidate belong(in the given format).**

1. OBC candidate: Non creamy layer OBC certificate valid up to 31st March 18, as
2. SC/ST candidate: SC/ST Certificate
3. PD candidate: Physical Disability Certificate
4. Sponsored Candidates: Sponsorship Certificate and Experience Certificate
5. **Candidates offered admission would have to remit the 1st Semester fees and deposit given below on the day of counselling failing which the admission is not guaranteed**

|  |  |
| --- | --- |
| **Details for online application form fee to be submitted along with the application. Pl attach payment receipt** | |
| **Amount** | **Rs 500/-( exempted for SC/ST /PWD Candidates)** |
| **Bank Account No** | **31289948841** |
| **Account Type** | **Current a/c** |
| **Account Name** | **NIELIT Aurangabad** |
| **Bank Name& Address** | **SBI, Samarath Nagar, 275, Govindsmruti, Aurangabad** |
| **IFSC Code** | **SBIN0007919** |
| **Mode of Electronic Transfer** | **NEFT, SBICollect, Website: www.onlinesbi.com** |
| **Tick Appropriate cell based on category and hostel accommodation**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Amount to be paid on counselling for admission (1st Sem M.Tech Fee & Deposits)** | | | | | | Category | Hostel not Required | Tick Below | Hostel Required | Tick  Below | | **All other than SC/ST** | Pay Rs: **41,250/-** |  | Pay Rs: 52000/- |  | | **SC/ST** | Nil |  | Pay Rs:10750/- |  | | |

**Note: -** The candidate shall ensure that before submitting their original certificates/ Mark lists etc. to the Centre, they have taken sufficient photo copies of the same and have them attested, since the original certificates deposited with the centre will not be returned to them before completion of the course.

**Application Form No:**

**NIELIT Aurangabad, Maharashtra (India)**

**Application Form - M.Tech (EDT) Admission**

**(Attach, filled Registration Form as submitted by the student)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Candidate :::: | | | | | | | | | | | | | Paste Photo  here | |
| **Merit Number of Applicant** | | | | | | | | | | | | |
| Sponsored | | **Gate Score:** | | | | | | | | | | |
| OPEN | OPPWD | | SC | | ST | | OBC | | OBCPWD | |
|  | |  |  | |  | |  | |  | |  | |
| **Permanent Address** | | | | | | | | | | | | | | |
| **Applicant** | | | | | | | | **Parent/Guardian** | | | | | | |
| Pin: | | | | | | | | Pin: | | | | | | |
| E-mail ID: Mobile No: | | | | | | | | E-mail ID: Mobile No: | | | | | | |
| **ACADEMIC QUALIFICATIONS** (in ascending order from 12th std on wards ) | | | | | | | | | | | | | | |
| Sr.  No. | Examination  Passed | | | Name of  School / College | | Name of Examining body (Board / University) | | | | Year of  Passing | | % Marks obtained | | Class / Division |
|  |  | | |  | |  | | | |  | |  | |  |
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**Following documents with one self attested copy of each document to be handed over to NIELIT Aurangabad academic section at the time of admission depending upon the category to which the candidate belongs.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Documents**  **(Original with Self attested copy)** | **Certificate No. &**  **Date of Issue** | **Yes/No** | **Checked**  **(By Office )** |
| Two Passport Size Photograph  ( attested) |  |  |  |
| Date of Birth proof  (Xth Mark-sheet / Certificate) |  |  |  |
| All Mark Lists of the Qualifying Examination |  |  |  |
| Degree Certificate of the Qualifying Examination. |  |  |  |
| GATE Score Card |  |  |  |
| Conduct Certificate from the College, where the student has last studied |  |  |  |
| Transfer Certificate from the college last studied. |  |  |  |
| Migration Certificate (In case students are from other university) |  |  |  |
| Physical Fitness Certificate (as per given format) |  |  |  |
| Non creamy layer OBC certificate valid up to 31st March 17, as per given format  (OBC candidate only) |  |  |  |
| SC/ST Certificate as per given format  (SC/ST candidate only) |  |  |  |
| Physical Disability Certificate as per given format(PD candidate only) |  |  |  |
| Sponsorship Certificate and Experience Certificate (Sponsored Candidates Only) |  |  |  |

I hereby declare that the information furnished by me in this form is true and correct to the best of my knowledge. I am liable to be disqualified if the competent authority notices that I have furnished any false information. I am ready to remit Rs................../- to bank as per the details given above today itself to secure the admission. I understand that if after the declaration of the results my marks are less than the eligibility criteria my admission will be cancelled.

