

31. INSTRUCTIONS/GUIDELINES REGARDING COMPETENT AUTHORITY TO ISSUE CERTIFICATES

1. SCHEDULED CASTE CATEGORY

The format for SC Certificate is given as Annexure-II and the competent authorities to issue the certificate are as under.

- i. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class stipendary Magistrate/City Magistrate/Sub-Divisional Magistrate/Talika Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class stipendary Magistrate).
- ii. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- iii. Revenue Officer not below the rank of Tehsildar.
- iv. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
- v. Administrator/Secretary to Administrator/Development officer Lakshadweep Islands (Circulated vide No. 2/223/79-SWT/4387 dated 8.6.96).
- vi. MLAs of the concerned constituency (Circulated vide No. 1/19/94-RCI/6045 dated 15.7.94)

2. SCHEDULED TRIBE CATEGORY

The competent authority to issue Scheduled Tribe certificate is same as given for Scheduled Caste category.

3. BACKWARD CLASS CATEGORY

Competent authority to issue Backward Class Certificate:

- i. Sub-Divisional Magistrate
- ii. Executive Magistrate
- iii. Tehsildar
- iv. Naib Tehsildar
- v. Block Officer
- vi. District Revenue Officer

4. PHYSICALLY HANDICAPPED

The admission of candidates in this category will be made on the Submission of certificate to be issued by Chief Medical Officer of the District concerned, which should indicate the extent of disability. Minimum 40% disability is required to be eligible under this category.

However, this provision will be subject to the decision of the Admission Committee of the University whether such a candidate would be able to pursue the studies at the University with his specific disability. The decision of the Admission Committee in this regard shall be final.

FORMAT OF CERTIFICATE OF SCHEDULED CASTE

Despatch No.....

Date.....

1. It is certified that Mr./Ms. son/daughter of
Sh..... of
village/town district/division State of Punjab
belongs toCaste which has been recognised as Scheduled
Caste as per "The Constitution (Scheduled Castes) Order, 1950".

2. Mr./Ms. and his/her family lives in
village/town district/division of Punjab State.

Place

Signature

Date

Designation
(with official seal of the officer concerned)

State

SCHEDULED TRIBE CERTIFICATE

Same as for Scheduled Castes Candidates.

FORM OF CERTIFICATE OF BACKWARD CLASS

1. This is to certify that Shri/Shrimati/Kumari _____
 son/daughter of Shri _____ of village/town _____ in
 District/Division _____ of the State of Punjab belongs to the
 Caste, which is recognised as a Backward Class in terms of Punjab Government Letter No.
 _____ dated _____.

2. This is also certified that he/she does not belong to any category of persons/sections mentioned
 in column 3 of the schedule to the Punjab Government, Department of Welfare Letter No.1/41/93-
 RCI/459 dated 17-01-1994, No. 1/41/93-RC1/159 Dated 17-08-2005 & No. 1/41/93-RCI/209 dated
 24-02-2009 and No.1/41/93 RCI/609 dated 24.10.2013.

3. Shri/Shrimati/Kumari _____ and or his/her family ordinarily
 reside(s) in village/town _____ of _____ District/Division
 of the State of Punjab.

Signature _____

Designation _____

(Seal of the officer concerned)

Place: _____

State: _____

Date: _____

**This Certificate must not be dated one year before the first day of counselling for admission. A certificate issued more than one year before counselling date shall not be valid.*

FORMAT OF MEDICAL CERTIFICATE

I certify that I have carefully examined Mr./Ms. son/daughter
of Sh. His/her age is about
.....

His/her Chest Measurement is Unexpanded Cm

Expanded Cm

His/her eyesight is upto the prescribed standards.

Details of glasses, if worn

He/she has no disease or mental or bodily infirmity unfitting or likely to unfit him/her in the future for active outdoor service.

Blood Group _____

Marks of identification

Thumb impression

HEPATITIS "B" IMMUNISATION? Yes No

Dated

Signature of Gazetted Medical Officer
(with official Seal)

Signature of Candidate

**FORMAT OF SPONSORSHIP AFFIDAVIT FOR ADMISSION TO
BE/BTech/MCA/MSc/ME/MTech/MPhil/PhD PROGRAMME**

(To be submitted by NRI, FN Candidates)

I son/daughter of Sh. resident
of, am NRI being Permanent Immigrant*/ on H-1 Visa*
/Citizen* (Other than Indian Citizenship) in.....(Country)
since..... and I, hereby sponsor my ward

Mr./Ms who is seeking admission to
BE/BTech/MCA/MSc/ME/MTech/MPhil Programme under Non-Resident Indian/ Foreign National Category at
Thapar University, Patiala. My ward has passed his/her 10+2 /equivalent examination from
..... (Name of the Country).

