

NATIONAL INSTITUTE OF TECHNOLOGY TIRUCHIRAPPALLI - 15

OFFICE OF THE ACADEMIC

Information for Provisional Admission to M.Sc. Programmes under CCMN 2020 Process

The candidates who got seat allotment under CCMN 2020 process (**in Special Round-1, and Special Round-2**) for provisional admission into M.Sc. programmes of National Institute of Technology, Tiruchirappalli for the academic year 2020-21 are requested to follow the guidelines as given below:

1. Candidate Registration Schedule for Provisional Admission

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

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

The link will be active between 13.09.2020 (from 10 am onwards) to 15.09.2020 (upto 5 pm)

- (i) Please follow the instructions as given in the above web link carefully and fill the required details correctly.
- (ii) Please make a note of the generated 8-digit Temporary Roll Number and keep a copy for future reference.

2. Original Certificates/Documents to be uploaded by the candidate in the portal:

- i. Provisional Admission Letter downloaded from the CCMN 2020 portal in CCMN student login (**after paying the balance fee to CCMN 2020**).
- ii. JAM 2020 score card
- iii. Photo ID proof as per Govt. of India norms.
- iv. Original Class X Board Certificate
- v. Original Class XII certificate
- vi. Original Statement of Grades/Marks obtained in the qualifying Examination (preferably Consolidated Grade/Mark Sheet with all subjects mentioned in it)
- vii. Original Degree / Provisional Certificate
- viii. Original Course Completion Certificate for result awaiting candidates
- ix. Original Transfer Certificate issued from the institute last studied/attended
- x. Original Migration Certificate
- xi. Original Certificate of Category (EWS / OBC / SC / ST), if applicable, issued by the competent authority as per the prescribed format given in Annexure-I (**EWS/OBC category certificate must be issued on or after 01.04.2020**)
- xii. OBC undertaking form for OBC candidates as given in Annexure-I (filled and signed by the candidate)

- xiii. Original Certificate for Persons with Disabilities (PwD) issued by Medical Board notified under PwD Act (format given in Annexure-I)
- xiv. Late submission undertaking form (format given in Annexure-II), if necessary

All the above certificates/documents must be uploaded in a single zip folder in the student registration portal

Note:

- **In case, if the candidate is not able to get the certificate listed above in Sl. No. (vii), (viii), (ix) and (x) at the time of admission due to result awaiting/late issuance of certificate etc., he/she has to upload the Late Submission undertaking form as per the prescribed format given in Annexure-II**
- **If any certificate is in languages other than Hindi or English, true copy of the same in English version is to be uploaded.**
- **For EWS/OBC candidates:**
 - **Case I:** Those candidates who are not able to obtain the EWS/OBC certificate dated on or after 01.04.2020 due to prevailing COVID-19 pandemic, they should upload the certificate obtained on or after 01.04.2019 and an undertaking form as per the format available in CCMN 2020 brochure (Annexure III a or b of CCMN 2020 brochure).
 - **Caste II:** Those candidates who are not able to obtain the EWS/OBC certificate for the first time or possessing older EWS/OBC (before 01.04.2019) due to prevailing COVID-19 pandemic, they should upload the affidavit in Rs.50 stamp paper as per the format available in CCMN 2020 website under certificates.
- a. 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 2020. For such candidates, the examinations should be completed by 15th August 2020.
- b. Any candidate admitted provisionally shall produce the provisional/degree certificate and all mark lists in original on or before 30th September 2020. Else, their admission shall stand cancelled automatically. For such candidates refund will be made as per the institute norms.

3. Fee Payment

a. Balance Fee

For the balance fee payment, follow the CCMN guidelines including date of payment ie., 13th to 15th September 2020.

DO not pay the balance fee to NIT, Tiruchirappalli.

b. Hostel Fees and Hostel Admission Details

Information regarding hostel accommodation and fee payment will be announced later.

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.
- iv. **Reaching NITT Campus:** All mofussil buses plying between Tiruchirappalli Central Bus Stand and Thanjavur, stop at NITT Main Gate. (Tiruchirappalli Central Bus Stand is about half a KM from Tiruchirappalli Railway Junction).
- v. Town Bus No. 128 from Tiruchirappalli Central Bus Stand to Thuvakudi stops at NITT Main Gate.
 - **A number of private Taxis, Call Taxis are available nearby Tiruchirappalli Junction and Central Bus Stand. The approximate Call Taxi fare from Tiruchirappalli Railway Station to NITT Main Building will be about Rs.500/-**
 - **If you are getting down at Chathiram Bus Stand/Main-Guard Gate (Commercial Centre of Tiruchirappalli), number of town buses ply between Chathiram Bus Stand/Main-Guard Gate and Thuvakudi.**