**Candidate Signature with date**

**FOR OFFICE USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Seat Allotment** | | | **Roll No: 2017/M/.......................** |
| **Date** | **Category** | **Merit Number** |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| **Checked by** | **Verified by** | **Dean (Formal Program)** |

|  |  |
| --- | --- |
| **SC/ST Caste Certificate** (Format)  (For SC/ST Candidates Only) | |
| The authorities empowered to issue this certificate are: | |
|  | District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Addl. Deputy Commissioner / Deputy Collector / Class I Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Extra Asst. Commissioner (not below the rank of Ist class stipendiary Magistrate) |
|  | Chief Presidency Magistrate / Addl. Chief Presidency Magistrate / Presidency Magistrate |
|  | Revenue Officer not below the rank of Tahsildar. |
|  | Sub-divisional officer of the area, where the candidate and / or his family normally resides |
|  | Administrator / Secretary to Administrator / Development Officer at Lakshadweep Islands |
| Certified that Mr./Ms........................................................................... son/daughter/wife of...............................................................of Village / Taluka............................................... district......................................... state............................ and ordinarily residing at Village / Taluka......................................................district................................state......................... an applicant appearing for M.Tech (EDT) admission of NIELIT , Aurangabad, belongs to Scheduled Caste/Tribe. | |
| Signature..........................................  Name & Designation............................... | |
| Office Seal  Date:  Place: | |

**OBC Cast Certificate** (Format)

(For OBC Candidates Only)

This is to certify that Shri/Smt./Kum............................................................................................. Son/Daughter of Shri/Smt.......................................................................................................... ...

of Village/Town.............................................................................................................................. District/Division........................................................................................................................... ... in the State of.................................................................................................................................... belongs to 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. 12011/09/94-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 09/03/96.

(v) Resolution No. 12011/44/96 BCC dated 06/12/96 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. 12015/09/2000-BCC dated 06/09/2001.

(xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003. (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.

(xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of

India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Shri./Smt./Kum. and/or his family ordinarily reside(s) in the District/Division of the State of This is also to certify that he/she does not belong to the persons/sections (Creamy Layer)mentioned in Column 3 of the Schedule to 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 and OM No. 36033/1/2013 Estt. (Res.) dated 27/5/2013

District Magistrate/Deputy Commissioner, etc.

Dated:Place:

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 competent to issue Caste Certificates are indicated below:

(i) District Magistrate /Additional Magistrate / Collector / Deputy Commissioner

/ Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary

Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.

(iii) Revenue Officer not below the rank of Tahsildar and

(iv) Sub-Divisional Officer of the area, where the candidate and / or his family resides.

**Declaration/Undertaking – for OBC Candidates only**

I, son/daughter of Shri/Smt. resident of village/town/city district in the State of 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 of 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 OM No. 36033/3/2004 Estt. (Res.) dated 9/3/2004 and OM No. 36033/1/2013 Estt. (Res.) dated 27/5/2013

Place: Date:

Signature of the Candidate

***NB : Declaration/undertaking not signed by Candidate will be rejected***

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**Creamy Layer Definition**

OBC Creamy layer is defined comprehensively at http:ncbc.nic.in/html/ creamylayer.html All candidates for the OBC reserved seats should make sure that they do not satisfy any of the creamy layer criteria as listed in the website. Some general exclusion for quick reference (no way comprehensive) are as follows.

1. Any one of the parents holds a constitutional position in Govt. of India.

2. Any one of the parents is a class I officer.

3. Both the parents are class II officers.

4. Any one of the parents is employed in an equivalent rank to class I officer or both parents equivalent to class II officer in a public sector, insurance companies, banks, universities

or in other organizations.