I further declare and affirm that I shall be responsible for timely payment of prescribed tuition fee in US\$ and
all other dues and charges to the Thapar University, Patiala, immediately after the admission is granted to the
above candidate and also during subsequent years of studies.

Tuition fee shall be paid by me in the form of bank draft in US\$ payable to the Registrar, Thapar University,
Patiala, along with a bank certificate for encashment of foreign currency of the like amount.

In addition to tuition fee, I shall pay all other dues and charges to the Thapar University, Patiala, as payable
by other students of the same class belonging to same category in foreign currency or in Indian Rupees, as
per University Rules and Regulations.

Date.....

DEPONENT

VERIFICATION

I solemnly state and affirm that the contents of my above affidavit are true to the best of my knowledge and
belief.

DEPONENT

Note: The above affidavit should be attested by a Notary Public or First Class Magistrate.

* Strike out whichever is not applicable.

FORMAT OF CERTIFICATE FOR SPONSORED CANDIDATES

(for candidates applying for ME/MTech Programmes)

I certify that Mr./Ms. son/daughter of
Sh. is currently employed in our organisation as
..... from He/She will be granted study leave for pursuing
the programme at Thapar University, Patiala. All the expenses till the
completion of the programme will be borne by us. Further certified that the candidate will not be withdrawn
before the completion of the programme.

Place

Date

Signature

(with official seal)

FORMAT OF

**CERTIFICATE BY PRINCIPAL OF THE INSTITUTION LAST ATTENDED
(Not required for candidates applying for PhD Programme)**

Certified that Mr./Ms. son/daughter of Sh.
..... bears a good moral character and according to
the School/College record, his/her date of birth is (in words)
..... and his/her
University/Board Registration No. is

Place
Date

Signature
(with official seal)

Format of Income Certificate
(Not required for Candidates applying for PhD Programme)

**CERTIFICATE FROM THE HEAD OF THE OFFICE WHERE
FATHER/GUARDIAN OF THE STUDENT IS EMPLOYED**

Certified that Sh. S/o Sh. and father of Mr./Ms. is employed in this office as and the details of his monthly salary are given below:

Basic Pay (Rs.)	Grade pay	DA	CCA	Any other Allowance	Total
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Place

Signature of Head of Office

Date

(with official seal)

OR

**Declaration (duly attested by Notary Public) to be deposed by father/guardian
who is not employed but is running his own business**

I S/o Shri and Father/Guardian of Mr./Ms. and resident of do hereby solemnly declare that I am not employed anywhere and I am carrying on my own business (name of business) at (Place). My average gross monthly income is Rs.

Place:

Signature of Father/Guardian

Date:

Note: Candidates whose father/guardian has retired from Govt. service should produce pension certificate in support of their income at the time of counselling.

FORMAT OF CERTIFICATE FOR CHILDREN OF EMPLOYEES OF PUNJAB GOVT. POSTED/DEPUTED OUTSIDE PUNJAB

**CERTIFICATE FROM THE HEAD OF THE OFFICE WHERE
FATHER/MOTHER OF THE CANDIDATE IS EMPLOYED**

Certified that Sh./Smt S/D/o Sh. and
father/mother of Mr./Ms. is a **Punjab Government
employee** and is posted/deputed in this office as and the details of
his/her services are given below:

Place of working (present): _____
_____ (State)

Date of joining the Present Job _____

Place:

Signature of Head of Office

Date:

(with official seal)

Annexure-IX

FORMAT OF GAP PERIOD AFFIDAVIT

I _____ (Name) S/D/o Shri _____ and
resident of _____ (address) do hereby declare
that I was not involved in any kind of illegal or unlawful activity during the
period _____ (mention the period of GAP).

