



12.06.2026

Information for Admission to MBA Programme 2026

The candidates who got seat allotment for provisional admission into MBA programme of National Institute of Technology, Tiruchirappalli for the academic year 2026-27 are requested to follow the guidelines as given below:

1. Candidate Registration for Admission

All the candidates must Register and Enter their personal data well before the admission dates using the following link (**use only Mozilla Firefox browser**):

<https://misreg.nitt.edu/STUDENTREG>

- a) Please follow the instructions given in the above web link, make payment, fill in, and upload the required details/documents correctly.
- b) *Last date for payment of balance fee: 23.06.2026, 11:59 pm.*
- c) Enter Samarth form number (For example: NITT250000016) in place of Application Number
- d) ABC ID is not mandatory
- e) Put "-1" if anything is not applicable
- f) For any technical issues, mail to mbaadmissions@nitt.edu during working hours

2. Certificates / Documents to be uploaded in MIS: [Scanned]

- i. Class X Mark Sheet / Certificate (for Date of Birth)
- ii. Class XII Mark Sheet and Certificate (Qualifying Examination)
- iii. Degree Certificate
- iv. Transfer Certificate / leaving Certificate from school last studied
- v. Provisional Degree Certificate
- vi. Migration Certificate
- vii. Medical Certificate (in the attached format)
- viii. Degree Grade / Mark sheets (Merged as single PDF)
- ix. CAT / GMAT score card
- x. Certificate of Category (SC/ST/OBC-NCL/GEN-EWS), if applicable, as per Government of India format, issued by the competent authority.
- xi. Original UDI card / Certificate for Persons with Disabilities (PwD), if applicable, issued by the competent authority.
- xii. Other Document (Single PDF file)
- xiii. Institute fees (Payment to be made through SB collect. Printout of the computer-generated payment receipt of SB-collect to be produced)
- xiv. Aadhar Card / Any Photo ID proof as per Govt. of India norms

- xv. Late Submission Undertaking Form
- xvi. Course Completion Certificate (needed if both Degree and Provisional Certificates are not available)
- xvii. Provisional Admission Letter received over e-mail from NIT Tiruchirappalli
- xviii. OBC Undertaking form for OBC candidates
- xix. Date of Birth Certificate
- xx. Declaration Form

The candidates are required to produce the above-listed Original Certificates / Documents at the time of Physical Reporting for verification. A photocopy (Self-attested) of all the above-listed documents has to be submitted during physical verification.

Instructions:

The late submission undertaking form (Annexure-I) is not applicable for CATEGORY CERTIFICATE. EWS/OBC-NCL/SC/ST candidates should produce the required original category certificate for verification

- a. If any certificate is in languages other than Hindi or English, true copy of the same in English version is to be produced.
- b. Those candidates who have appeared for final semester/year examination, provisional admission is permitted provided their final marks are made available on or before 30th September 2026. For such candidates, the examinations should be completed by 15th August 2026.
- c. Any candidate admitted provisionally shall produce the provisional/degree certificate and all mark lists in original on or before 30th September 2026. Else, their admission shall stand cancelled automatically. For such candidate's refund will be made as per the institute norms.

3. Fee Details

a. Institute Fees

For detailed institute fee structure refer the following link:

https://www.nitt.edu/home/academics/fees_section/pg_courses_fee_structure/MBA%202026.pdf

Those who have paid the Seat Confirmation fees of Rs. 35,000/-, the balance fee should be paid by following the procedure below:

1. Select Category → Educational Institutions
2. Name of Educational Institutions → NIT TRICHY INSTITUTION FEES.
3. Select payment category → **MBA ADMISSION FEE - 2026**
4. The candidates should enter their Name of the Student, NITT Form Number, Gender, Student Mobile No., Payment Category: [*For GEN, GEN-EWS, OBC-NCL: {Total Fee: Rs.1,30,650/-, Seat Confirmation Fee: Rs. 35,000/-; Balance fee: Rs.1,30,650/- - Rs. 35,000 = Rs. 95,650/-} → Select 1st SEM. Remaining FEE OC/OBC/EWS-95650; For SC / ST: {Total Fee: Rs.95,650/-, Seat Confirmation Fee: Rs. 35,000/-; Balance fee: Rs.95,650/- - Rs. 35,000= Rs. 60,650/-} → Select 1st SEM. Remaining FEE SC/ST-60650*], Student Bank A/c No. (Refund if any), Name of the Account Holder, Bank Name, IFSC Code, Amount, Remarks, Remitter Name, Mobile No., Email ID.
5. Place a tick mark on “**I have read and agreed to the [Terms & Conditions](#)**”
6. Enter the text shown in the image as the Captcha.
7. Verify all the entered information before proceeding.
8. Click Next and Proceed for Payment
9. Select the mode of payment (Net Banking, Debit Card, Credit Card, UPI, etc.).
10. Complete the payment process by following the instructions on the payment gateway.
11. After successful payment, download and save the e-receipt generated by SB Collect for future reference.

