Annexure-III

Undertaking by Applicant

I, (Full name of applicant)_____, hereby solemnly declare that I obtained admission into direct Ph.D. program at (Name of Institute/University)_____ _____in year (Year of admission) _____after receiving my B.E./B. Tech. degree and I successfully completed the course-work for Ph.D. program with_____credits /grades. I further declare that I have not received M.E./M. Tech. or any other P.G. degree separately after the B.E./B. Tech. degree.

Place:

Date: Signature of the Applicant

Name and Full Address as per Application

Annexure-IV[A]

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA.

This is to certify that Shri/Shrimati/Kumari _____ son/daughter of _____ of village/town _____ in District/Division _____ in the State/Union Territory _____ belongs to the _____ community which is recognized as a backward class under:

@Government of India, Ministry of Welfare Resolution No. 12011/68/93-BCC (C) dated 10th September, 1993 published in the Gazette of India Extraordinary Part-I, Section-1, No. 186 dated 13th September, 1993.
@Government of India, Ministry of Welfare Resolution No. 12011/9/94-BCC dated 19- 10-94, published in the Gazette of India Extraordinary Part-I, Section-1, No. 163 dated 20-10-1994.
@Government of India, Ministry of Welfare Resolution No. 12011/7/95-BCC dated 24-5- 95, published in the Gazette of India Extraordinary Part-I, Section-1, No. 88 dated 25-5-1995.
@Government of India, Ministry of Welfare Resolution No. 12011/96/94-BCC dated 9th March, 1996 published in the Gazette of India Extraordinary Part-I, Section-1, No. 60 dated 11th March, 1996.
@Government of India, Ministry of Welfare Resolution No. 12011/44/96-BCC dated 6th December, 1996 published in the Gazette of India Extraordinary Part-I, Section-1, No. 210 dated 11th December, 1996.
@Government of India, Ministry of Welfare Resolution No. 12011/99/94-BCC dated 11th December, 1997 published in the Gazette of India Extraordinary Part-I, Section-1, No. 236 dated 12th December, 1997.
@Government of India, Ministry of Welfare Resolution No. 12011/13/97-BCC dated 3rd December, 1997 published in the Gazette of India Extraordinary Part-I, Section-1, No. 239 dated 17th December, 1997.
@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/68/98-BCC dated the 27th October, 1999 published in the Gazette of India Extraordinary Part-I, Section-1, No. 241 dated the 27th October, 1999.
@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/88/98-BCC dated 6th December, 1999 published in the Gazette of India Extraordinary Part-I, Section-1, No. 270 dated 6th December, 1999.
@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/36/99-BCC dated 4th April, 2000 published in the Gazette of India Extraordinary Part-I, Section-1, No. 71 dated 4th April, 2000.
@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/44/99-BCC dated the 21st September, 2000 published in the Gazette of India Extraordinary Part-I, Section-1, No. 210 dated the 21st September, 2000.
@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12015/9/2000-BCC dated 6th September, 2001 published in the Gazette of India Extraordinary Part-I, Section-1, No. 246 dated 6th September, 2001.
@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/1/2001-BCC dated 19th June, 2003 published in the Gazette of India Extraordinary Part-I, Section, 1 No. 151 dated 20th June, 2003.
@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/4/2002-BCC dated 13th January, 2004 published in the Gazette of India Extraordinary, Part-I Section-1, No. 9 dated 13th January, 2004.
@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/14/2004-BCC dated 12th March, 2007 published in the Gazette of India Extraordinary, Part-I, Section-1, No. 67 dated 12th March, 2007.

Shri/Shrimati/Kumari _____ and/or his/her family ordinarily reside(s) in village/town _____ of _____ District/Division of the State/Union Territory of _____. 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 8.9.1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004- Estt. (Res.) dated 14th October, 2008.

Date: Place:

Signature
Designation
Official Seal

NOTE:Theterm"Ordinarily"usedherewillhavethesamemeaningasinSection20oftheRepresentationof the People Act, 1950.

List of authorities empowered to issue OBC Certificate:

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/* Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner. (*not below of the rank of 1st Class Stipendiary Magistrate).
(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
(iii) Revenue Officers not below the rank of Tehsildar.
(iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
(v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep).

Annexure-IV[B]

THE FORM OFCERTIFICATE TOBEPRODUCEDBYPHYSICALLY HANDICAPPED CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA.