5. Land holding on irrigated land is 85% or more of the statutory ceiling area

6. Parents income is more than Rs. 6 Lakhs per year

**Physical Disability Certificate**(format)

(For Physically Handicapped Candidates)

Certificate No.

|  |  |  |  |
| --- | --- | --- | --- |
| This is to certify that I have examined Mr./Ms............................................  Son/Daughter/Wife of Mr. ..................................................... age...............  Sex......................................................on................................................. | | | Photograph  of the Candidate Showing the Physical Disability |
|  | He/She is suffering from........................................which comes under the sub category Blindness /Low vision/Speech & Hearing impairment/Orthopaedic disorder/Learning disabilities. Dyslexia, Dyscalculla, Dysgraphica, Spastic. | | |
|  | The percentage of disability is .........................................%. | | |
|  | The disability is permanent in nature. | | |
|  | This condition is progressive/non-progressive/likely to improve/not likely to improve. Reassessment of this case is not recommended/is recommended after a period of ..........years ............................months. | | |
|  | The candidate is capable of carrying out all activities related to theory and practical work as applicable to M.Tech Course in Electronics Design &Technology without any special concession and exemptions. | | |
|  | This certificate is issued as per the provisions given in the Persons with Disability Act, 1995 and its amendment. | | |
|  | This Certificate is issued for the purpose of his/her admission to first year admission of 2 years M.Tech Course in Electronics Design &Technology in the Academic Year 2016-17 at NIELIT Centre, Aurangabad (MS). | | |
| Date:  Place:  Seal of Institution/Hospital | | Director OR Dean  All India Institute of Physically Handicapped, Mumbai  / Civil Surgeon | |

**Physical Fitness Certificate** (format)

**(to be issued by a Registered Medical Practitioner)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL EXPECTATIONS**  Candidates should have good general physique. In particular,   1. Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction. 2. 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. Colour blind and uniocular persons are restricted from admission. 3. Hearing should be normal. Defective hearing should be corrected. 4. Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits. | | | | | | | | | | |
|  | Name of the candidate: | | | | | | | | | |
|  | Identification Mark ( a mole, scar or birthmark), if any | | | | | | | | | |
|  | Major illness/operation, if any (specify nature of illness/operation) | | | | | | | | | |
|  | Height in cm: | | | Weight in kg: | | | | Blood Group: | | |
|  | Past History | (a) Mental illness  (b) Epileptic Fit | | | | | | | | |
|  | Chest | | | (a) Inspiration in cm | | | | (b) Expiration in cm | | |
|  | Hearing | | | | | | | | | |
|  | Vision with or without glasses: | | Right Eye | | Left Eye | | Colour Blindness | | | Uniocular vision |
|  | Respiratory System | | | | | | | | | |
|  | Nervous System | | | | | | | | | |
|  | Heart | | | a) Sounds | | | | b) Murmur | | |
|  | Abdomen   1. Liver 2. Spleen | | | Hernia | | | | Hydrocele | | |
|  | Any other defects: | | | | | | | | | |
| **Certificate of Medical Fitness (tick appropriate box below)** | | | | | | | | | | |
|  | The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to M.Tech Course in Electronics Design &Technology of NIELIT,A-bad. | | | | | | | | | |
|  | The candidate does not fulfill the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:..............................  ............................................................................................................................................. | | | | | | | | | |
|  |
| Name of the Doctor | | | Signature with date | | | Registration number | | | Seal | |

**Sponsorship Certificate**(format) **(For sponsored candidates only)**

(On letterhead of the Institute /Organization)

Outward No.: Date :

To

The Director

NIELIT Centre, Aurangabad

University Campus,

Aurangabad 431 004

Sub: Sponsoring of an employee for M Tech (EDT) full time Course.

Sir,

I/We hereby sponsor the candidature of Mr. / Ms............... an employee of our organization, for undergoing M Tech course in Electronics Design and Technology at your institute as Full Time candidate. He/ She is working with our organization since------------ as a----------------------------(designation)

We will abide to the guidelines/rules framed by NIELIT Centre ,Aurangabad for the purpose of sponsorship of the candidate.

We shall relieve him/her of his/her duties for the entire period of his/her M Tech Course/ to enable him/her to devote full time to the studies

Yours faithfully

Signature

Name & Designation

Seal of Sponsoring Organization