

**ANNEXURE-I**

Name of the School/College \_\_\_\_\_ Session \_\_\_\_\_

**CHARACTER CERTIFICATE**

Certified that Sh./Km./Smt \_\_\_\_\_

son/daughter of Sh. \_\_\_\_\_ has been a bonafide student of this

School / College during the period \_\_\_\_\_.

He/She appeared in the \_\_\_\_\_ Examination of

the \_\_\_\_\_ (University/Board) held in \_\_\_\_\_ under

Roll No. \_\_\_\_\_ and \*passed obtaining \_\_\_\_\_ marks out of

\_\_\_\_\_ marks or \*failed / \*placed under compartment in the subject of

\_\_\_\_\_.

1. Academic Distinction, if any \_\_\_\_\_

2. Co-curricular activities, if any \_\_\_\_\_

3. Brief particulars of disciplinary action by School / Board / University (including punishments

such as expulsion, warning, fined for violation of School / Board / University / Hostel Rules,

UMC/disqualification etc., if any \_\_\_\_\_

4. General Conduct during Stay in the Institution :      Good/Satisfactory/Unsatisfactory

5. He/she bears good/bad character.

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

Signature

Principal

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

(with office

seal)

---

\*Strike out whichever is not applicable.

**HARYANA RESIDENT CERTIFICATE**  
(For bonafide Residents of Haryana only)

Certified that Sh./Km./Smt \_\_\_\_\_ son/daughter of  
Sh. \_\_\_\_\_ R/O \_\_\_\_\_  
\_\_\_\_\_ (complete  
address) since \_\_\_\_\_ and applicant for admission to various  
Engineering / Technical Courses in Haryana, is a bonafide resident of Haryana State in terms of  
Chief Secretary, Haryana letter No. 62/17/95-6 GS1 dated 3.10.96, letter No. 62/32/2000-6GSI dated  
23-5-2003, letter No. 62/27/2003/6 GS1 dated 29.7.2003, letter No. 22/28/2003-3GS-III dated 30-1-  
2004 under clause \_\_\_\_\_.

No. \_\_\_\_\_ (Signature of the attesting authority)

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

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

(With legible office seal)

**NOTE :**

- i) The competent authorities to issue Haryana Resident Certificate will be as per State Govt. letter No. 22/28/2003-3 G.S.III dated 30.01.2004.
- ii) The candidates, who have passed their qualifying examinations from the Universities/Board/Institutes located in Haryana are not required to produce Certificate of Haryana Resident.
- iii) The certificate must have been issued on or after 31-1-2005.

**CERTIFICATE FROM THE EMPLOYER IN THE CASE OF EMPLOYEES  
OF  
GOVT. OF HARYANA, MEMBERS OF ALL INDIA SERVICES BORNE ON  
HARYANA CADRE, EMPLOYEES OF STATUTORY BODIES /  
CORPORATION**

Certified that Sh./ Km./Smt \_\_\_\_\_  
son/daughter/wife of Sh. \_\_\_\_\_ is serving as a Regular employee of  
Govt. of Haryana / Members of All India Services Borne on Haryana cadre / Regular employees  
of Statutory Body / Corporation established by or under an Act of State of Haryana.  
Presently, he/she is posted as \_\_\_\_\_ in the  
Department of \_\_\_\_\_ at \_\_\_\_\_  
(place of posting). Sh./ Km./Smt \_\_\_\_\_ is  
his/her son/ daughter/dependent (if parents are not living), seeking admission in various technical  
courses in Haryana for the session 2010-11.

No. \_\_\_\_\_ Signature of Employer  
Dated : \_\_\_\_\_ Designation \_\_\_\_\_  
Place : \_\_\_\_\_ (legible Seal)

---

Strike out whichever is not applicable.

**SCHEDULED CASTE CERTIFICATE**  
**BLOCK A OR B**

Certified that Sh./ Km./Smt \_\_\_\_\_ son /  
daughter of Sh. \_\_\_\_\_ resident  
of \_\_\_\_\_  
(Complete Address) belongs to \_\_\_\_\_ Caste which has been notified as  
Scheduled Caste by the Haryana Government and is placed in Block  
\_\_\_\_\_ (mention Block A or B ).

This certificate is being issued to him/her according to the Haryana Govt. circular Letter No.  
333(1)-97, dated 25-2-97, No. 22/28/2003-3 GS III dated 30.01.2004 and letter dated 21-6-2004.