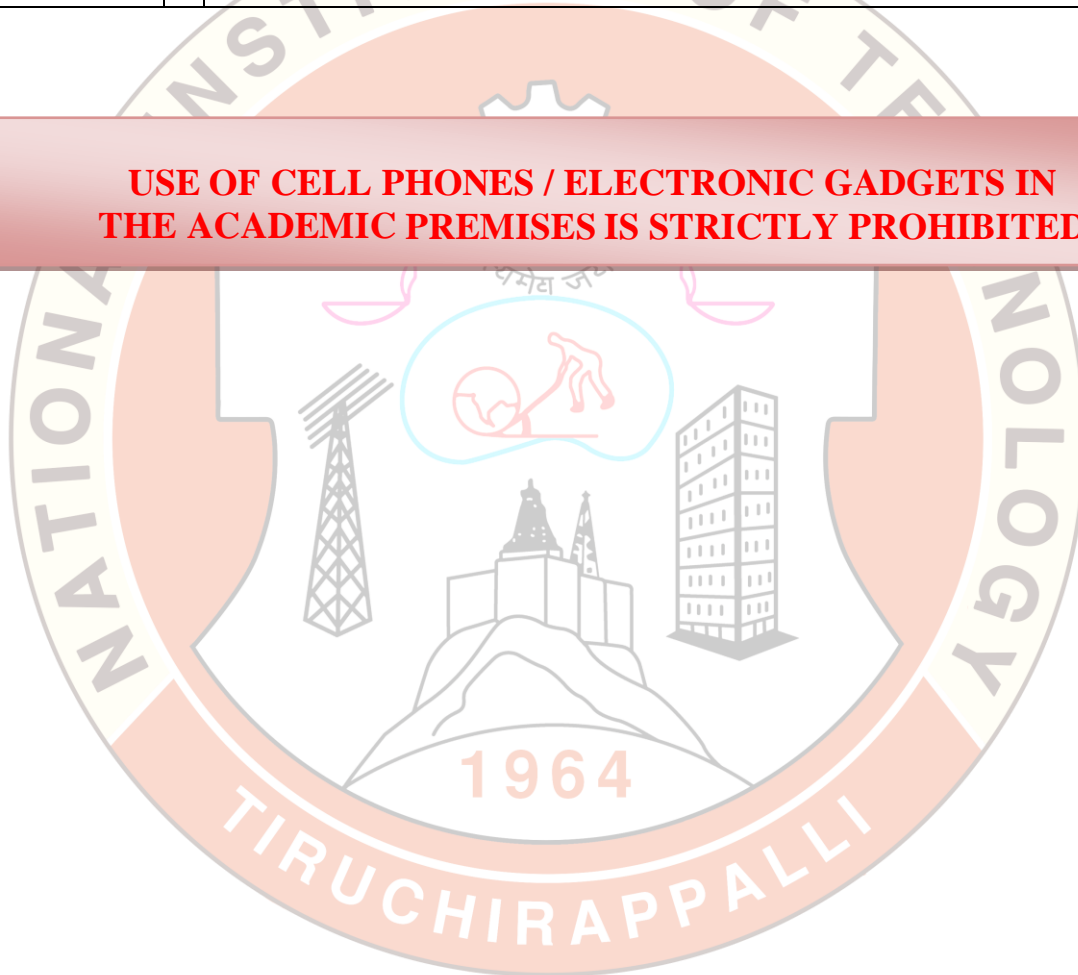
Online Classes will Start from 15th September 2020

Concerned authorities from the respective departments will be intimating to the candidates regarding schedule and other necessary details of online classes

