

**OBC Undertaking**

**Declaration/undertaking - for OBC Candidates only**

I, \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_  
resident of village/town/city \_\_\_\_\_ district \_\_\_\_\_ State 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.I 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, 2021.

**Place:**

**Signature of the Candidate\***

**Date:**

**\*Declaration/ Undertaking not signed by Candidate will be rejected**

## Annexure - II

### **Format of Affidavit for PwD Candidates**

The following is to be printed/typed/photocopied and then duly filled on Rs. 50/- Non-Judicial Stamp paper and duly notarized.

#### **AFFIDAVIT**

(only for PwD candidates)

I, \_\_\_\_\_ (Name of candidate)

NET/GATE Registration no. \_\_\_\_\_,

S/D/O \_\_\_\_\_ resident of \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly affirm and state as follows:

1. That, I am Registering for the Ph.D /M.Tech (Research/Sponsored) 2021 Admission.
2. That, I know that after seat allotment, document verification will be done Online by the official of the Institute based on documents uploaded by me.
3. That, I know that physical examination is required to judge the percentage of disability, which is not being done during Online Document Verification.
4. That, my physical examination will be done by the Medical Board of the Institute at the time of physical reporting at the Institute.
5. That, at the time of physical reporting, if the Medical Board at the Institute finds that percentage of my disability is below the required level, my seat will be cancelled and I will not have any claim on the seat allotted by the Institute.
6. That, if my seat is cancelled at the time of physical reporting, the refund, if any, will be dealt as per Refund Rules of the Institute.

**Deponent**

#### **Verification**

I above named Deponent do hereby verify on oath that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein and no part of it is false.

**Deponent**

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Annexure -III**

**Undertaking by candidates who have appeared for qualifying  
degree examination or awaiting for results**

I, \_\_\_\_\_ (NET/GATE ID \_\_\_\_\_),

**Son/daughter of Shri-----, resident of  
village/town/city district of State/UT \_\_\_\_\_ do hereby declare as under:**

1. That I have appeared for final year /semester examination and my Institute/University has not yet declared the results

or

My university/Institute has not conducted final year /semester examination yet

(tick as applicable).

2. That, I would submit my final year/semester marks card and Provisional degree certificate on or before \_\_\_\_\_

3. I am aware that for admission to M.Tech (Research/Sponsored) programmes at NITK, I must satisfy the following criteria

“Candidates should have passed the prescribed qualifying examination with CGPA of at least 6.5 in the 0-10 scale grading system, OR not less than 60% marks in the aggregate (taking into account the marks scored in all the subjects of all the public/university examinations conducted during the entire prescribed period for the degree programme). However, this prescribed minimum shall be a CGPA of 6.0 OR 55% marks in the aggregate for SC/ST/PwD candidates.”

4. I am also aware that after the announcement of my Bachelor’s degree results, if I am found not to satisfy the above eligibility criteria, my admission would be cancelled and I will not have any claim on my admission at NITK Surathkal.

5. That, if my seat is cancelled due to not fulfilling the above eligibility criteria, the refund, if any, will be dealt as per Refund Rules of the Institute.

**Name and Signature of the candidate with date**

**Annexure -III**

**Undertaking by candidates who have appeared for qualifying  
degree examination or awaiting for results**

I, \_\_\_\_\_ (NET/GATE ID \_\_\_\_\_),

**Son/daughter of Shri-----, resident of  
village/town/city district of State/UT \_\_\_\_\_ do hereby declare as under:**

6. That I have appeared for final year /semester examination and my Institute/University has not yet declared the results

or

My university/Institute has not conducted final year /semester examination yet

(tick as applicable).

7. That, I would submit my final year/semester marks card and Provisional degree certificate on or before \_\_\_\_\_

8. I am aware that for admission to Ph.D programmes at NITK, I must satisfy the following criteria

“Candidates should have passed the prescribed qualifying examination with CGPA of at least 6.0 in the 0-10 scale grading system, OR not less than 60% marks in the aggregate (taking into account the marks scored in all the subjects of all the public/university examinations conducted during the entire prescribed period for the degree programme). However, this prescribed minimum shall be a CGPA of 5.5 OR 55% marks in the aggregate for SC/ST/PwD candidates.”