b. Hostel Admission and Fees / Will be updated shortly

4. General Information

- i. **Hostel Facilities:** Separate Hostel facilities are available for boys and girls.
- ii. **Banking facility:** State Bank of India (SBI) branch is functioning in NIT, Tiruchirappalli (NITT), Campus. (Bank Branch Code: 1617). ATM facilities are also available.
- iii. **Location of the Institute:** Tiruchirappalli is well connected by Air, Rail and Road network. NITT is situated in a place called "THUVAKUDI" on the northern side of the Tiruchirappalli - Thanjavur road, 20 Kms away from Tiruchirappalli junction. Tiruchirappalli junction is one of the important Railway junctions of Southern Railways.

5. Dress Code

Boys	:	All the boy students should come with formal dress to the class rooms & computer labs, preferably full pant and shirt. Wearing T-shirts and other informal dresses in the class rooms is strictly prohibited.
Girls	:	All the girl students should come with formal dress to the class rooms & computer labs, in Saree or Churidhar with Dupatta. Wearing T-shirts and other informal dresses in the class rooms & labs are strictly prohibited.

**USE OF CELL PHONES / ELECTRONIC GADGETS IN THE
ACADEMIC PREMISES IS STRICTLY PROHIBITED**

6. Contact Address

Director	Dr. G. Aghila , Director National Institute of Technology, Tiruchirappalli – 620 015. Phone No.: +91 431 2503002 E-mail: director@nitt.edu
Dean (Academic)	Dr. S.T Ramesh , Dean (Academic) National Institute of Technology, Tiruchirappalli – 620 015. Phone No.: +91 431 2503013 Mobile No.: +91 9486001105 E-mail: deanap@nitt.edu
Chairman-PG Admissions	Dr. P. Raja Chairperson - PG Admissions National Institute of Technology Tiruchirappalli – 620 015. Phone No.: +91 431 2504940 Mobile No.: +91 9486001157 E-mail: pg@nitt.edu
Convener of Hostels	Dr. Karthikeyan S.S. , Hostel Convener National Institute of Technology Tiruchirappalli - 620 015. Mobile No.: +91 9486001184 E-mail: hac@nitt.edu

ANNEXURE-I

NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI - 620 015

ACADEMIC OFFICE

DECLARATION FOR THE LATE SUBMISSION OF RELEVANT DOCUMENTS

Candidate's Details:

Name of the Candidate	
Date of Birth	
CAT Registration Number	
CAT Score	
Qualifying Degree Passing Status	Appeared / Passed
Qualifying Degree	
Qualifying Degree Discipline	
Mobile Number	
Email ID	
Course	Master of Business Administration (MBA)

The following certificates are not currently available with me due to late declaration of result/non-issuance of certificate. I undertake to submit the following certificate(s) on or before **30th September 2026**, failing which I shall forgo my admission at NIT Tiruchirappalli. I am aware that all exams of my qualifying degree should have been completed by **15th August 2026**.

- 1. Original Provisional / Degree certificate**
- 2. Original Transfer Certificate/Migration Certificate**
- 3. Original Grade / Mark Sheets**
- 4. Any other***

Date:

Signature of the Candidate

****Note: This late submission form is not applicable for CATEGORY CERTIFICATE. EWS/OBC-NCL/SC/ST candidates should produce the required original category certificate for verification.***

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

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date _____

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 2025-2026. 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).

Signature with seal of Officer _____
Name _____
Designation _____

Recent Passport size
attested photograph
of the applicant

**The income and 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.**

* **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 and 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.

OBC-NCL Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)* APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari** _____ Son/
 Daughter** of Shri/Smt.** _____ of Village/
 Town** _____ District/Division** _____ in
 the State/Union Territory _____ belongs to the
 _____ community that is recognized as a backward class
 under Government of India***, Ministry of Social Justice and Empowerment's Resolution No.
 _____ dated _____****

Shri/Smt./Kumari _____ and/or _____
 his/her family ordinarily reside(s) in the _____ District/Division
 of the _____ State/Union Territory. 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, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated
 14/10/2008, again further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and
 again further modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /
 Deputy Commissioner /
 Any other Competent Authority

Dated:

Seal

* Visit <http://www.nbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.

