Information for Provisional Admission to Ph.D Programmes- July-2020

The candidates provisionally selected for admission in to Ph.D. programme under Full time/Part time/Project/Non-Stipendiary category in the July 2020 session of National Institute of Technology, Tiruchiappalli 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 18.08.2020 (from 10 am onwards) to 22.08.2020 (upto 5:00 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. **The following documents in original (Self-attested) should be scanned and uploaded in the Institute web portal from 18-08-2020 to 22-08-2020 failing which your admission will be cancelled. The web portal link will be active between 18.08.2020 (from 10 am onwards) to 22.08.2020 (upto 5.00 pm).**

   1. Print out of the Intimation Letter received from NITT
   2. **Fee Receipt generated at the time of online payment**
   3. Transfer Certificate
   4. SSLC / equivalent for evidence of date of birth
   5. Degree or Provisional Certificate for both UG and PG
   6. Statement of Marks or Grades obtained for both UG and PG
   7. GATE score card
   8. CSIR/UGC/JRF/NET Fellowship etc., if applicable
   9. 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-NCL category certificate must be issued on or after 01.04.2020)
   10. Certificate for Person with Disability (PwD) / if applicable
   11. Aadhar Card or any govt recognized ID proof with Photo
   12. Relieving letter (if applicable)
   13. Medical fitness certificate obtained from any medical officer
   14. Declaration Form(Annexure-II) for the late submission of relevant documents, if required
   15. **Sponsorship Certificates for PhD. candidates** (if applicable)
      - Certificate from the sponsoring organization (FORM-1) – for part time external candidates (Ph.D.)
      - Certificate of External Guide/Research Co-ordinator(FORM-2) for part time external candidates (Ph.D.)
      - No objection certificate from the Employing organization (FORM-3) – for part time on campus candidates (Ph.D.)
      - Bio-data of External Guide/Coordinator for external candidates (if applicable)

   *All the above certificates/documents have to be uploaded in a single zip folder in the student registration portal*
Annexure-I
INCOME & ASSESSMENT 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).

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. ___________________________________

__________________________________________ 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.


(vi) Resolution No. 12011/13/97-BCC dated 03/12/97.


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 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.

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: __________________________
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)(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 (Pondicherry) Scheduled Castes Order, 1964;
*The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
*The Constitution (Goa, Daman & Dieu) Scheduled Castes Order, 1968;
*The Constitution (Goa, Daman & Dieu) 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 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 ____________________________ Signature ____________________________
Date ____________________________ 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:


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

[Authorised Signatory of notified Medical Authority] Name:

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 __________________________, 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:

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing the certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 __________________________
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:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Disability</th>
<th>Affected Part of Body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment/mental disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Locomotor disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Blindness</td>
<td>Both Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Hearing impairment</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Mental retardation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Mental-illness</td>
<td>X</td>
<td></td>
<td></td>
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</table>

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:

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6. Signature and seal of the Medical Authority:

<table>
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<tr>
<th>Name and Seal of Member</th>
<th>Name and Seal of Member</th>
<th>Name and Seal of the Chairperson</th>
</tr>
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</table>
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

This is to certify that I have carefully examined Shri/Smt./Kum. ___________________________, son/wife/daughter of Shri ___________________________ Date of Birth ___/___/_____
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</table>

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.
**DECLARATION FOR THE LATE SUBMISSION OF RELEVANT DOCUMENTS**

**Candidate’s Details:**

<table>
<thead>
<tr>
<th>Name of the Candidate</th>
<th>Date of Birth</th>
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<tr>
<th>Application Number (PHD)</th>
<th>GATE Score</th>
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<tr>
<th>Qualifying Degree Passing Status</th>
<th>Appeared / Passed</th>
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<table>
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<tr>
<th>Qualifying Degree Discipline</th>
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<table>
<thead>
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<th>Mobile Number</th>
<th>Email id</th>
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**Allotment Details**

<table>
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<tr>
<th>Allotted Department</th>
<th>Allotted Community Category</th>
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</table>

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**. Further, I aware that I will get the stipend only after submission of the following certificates:

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.*