

## Sponsorship Certificate

(To be submitted in the Official Letter Head by the MS (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 MS (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:

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

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

<b>Sl. No.</b>	<b>Resolution No.</b>	<b>Date of Notification</b>
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.