** Please delete the word(s) which are not applicable.

*** As listed in the Annexure (for FORM-OBC-NCL)

**** The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term 'Ordinarily resides' 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 Tehsildar, and
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.
 - (v) **Certificate issued by any other authority will be rejected.**

ANNEXURE for FORM-OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12019/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014
23	No. 12011/04/2014-BC-II	14.01.2015
24	No. 12011/7/2014-BC-II	23.01.2015
25	No. 12011/1/2015-BC-II	27.05.2015
26	No. 12015/05/2011-BC-II	14.07.2015
27	No. 12011/06/2014-BC-II	09.09.2015
28	No. 12011/13/2016-BC-II	25.05.2016
29	No. 12011/14/2016-BC-II	13.06.2016
30	No. 12011/15/2016-BC-II	30.06.2016
31	No. 12011/4/2014-BC-II	11.08.2016
32	No. 12011/6/2014-BC-II	06.12.2016
33	No. 12011/13/2016-BC-II	22.12.2016
34	No. 20012/1/2017-BC-II	18.01.2017
35	No. 12011/7/2017-BC-II	28.07.2017
36	No. 36033/1/2013-Estt. (Res.)	13.09.2017
37	No. 36033/2/2018-Estt. (Res.)	08.06.2018

SC/ST Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES**

1. This is to certify that Shri/ Shrimati/ Kumari* _____ son/daughter* of _____ of Village/Town* _____ District/Division* _____ of State/Union Territory* _____ belongs to the _____ Scheduled Caste / Scheduled Tribe* under :-

- * The Constitution (Scheduled Castes) Order, 1950
- * The Constitution (Scheduled Tribes) Order, 1950
- * **The Constitution (Scheduled Castes) (Union Territories) Order, 1951**
- * The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (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, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

- * The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (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 (Scheduled Castes) Order (Amendment) Act, 1990;
- * The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- * The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

2.# 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 State/Union Territory* _____ who belong to the Caste / Tribe* 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* _____ of _____ District/Division* of the State Union Territory* of _____.

Signature: _____
Designation _____

(With seal of the Office)

Place: _____ State/Union Territory* _____

Date: _____

* Please delete the word(s) which are not applicable.

Applicable in the case of SC/ST Persons who have migrated from another State/UT.

IMPORTANT NOTES

The term "ordinarily reside(s)**" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshadweep Island).
6. Certificate issued by any other authority will be rejected.

MEDICAL CERTIFICATE
(to be issued by a Registered Medical Practitioner)

GENERAL EXPECTATIONS

Candidates should have good general physique. In particular,

- Chest measurement should not be less than 70 cm, 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. Colour blind and uni-ocular (having vision in only one eye) persons are restricted from admission to certain courses.
- 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 and epileptic fits.

1	Name of the candidate:		Gender:		
2	Identification Mark (a mole, scar or birthmark), if any				
3	Major illness/operation, if any (specify nature of illness/operation)				
4	Height in cm:	Weight in kg:	Blood Group:		
5	Past History	(a) Mental illness (b) Epileptic Fit			
6	Chest (a) Inspiration in cm		(b) Expiration in cm		
7	Hearing				
8	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Uniocular vision (having vision in only one eye)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Respiratory System				
10	Nervous System				
11	Heart	(a) Sounds	(b) Murmur		
12	Abdomen (a) Liver (b) Spleen	Hernia		Hydrocele	
	Any other defects:				
	Certificate of Medical Fitness				
<input type="checkbox"/>	The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceuticals/ Science Course				
<input type="checkbox"/>	The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:				
	_____	_____	_____	_____	_____
	Name of the Doctor Seal	Regn. No	Signature with date		

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 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./Kumari _____
_____ 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)

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

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./Kumari _____ 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 are 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 below:

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) _____

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

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

Form-IV
Disability Certificate
(In cases 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./Kumari _____ 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 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)}

Signature/Thumb impression of the person in whose favour 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 of India vide notification number S.O. 908(E), dated the 31st December, 1996.

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:

Passport size Photograph of the Candidate

Certified that Shri/Smt/Kumari _____
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:

** 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.*

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 recognized 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 08.09.1993.
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 08.09.1993, which
is modified vide Department of Personnel and Training Office Memorandum No. 36033/1/2013-
Estt. (Res.) dated September 13, 2017. I also declare that the condition of status/annual income
for the creamy layer of my parents/guardian is within prescribed limits as on the financial year
ending on March 31, 2026.

Place:

Signature of the Candidate*

Date:

*Declaration/undertaking not signed by Candidate will be rejected