

The formats of some of the required certificates are printed below for the guidance for the candidates. **Separate certificates bearing the same data as specified in these sample formats are also acceptable.** Original certificates, as prescribed, should be signed by the authorities mentioned therein, under the legible seal of office.

CERTIFICATE FOR AVAILING ADMISSION AGAINST DEFENCE QUOTA OFFICE OF THE ZILA/RAJYA SAINIK BOARD

This is to certify that Master/Miss _____
Son/daughter of _____ resident of _____,
the above named officer/ JCO / OR pertains to the
category marked below: - (Select one from below)

- a. Killed in Action on _____ during _____
- b. Disabled in Action on _____ during _____
- c. Died in peace time on _____ with death attributable to military service
- d. Disabled in peace time with disability attributable military service.
- e. Gallantry Award Winner (_____)
- f. Ex-Serviceman.
- g. Serving Soldier
(Category _____ above)

Mr/Miss _____ son/daughter of the above
named officer/JCO/OR is eligible for Admission in DTU against the Defence quota under
priority _____ His/her Ex-Serviceman Widow Identity Card
No. is DLH-01 _____

NO. _____ /
(Round stamp of Office)

RSB SECRETARY
(Zila/Rajya Sainik Board)

CERTIFICATE FOR PERSON WITH DISABILITY

(To be issued by Medical Board from Government Hospital)

1. Name of the candidate: Mr./Ms.* _____
2. Father's Name: _____
3. Permanent Address: _____

4. Percentage loss of earning capacity (in words): _____
5. Whether the candidate is otherwise able to carry on the studies of BBA/B.A. (H) Economics programme: _____
6. Name of the disease-causing handicap: _____
7. Whether handicap is temporary or permanent: _____
8. Whether handicap is progressive or non-progressive: _____
9. The candidate is FIT / UNFIT to pursue further studies.
(*Strike out whichever is not applicable)

Member
(Orthopaedic Specialist)

Principal Medical Officer
Seal of Office

Date: _____

NOTE:

1. The medical board must have one orthopaedic specialist as its member.
2. Candidate having temporary or progressive handicap will not be considered against these seats.

**SUITABILITY CERTIFICATE FOR AVAILING ADMISSION AGAINST
PERSON WITH DISABILITY**

Space
for
Photograph

Certified that Shri / Km / Smt. _____
son / daughter / wife of Shri / Smt. _____
is physically handicapped due to _____
_____ and he/she is fit for undergoing
the course(s) _____ at East Delhi Campus, DTU.

Name & Signature of
The Officer In-charge
Vocational Rehabilitation Centre
for Physically Handicapped
9,10,11 Karkardooma,
VikasMarg, Delhi-110092.

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical Degree)
(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I certify that I have carefully examined Mr./Ms.* _____

son / daughter of Shri _____

whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional.

Marks of Identification _____

Signature of the Candidate _____

Place: _____

Date: _____

Name & signature of the Medical Officer
with seal and registration number

* Strike whichever is not applicable.

Annexure-I

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

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

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 _____. 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 _____

Recent Passport size
attested photograph of
the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include 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

***Note 3: 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.

G. Srinivasan

**CERTIFICATE FOR AVAILING ADMISSION
AGAINST J&K MIGRANT QUOTA**

Certified that Shri/Km/Smt. _____ son/daughter/
wife of Shri/ _____
resident of _____ is registered
as migrant from Jammu & Kashmir. The Registration number is _____
dated _____. It is also certified that Shri/Km/Smt. _____
_____ is registered in Delhi as J & K Migrant on _____.

Name & Signature of
Deputy Commissioner/Competent Authority
(Office Stamp)

Place: _____

Date: _____

NOTE: No other document then this will be accepted by the university for claiming reservation against the Kashmiri Migrant Seat.

AFFIDAVIT FOR ONLY (SINGLE) GIRL CHILD CATEGORY (on non-judicial paper of Rs. 20/- duly attested by 1st class Magistrate)

I _____ (name) father/mother of
Miss _____, resident of _____
_____ (full address to be given) do hereby,
solemnly declare and affirm as under:

1. That I am a citizen of India.
2. That Miss _____ born on _____ is the only (Single) Girl
Child of the deponent.
3. That the deponent has no living male /female Child other than the above one.

Place: _____

Dated: _____

DEPONENT

VERIFICATION

Verified that the contents of the above affidavit / self-attested are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

DEPONENT

Place: _____

Dated: _____

Form for Withdrawal of Admission

1. Course _____
2. Name of Candidate _____
3. Parent /Guardian's Name _____
4. Communication Address _____
5. Telephone _____
6. Mobile _____
7. Email Address _____
8. 12TH Board Roll No. _____ Region _____
9. Category / Sub-category _____

Bank Account Details

- Name of the Bank Account Holder (in favour of whom Bank Transfer is to be made) _____
- Relationship of the Bank Account Holder with the Candidate _____
- Bank Detail of above person to be furnished in the given format:

Name of the Bank	Address of the Bank	Complete Bank Account No.	IFSC CODE of the Bank Branch

UNDERTAKING

We understand and know the refund rules of the University and agree to abide by the same and we further understand that the refund would be made in due course of time through bank transfer only as per above request.

(Signature of Parent/Guardian)

(Signature of Student)

Date: _____

Compulsory Encl.:

1. Original documents issued by the University/Institute to the candidate at the time of Admission/Counselling
2. Cancelled Cheque of CBS Bank branch, showing the details of bank A/c No., IFSC Code, beneficiary name, etc. must be attached by the concerned student along with this Withdrawal Form.

Refund amount will directly be transferred in the bank account, submitted by the student in this form, through electronic mode (ECS/ NEFT). Therefore, student must ensure to provide correct bank account details, cancelled Cheque & the required enclosures. DTU will not be liable for any wrong transfer of amount on account of incorrect bank information provided by the student.