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

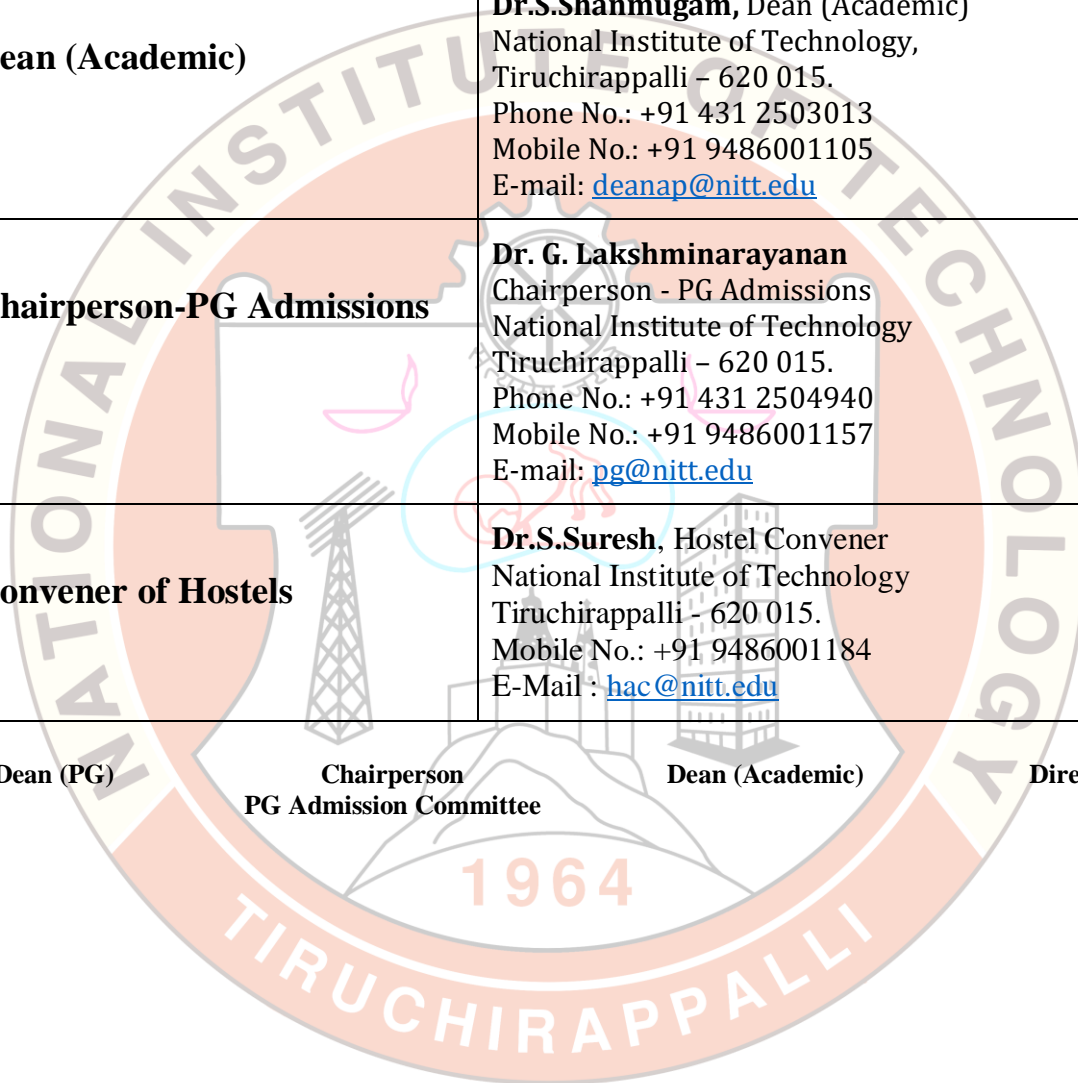
Director	Dr.Mini Shaji Thomas , Director National Institute of Technology, Tiruchirappalli – 620 015. Phone No.: +91 431 2503002 E-mail: director@nitt.edu
Dean (Academic)	Dr.S.Shanmugam , Dean (Academic) National Institute of Technology, Tiruchirappalli – 620 015. Phone No.: +91 431 2503013 Mobile No.: +91 9486001105 E-mail: deanap@nitt.edu
Chairperson-PG Admissions	Dr. G. Lakshminarayanan 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.S.Suresh , Hostel Convener National Institute of Technology Tiruchirappalli – 620 015. Mobile No.: +91 9486001184 E-Mail : hac@nitt.edu

Associate Dean (PG)

Chairperson
PG Admission Committee

Dean (Academic)

Director



ANNEXURE – I

(EWS/OBC/SC/ST/PWD Certificate Formats)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY
ECONOMICALLY WEAKER SECTIONS**

Government of

(Name & Address of the authority issuing the certificate)

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 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 2019-2020. 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 Scheduled Caste, Scheduled Tribe
and Other Backward Classes (Central List).**

Recent Passport size
attested photograph of
the applicant

Signature with seal of Office _____

Name _____

Designation _____

Note:

* Income covered all sources i.e. salary, agriculture, business, profession, etc.

** 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.

*** 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.

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR
APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER
THE GOVERNMENT OF INDIA**

"This certificate MUST have been issued on or after 1st April 2020"

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

_____ of Village/Town _____ District/Division

_____ in the _____ State 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. 12011/9/94-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 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 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 6/12/99 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. 12016/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-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 _____ State. 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.

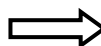
Dated:

District Magistrate/
Deputy Commissioner, etc.

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 / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st 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.



OBC Certificate issued from Maharashtra State must be validated by social welfare Department of Maharashtra Government

OBC UNDERTAKING

Declaration/undertaking - for OBC Candidates only

I, _____ son / daughter of Shri
_____ resident of _____
village/town/city _____ district
_____ State/UT 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 Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. Also
declare that the condition of status/annual income for creamy layer of my
parents/guardian is within prescribed limits as on financial year ending on March 31,
2020.