No. \_\_\_\_\_ Signature of the issuing authority  
Date: \_\_\_\_\_ Name  
Place : \_\_\_\_\_ Designation  
(with legible seal)

**BACKWARD CLASS CERTIFICATE**  
**BLOCK A OR B**

Certified that Sh./ Km./Smt \_\_\_\_\_  
son/daughter of Shri \_\_\_\_\_  
resident of \_\_\_\_\_  
(Complete Address) belongs to \_\_\_\_\_ caste, which  
has been notified as Backward Class by the Haryana Govt. and is placed in Block  
\_\_\_\_\_ (mention Block A or B ).

Further certified that he/she is not covered in Creamy Layer (Reference from the  
Chief Secretary, Haryana letter No. 1170-SWL1-95 dated 07.06.95 & No. 62/17/95-6 GSI  
dated 3rd October, 1996 and No.22/36/2000 3GSIII dated 9.8.2000).

This Certificate is being issued to him/her in terms of notification issued by Chief  
Secretary, Haryana vide memo No. 22/28/2003-3 GS III dated 30.01.2004.

No. : \_\_\_\_\_ Signature of the issuing authority  
Dated: \_\_\_\_\_ Name  
Place : \_\_\_\_\_ Designation  
(with legible seal)

**AFFIDAVIT**

**(BY THE PARENTS OF THE BACKWARD CLASS CATEGORY CANDIDATES)**

I \_\_\_\_\_ Father/Mother of \_\_\_\_\_

Resident of \_\_\_\_\_ Tehsil

\_\_\_\_\_ District \_\_\_\_\_ seeking

admission to Engineering degree course in Haryana do hereby solemnly affirm & declare that I belong to \_\_\_\_\_ Caste, which is included in the list of Backward Classes Block A / B approved by the Haryana Govt. I further declare and affirm that, I and my wife / husband are not covered under the criteria fixed by Haryana Govt. (Refer Chief Secretary, Haryana letter No. 1170-SWL1-95 dated 07.06.95 & No. 62/17/95-6 GSI dated 3rd October, 1996 and No.22/36/2000 3GSIII dated 9.8.2000) for excluding socially advanced persons / sections (Creamy Layer) from Backward Classes.

I further undertake that in case the information contained in the above para is found false at any stage, the Competent Authority will be entitled to cancel the admission.

Dated : \_\_\_\_\_

**DEPONENT**

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

**VERIFICATION**

Verified that the above statement is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Dated : \_\_\_\_\_

**DEPONENT**

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

---

The affidavit should be of the month of April, 2005 or later.

**MEDICAL CERTIFICATE FOR PHYSICALLY HANDICAPPED**

**OFFICE OF THE CHIEF MEDICAL OFFICER \_\_\_\_\_**

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

Dated

Certified that Sh./ Km./Smt \_\_\_\_\_

son/daughter/wife of Sh. \_\_\_\_\_

resident of \_\_\_\_\_ District \_\_\_\_\_

appeared before the Medical Board for medical check up. On his/her Medical Examination, it is found that the nature of handicap/disability is \_\_\_\_\_% and (as applicable), is as under:

1. Blind or Low vision \_\_\_\_\_

2. Hearing impairment \_\_\_\_\_

3. Locomotor disability/cerebral palsy \_\_\_\_\_

Thus the candidate is physically handicapped as per standard norms of Haryana.

(Signature of the Applicant)

Chief Medical Officer

Dated : \_\_\_\_\_

\_\_\_\_\_

Haryana

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

(Seal of the above authority)

\* The handicap disability should not be less than 40% and should not interfere with the requirement of professional career such as Engineering / Architecture / Technician etc.

**CERTIFICATE REQUIRED TO BE FURNISHED BY  
CHILDREN/GRAND CHILDREN OF FREEDOM FIGHTERS**

Certified that Sh./ Km./Smt \_\_\_\_\_

Son/ Daughter of Sh. \_\_\_\_\_,

resident of \_\_\_\_\_

(complete address), Freedom Fighter of Haryana (Identity No.

\_\_\_\_\_ ) is father/grand father of Sh./ Km./Smt

\_\_\_\_\_ (Name of candidate) of Village /

Town \_\_\_\_\_ Police station \_\_\_\_\_ Tehsil

\_\_\_\_\_ District \_\_\_\_\_,

State \_\_\_\_\_

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

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

District concerned of  
Haryana

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

Deputy Commissioner of

(SEAL OF OFFICE)

**CERTIFICATE FOR DECEASED OR DISABLED OR DISCHARGED  
MILITARY/PARA-MILITARY PERSONNEL, EX-SERVICEMEN OR  
EX-PERSONNEL OF PARA-MILITARY FORCES**

