

Sponsorship Certificate

(To be submitted in the Official Letter Head by the M.S. (by Research) Part Time-Sponsored Candidates)

The _____ application _____ from
Mr./Ms. working
as in since
..... is herewith recommended and forwarded for admission under External
Registration Scheme (Sponsored) for part time M.S. (by Research) Program in the
Department of, National Institute of Technology,
Tiruchirappalli

Certified that:

1. Our organisation has adequate facilities for carrying out the research as indicated by the applicant and if he/she is selected, these will be made available to him/her till the completion of the programme.
2. The applicant will be deputed/given leave for duration of his/her residence period at NIT, Tiruchirappalli.
3. Facilities will be made available to the expert (External Research expert from sponsored organisation) to supervise the work of the applicant and to attend the DC meetings at NIT, Tiruchirappalli, when necessary.
4. Till the completion of his/her research programme, the applicant will not ordinarily be transferred to another unit or place which may impede his/her work under the scheme. If such a transfer is necessary, NIT, Tiruchirappalli will be informed atleast before one month of such transfer order.
5. No part of the work carried out in fulfillment of the Research programme will be utilised commercially or for applying for a Patent without the approval of
National Institute of Technology, Tiruchirappalli

Date:

Signature of the Sponsoring Authority

Name and Designation

Seal of the organisation

Postal address of the Organization:

FORM-OBC-NCL

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./Kum* _____
____ 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./Kum. _____ 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.

District Magistrate /
Deputy Commissioner /
Any other Competent Authority

Dated:

Seal

* 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

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

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 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/leg

s# - 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 /
Thumbimpression
of the person in
whose favour
disability
certificate is
issued

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 in 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).

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 include 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.

Declaration for the late submission of any relevant documents
NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI-620015
ACADEMIC OFFICE

Name of the Candidate	
Date of Birth	
Course	MS (by Research)
MS (by Research) Admission Category	Full-Time-Project / Part-Time-Sponsored/Staff
Application Number	
Qualifying Degree Passing Status	Appeared / Passed
Qualifying Degree	
Qualifying Degree Discipline	
Mobile Number	
Email id	

Allotment Details

Allotted Department	
Allotted Community Category	

The following certificates are not currently available to me due to the late declaration of the result/non-issuance of the certificate. I undertake that I will submit the following certificate(s) on or before 15th February 2026, failing which I shall forgo my admission at NIT, Tiruchirappalli.

1. **Original Provisional / Degree certificate**
2. **Original Transfer Certificate/Migration Certificate**
3. **Sponsorship Certificate**
4. **Any other***

Date

Signature of the Candidate

****Note: This late submission form is not applicable for CATEGORY CERTIFICATE.***

GEN EWS/OBC/SC/ST candidates should produce the required original category certificate