Signature of the Candidate

Place: _____

Date: _____

SC/ST Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri _____
_____ of village/Town _____ in District/ Division _____
_____ of the State/Union Territory _____ belongs to the _____
caste/Tribe, which is recognized as a Schedule Caste/Scheduled Tribe under.

The Constitution (Scheduled Castes) order, 1950.

The Constitution (Scheduled Tribes) order, 1950.

The Constitution (Scheduled Castes)(Union Territory) order, 1951.

The Constitution (Scheduled Tribes) (Union Territory) order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.)

*The constitution (Jammu & Kashmir) Scheduled Caste Order, 1956;

*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act. 1976;

*The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order 1962;

*The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962;

*The Constitution (Pondichery) Scheduled Castes Order, 1964;

*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

*The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968;

*The Constitution (Goa, Daman & 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 (Scheduled Castes) Orders (Amendment) Act, 1990.

*The Constitution (Scheduled Tribes) Order, (Amendment) Ordinance, 1991.

*The Constitution (Scheduled Tribes) Order, (Second Amendment) Act, 1991.

*The Constitution (Scheduled Tribes) Ordinance, 1996

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issue to

Shri _____ Father of Shri _____ of
village/town _____ in District/Division _____ of the State/UT
_____ who belongs to the _____ caste/Tribe which is recognized as a SC/ST in the
State/Union Territory _____ issued by the _____ (name of the
prescribed issuing authority) vide their No. _____ dated _____ or Shri
_____ and or his/her family ordinarily reside(s) in Village/Town
_____ of _____ District/Division of the State/Union Territory of _____.

Place _____

Date _____

Signature _____

Designation _____

(With seal of Office)

NOTE: - The terms ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

SC Certificate issued from Maharashtra State must be validated by Social Welfare Department and ST Caste certificate must be validated by Tribal Development Department of Maharashtra Government

LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner /Additional Deputy Commissioner/Dy. Collector/ 1st Class Stipendiary Magistrate/Sub Divisional Magistrate/Extra Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officers not below the rank of Tahsildar.
4. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

PWD Certificate Format

DISABILITY CERTIFICATE FORMAT - II

{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)

No. - _____

Date: _____

Signature/LTI/RTI of the Candidate

--

Passport size
photograph of
the Candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,
son/wife/daughter of Shri _____ Date of Birth ____/____/____
[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 (Please tick as applicable):

a. locomotor disability

b. blindness

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 the certificate

Official Seal:

[Authorised Signatory of notified Medical Authority]

Name: _____

DISABILITY CERTIFICATE FORMAT - III

{In cases of multiple disabilities}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - _____

Date: _____

Signature/LTI/RTI of the Candidate

Passport size
photograph of
the Candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,
son/wife/daughter of Shri _____ Date of Birth ____/____/____
[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 **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		

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____ %

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) _____.

@ - e.g. **Left/Right/both arms/legs**

- e.g. **Single eye/both eyes**

£ - e.g. **Left/Right/both ears**

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

DISABILITY CERTIFICATE FORMAT - IV
{In cases of any other case not covered in Format – II & III}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - _____

Date: _____

Signature/LTI/RTI of the Candidate

Passport size
photograph of
the Candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,
son/wife/daughter of Shri _____ Date of Birth ____/____/____
[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 **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		

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____ %

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) _____.

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorised Signatory of notified Medical Authority]

Name: _____

* 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.

Countersigned[^]

Official Seal:

[CMO/Medical Superintendent/Head of Govt. Hospital]

Name: _____

[^]Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in case the certificate is issued by a medical authority who is not a government servant.

ANNEXURE – II

(Late submission undertaking form)

NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI-15
OFFICE OF THE ACADEMIC

DECLARATION FOR THE LATE SUBMISSION OF RELEVANT DOCUMENTS

Candidate's Details:

Name of the Candidate	
Date of Birth	
JAM Registration Number	
JAM Score	
Qualifying Degree Passing Status	Appeared / Passed
Qualifying Degree	
Qualifying Degree Discipline	
Mobile Number	
Email id	

Allotment Details

Allotted Specialization	M.Sc. _____
Allotted Category	

The following certificates are not currently available with me due to late declaration of result/non-issuance of certificate. I undertake that I will submit the following certificate(s) on or before **30th September 2020**, failing which I shall forgo my admission at NIT Tiruchirappalli. I aware that all exams of my qualifying degree should have been completed by **15th August 2020**.

- 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/SC/ST candidates should produce the required original category certificate for verification.*