(Signature)

FORMAT OF UNDERTAKING TO BE GIVEN BY CANDIDATES OF LEET/MCA/MSc/ME/MTech/MA/MBA/PhD PROGRAMS IF THEIR FINAL RESULT OF QUALIFYING EXAM IS NOT DECLARED

Such candidates have to furnish following undertaking at the time of document checking/'In Person' counselling.

"I _____ s/d/o Sh
_____ am applying on my own risk and responsibility as my final
result of the Qualifying exam has not been declared.

*I do hereby declare that I do not have any backlog paper in any of the previous semesters
(Years) of study of the qualifying exam and also I do not expect any backlog in my final exam.*

*I assure you that I will produce the proof of passing of my Qualifying examination with the
minimum percentage of marks required on or before December 31, 2015, failing which my admission
shall stand cancelled and I shall not claim any right on any count whatsoever."*

Dated: _____

Signature of Candidate

Signature of Father/Mother

FORMAT OF ANTI RAGGING AFFIDAVIT BY PARENT/ GUARDIAN

I, Mr. /Mrs./Ms. _____ (full name of parent / guardian) father/mother/guardian of _____ (full name of student with admission/ registration/ enrolment number), having been admitted to _____ (name of the institution) have received a copy of the UGC Regulations* on Curbing the Menace of ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulation"), carefully read and fully understood the provisions contained in the said Regulations.

(* The copy is also available on www.thapar.edu)

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administration action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that:
 1. My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 2. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent

Name: _____

Address: _____

Telephone / Mobile No.: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) on this the _____ day of _____ of month, _____ year.

Signature of Deponent

Solemnly affirmed and signed in my presence on this the _____ day of _____ month of _____ year after reading the contents of this affidavit.

OATH COMMISSIONER

FORMAT OF ANTI RAGGING AFFIDAVIT BY THE STUDENT

I, _____ (full name of student with admission/ registration/ enrolment number), S/o D/o Mr. / Mrs./ Ms. _____ (full name of parent / guardian) having been admitted to _____ (name of the institution) have received a copy of the UGC Regulations* on Curbing the Menace of ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulation"), carefully read and fully understood the provisions contained in the said Regulations.

(* The copy is also available on www.thapar.edu)

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administration action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that:
 1. I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 2. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent

Name: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) on this the _____ day of _____ of month, _____ year.

Signature of Deponent

Solemnly affirmed and signed in my presence on this the _____ day of _____ month of _____ year after reading the contents of this affidavit.

OATH COMMISSIONER

AFFIDAVIT BY PARENT/GUARDIAN

I, _____ Mr./Mrs./Ms. (full name of parent/guardian) father / mother/guardian of _____ (full name of student with admission /registration/enrolment number) having been admitted to THAPAR UNIVERSITY, PATIALA have received a copy of the ANTI-ALCOHOL/DRUG ABUSE Policy (hereinafter called the "Policy") carefully read and fully understood the provisions contained in the said Policy.

- 1) I have, in particular, perused and fully understood the clause 5 of the Policy and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on university campus, training sites and at all UNIVERSITY sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the University campus.
- 2) I hereby affirm that, if my ward is found guilty as mentioned in clause 2 above, he /she is liable for punishment according to clause 5 of the Policy, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

Declared this _____ day of _____ month of _____ year _____

Deponent

Address:

Telephone/Mobile No:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Place:

Deponent

Date:

Solemnly affirmed and signed in my presence on this the (day) of month, (year) after reading the contents of this affidavit.

OATH COMMISSIONER

AFFIDAVIT BY THE STUDENT

I, (full name of student with admission/registration/enrolment number) s/o - d/o Mr./Mrs./Ms _____ having been admitted to THAPAR UNIVERSITY, PATIALA have received a copy of the ANTI-ALCOHOL/DRUG ABUSE Policy (hereinafter called the "Policy") carefully read and fully understood the provisions contained in the said Policy.

- 1) I have, in particular, perused and fully understood clause 5 of the Policy and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on university campus, training sites and at all UNIVERSITY sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the University campus.
- 2) I hereby affirm that, if found guilty as mentioned in clause 2 above, I am liable for punishment according to clause 5 of the Policy, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

Declared this _____ day of _____ month of _____ year _____

Deponent

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Place:

Deponent

Date:

Solemnly affirmed and signed in my presence on this the (day) of month, (year) after reading the contents of this affidavit.

OATH COMMISSIONER