9. I am also aware that after the announcement of my Masters’ degree results, if I am found not to satisfy the above eligibility criteria, my admission would be cancelled and I will not have any claim on my admission at NITK Surathkal.

10. That, if my seat is cancelled due to not fulfilling the above eligibility criteria, the refund, if any, will be dealt as per Refund Rules of the Institute.

**Name and Signature of the candidate with date**

# CERTIFICATE OF MEDICAL FITNESS

[To be obtained only from Gazetted Government Medical Officer / Medical Officer of a Government Undertaking. (Please note that Medical Certificate issued by Private Practitioners will not be accepted) ]

Name (In Block Letters) .....

Parent / Guardian Name .....

Sex Male / Female

Blood Group (Optional) .....

Height .....cm

Weight .....kg

Chest: Exp.....cm

Insp.. .....cm

Heart .....

Lungs .....

Vision .....

Hearing .....

Hernia / Hydrocele / Varicocele/Piles, etc: .....

Any Other Disease Diagnosed in the Past: .....

Allergies, if any .....

Personal Marks of Identification:

1.

2.

I do hereby certify that I have examined Sri/Kum/Smt.....,

A candidatefor .....and whose signature is given below

and that I could not notice that he/she has any disease, constitutional affection, bodily infirmity or

mental unsoundness.His/Her age according to his/her statement is .....

year and by appearance about ..... years.

**Signature of the Candidate**

Place .....

**Signature:of the Medical Officer**

Date .....

Name: \_\_\_\_\_

Office Seal

Designation: \_\_\_\_\_

Registration No. \_\_\_\_\_

**SC/ST Certificate Format****FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES**

1. This is to certify that Shri/ Shirmati/ Kumari\* \_\_\_\_\_ son/daughter\*  
of \_\_\_\_\_ of Village/Town\* \_\_\_\_\_  
District/Division\* \_\_\_\_\_ of State/Union Territory\* \_\_\_\_\_ belongs to  
the \_\_\_\_\_ Scheduled Caste / Scheduled Tribe\* under :-

- \* The Constitution (Scheduled Castes) Order, 1950
- \* The Constitution (Scheduled Tribes) Order, 1950
- \* **The Constitution (Scheduled Castes) (Union Territories) Order, 1951**
- \* The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

- \* The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;
- \* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;
- \* **The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;**
- \* The Constitution (Dadara and 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 and Diu) Scheduled Castes Order, 1968;
- \* The Constitution (Goa, Daman and 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 (Jammu and Kashmir) Scheduled Tribes Order, 1989;
- \* The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- \* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- \* The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

2. # This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes\* Certificate issued to Shri/Shrimati\*  
\_\_\_\_\_ father/mother\* of Shri /Shrimati /Kumari\* \_\_\_\_\_ of Village/Town\*  
\_\_\_\_\_ in District/Division\* \_\_\_\_\_ of the State State/Union  
Territory\* \_\_\_\_\_ who belong to the Caste / Tribe\* which is recognised as a Scheduled Caste /  
Scheduled Tribe\* in the State / Union Territory\* \_\_\_\_\_ issued by the \_\_\_\_\_ dated  
\_\_\_\_\_.

3. Shri/ Shrimati/ Kumari \* \_\_\_\_\_ and / or\* his / her\* family ordinarily reside(s)\*\* in Village/Town\*  
\_\_\_\_\_ of \_\_\_\_\_ District/Division\* of the State Union Territory\* of \_\_\_\_\_.

Signature: \_\_\_\_\_  
Designation \_\_\_\_\_  
(with seal of the Office)

Place: \_\_\_\_\_ State/Union Territory\* \_\_\_\_\_

Date: \_\_\_\_\_

\* Please delete the word(s) which are not applicable.

# Applicable in the case of SC/ST Persons who have migrated from another State/UT.

**IMPORTANT NOTES**

The term "ordinarily reside(s)\*\*\*" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshdweep Island).
6. Certificate issued by any other authority will be rejected.