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No._____ Date:_____

DISABILITY CERTIFICATE

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board.

This is certified that Shri/Smt./Kum._____son/wife/daughter of Shri_____ age _____ sex _____ identification mark(s) _____is suffering from permanent disability of following category:

A. Locomotor or Cerebral Palsy:

(i) BL – Both legs affected but not arms

(ii) BA –Both arms affected
- (a) Impaired reach
- (b) Weakness of grip

(iii) BLA – Both legs and both arms affected

(iv) OL–Onelegaffected(rightorleft)
- (a) Impaired reach
- (b) Weakness of grip
- (c) Ataxic

(v) OA – One arm affected
- (a) Impaired reach
- (b) Weakness of grip
- (c) Ataxic

(vi) BH – Stiff back and hips (cannot sit orstoop)

(vii) MW – Muscular weakness and limited physical endurance

B. Blindness or Low Vision:

(i) B – Blind

(ii) PB – Partially blind

C. Hearing impairment:

(i) D – Deaf

(ii) PD – Partially deaf

(Delete the category whichever is not applicable)

This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment ofthiscaseis notrecommended/isrecommendedafteraperiodof_____years_____months. Percentage of disability in his/her case is _____percent.

Shri/Smt./Kum._____ meets the following physical requirements for discharge of his/her duties:

(i)	F–Can perform work by manipulating with fingers.	Yes/No
(ii)	PP–Can perform work by pulling and pushing.	Yes/No
(iii)	L–Can perform work by lifting.	Yes/No
(iv)	KC–Can perform work by kneeling and crouching.	Yes/No
(v)	B–Can perform work by bending.	Yes/No
(vi)	S–Can perform work by Siting.	Yes/No
(vii)	ST–Can perform work by standing.	Yes/No
(viii)	W–Can perform work by walking.	Yes/No
(ix)	SE–Can perform work by seeing.	Yes/No
(x)	H–Can perform work by hearing/speaking.	Yes/No
(xi)	RW–Can perform work by reading and writing.	Yes/No

(Dr._____) (Dr._____) (Dr._____)

Member Member Member
Medical Board Medical Board Medical Board

Countersigned by the Medical
Superintendent/CMO/Head of Hospital
(With seal)

* Strike out whichever is not applicable.

CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED/RELEASED ARMED FORCES PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT

A. Form of Certificate applicable for Released/Retired Personnel

It is certified that No_____ Rank_____ Name_____ whose date of birth is_____ has rendered service from _____to _____ in Army/Navy/Air Force.

He has been released from military services:

a) on completion of assignment otherwise than

(i) by way of dismissal, or
(ii) by way of discharge on account of misconduct or inefficiency, or
(iii) on his own request, but without earning his pension, or
(iv) he has not been transferred to the reserve pending such release

b) on account of physical disability attributable to Military Service.

c) on invalidment after putting in at least five years of Military service.

He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time.

Note: Strikeout whichever is not applicable.

Signature
Date: Designation
Place: Official Seal

B. Form of Certificate for Serving Personnel
(Applicable for serving personnel who are due to be released within one year)

It is certified that No _____ Rank_____ Name_____ is serving in the Army/Navy/Air Force from_____.

He is due for release retirement on completion of his specific period of assignment on_____.

No disciplinary case is pending against him.

Signature
Date: Designation
Place: Official Seal

Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:

Undertaking to be given by serving Armed Force personnel who are due to be released within one year

I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.

Date: Signature
Place: and name of the Candidate

Annexure-V

Endorsement by the Present Employer

(on letterhead)

Forwarded to SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT, GUJARAT, PIN: 395007

The applicant Dr./Mr./Mrs/Ms. ....., who has submitted this application for the post of …….. in the Sardar Vallabhbhai National Institute of Technology, Surat, has been working in this organization namely……. as ……(name of the post), in a temporary/ contract/ permanent capacity with effect from …… in the Scale of Pay/ Pay Band of Rs……. He/She is drawing a basic pay of Rs. …….. His/her next increment is due on ……..

Also, on his/her selection, he/she will be relieved from the present position of ……. ……

Further, it is certified that no disciplinary/vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his/ her application being considered by the Sardar Vallabhbhai National Institute of Technology, Surat, Gujarat.

Date

Place

Signature of the forwarding Authority

Name

Designation

Seal