**OBC-NCL Certificate Format**

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL) APPLYING FOR ADMISSION TO CENTRALEDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kum\* \_\_\_\_\_ Son/  
Daughter\* of Shri/Smt.\* \_\_\_\_\_ of Village/  
Town\* \_\_\_\_\_ District/Division\* \_\_\_\_\_ in the  
State/Union Territory \_\_\_\_\_ belongs to the  
\_\_\_\_\_ community that is recognized as a backward class under  
Government of India\*\*, Ministry of Social Justice and Empowerment's Resolution No.  
\_\_\_\_\_ dated \_\_\_\_\_ \*\*\*

Shri/Smt./Kum. \_\_\_\_\_ and/or \_\_\_\_\_  
his/her family ordinarily reside(s) in the \_\_\_\_\_ District/Division of  
the \_\_\_\_\_ State/Union Territory. 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, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008, again  
further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014.

District Magistrate /  
Deputy Commissioner /  
Any other Competent Authority

Dated:

Seal

\* **Please delete the word(s) which are not applicable.**

\*\* **As listed in the Annexure (for FORM-OBC-NCL)**

\*\*\* **The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.**

**NOTE:**

- (a) The term 'Ordinarily resides' 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/ Ist 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

## ANNEXURE for FORM-OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12019/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014



**FORM-GEN-EWS**

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

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

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 in 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph  
of the applicant

**The income and assets of the families as mentioned would be required to be certified by an officer not below the rank of Tehsildar in the States/UTs.**

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

\*\* **Note2:** The term **“Family”** for this purpose include the person, who seeks benefit of reservation, his/her parents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

\*\*\* **Note3:** 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-II

## Disability Certificate

(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)****(See rule 4)**

Recent PP size  
Attested  
Photograph  
(Showing face only)  
of the person with  
disability

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ 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:

a. locomotor disability

b. blindness

(Please tick as applicable)

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 certificate

(Signature and Seal of Authorized Signatory of notified Medical Authority)

Signature / Thumb  
impression of the  
person in whose  
favour disability  
certificate is issued

**FORM-PwD (III)**

Form-III  
Disability Certificate  
(In cases of multiple disabilities)  
**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**  
(See rule 4)

Recent PP size Attested Photograph (Showing face only) of the person with disability
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Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_  
 \_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,  
 male/female \_\_\_\_\_ Registration No. \_\_\_\_\_  
 permanent resident of House No. \_\_\_\_\_ Ward/Village/Street  
 \_\_\_\_\_ Post Office \_\_\_\_\_ District  
 \_\_\_\_\_ State \_\_\_\_\_

whose photograph is affixed above, and are 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		

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

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

**£ - e.g. Left/Right/both ears**

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

In figures: \_\_\_\_\_ percent

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) \_\_\_\_\_

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

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

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

Signature / Thumb impression of the person in whose favour disability certificate is issued
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Form-IV  
Disability Certificate

(In cases other than those mentioned in Forms II and III)

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

**(See rule 4)**

Recent PP size  
Attested  
Photograph  
(Showing face only)  
of the person with  
disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_

\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ 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 he/she is a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is 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		

(Please strike out the disabilities which are not applicable.)

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

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

**£ - e.g. Left/Right/both ears**

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.
  
3. Reassessment of disability is:
  - a. not necessary
  - Or
  - b. is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_
  
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature / Thumb impression of the person in whose favour disability certificate is issued
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Note: 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.

**Sponsorship (Deputation) Certificate /  
No objection certificate  
(For admission to M Tech (Research / Sponsored) / PhD Programme  
during the academic year 2021-22)**

The applicant (name) ..... has been a permanent staff of this Institute/Organization from ..... and has ..... years of experience (teaching/R&D/industry).

**(a) Sponsorship/(Deputation) certificate:**

He/She is sponsored (deputed) with full Salary, for full time study/research in National Institute of Technology Karnataka, Surathkal.

**(b) No Objection Certificate:**

**For PhD Programme** – He / She is permitted to undergo Part-time study/research in National Institute of Technology Karnataka, Surathkal while continuing regular employment in the Institute/Organization and the candidate and his/her sponsorship (deputation)/ NOC will not be withdrawn before the completion of the course/programme.

**For M Tech (Sponsored / Research) Programme** – He / She is sponsored (deputed) with full salary, for full time study in National Institute of Technology Karnataka, Surathkal and the candidate and his/her sponsorship (deputation)/ NOC will not be withdrawn before the completion of the course/programme.

Official Seal

Station:

Signature of the Employer

Date :

Name:

Designation:

**(Note: Sponsorship certificate should be submitted in the same format as indicated in this application form duly signed by the Employer/ Sponsoring Institute Head and seal.)**

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