Certified that Number \_\_\_\_\_ Rank \_\_\_\_\_

Name \_\_\_\_\_ Son of \_\_\_\_\_

Father of \_\_\_\_\_ Resident of Village \_\_\_\_\_

Post Office \_\_\_\_\_ Tehsil \_\_\_\_\_

Distt. \_\_\_\_\_ belonging to the State of Haryana, has served in the Army /

Air Force / Navy / \_\_\_\_\_ Name of the Para-Military Force) from

\_\_\_\_\_ to \_\_\_\_\_ and subsequently invalided out of service as

under :

1) Medical Category

i) for JCO s \_\_\_\_\_

ii) for ORS : Shape-I,II,III etc. \_\_\_\_\_

iii) for Rank/Designation (in case of Para Military Forces) \_\_\_\_\_

2) Reason of discharge/retirement \_\_\_\_\_

3) Death

whether killed in action \_\_\_\_\_

or any other reason \_\_\_\_\_

4) If killed in action \_\_\_\_\_

name of the war/operation \_\_\_\_\_

5) Disabled: Whether disabled during the war/operation(name) \_\_\_\_\_

6) Nature of disability

i) whether permanent i.e. for life \_\_\_\_\_

ii) whether temporary up to what extent) \_\_\_\_\_

Next RSMB IS DUE \_\_\_\_\_

Name of Records \_\_\_\_\_

Signature of the issuing authority

Case No. \_\_\_\_\_ with designation and official

seal and stamp

Date \_\_\_\_\_

**Note:** Only the certificate issued by the Officer duly authorized by the Army / Navy / Air Force / Concerned Para-Military Force Headquarters, as the case may be, shall be entertained.

**CERTIFICATE FOR THE EX-EMPLOYEES OF  
INDIAN DEFENCE SERVICES/PARA-MILITARY FORCES**

Certified that Number \_\_\_\_\_ Rank \_\_\_\_\_

Name \_\_\_\_\_ S/o or D/o \_\_\_\_\_

Father/ Mother of \_\_\_\_\_ Resident of Village \_\_\_\_\_

Post Office \_\_\_\_\_ Tehsil \_\_\_\_\_

Distt. \_\_\_\_\_ belonging to the State of Haryana, as per his/her service record

at the time of entry into service, had served in the Army / Air Force / Navy/ \_\_\_\_\_

(Name of the Para-Military Force) from \_\_\_\_\_ to \_\_\_\_\_ and

subsequently discharged/retired from the service on \_\_\_\_\_ as per his/her service

record. At the time of entry into service the home address given is

\_\_\_\_\_ (Distt. \_\_\_\_\_) Haryana.

Signature

Place \_\_\_\_\_

Zila Sainik Board/

Competent Authority

Date \_\_\_\_\_

Officer Commanding/

(with Official Seal)

---

(Strike out whichever is not applicable)

**CERTIFICATE OF MEDICAL FITNESS**

(For admission to MBA Course in Haryana)

**To be obtained only from gazetted Government Medical officer/Medical Officer of a Government Undertaking. Please note that this certificate in no other form will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.**  
(Please refer to prescribed standards given overleaf)

Name .....  
(in Block Letters)

Father s Name : Sh. ....

Height : ..... Weight .....

Chest : .....

Heart & Lungs : .....

Vision : L : ..... R : .....

Colour Vision : .....

Hearing : .....

Hernia/Hydrocele/Piles : .....

Remarks : .....

I certify that I have carefully examined Sh./Km./Smt. ....  
son/daughter

of Shri ..... who has signed in my presence.

He/she has no mental and physical disease and is FIT.

Signature of the candidate

Station : ..... Signature of the Medical Officer  
with legible seal.

Date : .....

(FOR PRESCRIBED MEDICAL STANDARDS FOR ADMISSION SEE NEXT PAGE)

**PRESCRIBED MEDICAL STANDARDS FOR ADMISSION**

An Engineering/Management profession demands good physique and stamina. An applicant who suffers from any organic defect or does not have sound health so as to bear the strain of the course which must be heightened in his/her professional life would be well advised not to take up the Engineering Profession. He/she must fulfill the following medical standards.

HEIGHT : Not less than 1.5 meter for male candidates, and not less than 1.2 meter for female candidates.

WEIGHT : 41 kg. Approximately for male candidates and 37 Kg. approximately for female candidates.

CHEST MEASUREMENT : Not less than 69 cms. with satisfactory limit of expansion and contraction for male candidates only.

HEART & LUNGS : No abnormality

HARNIA, HYDROCELE : Presence of these is a temporary disqualification to be & rectified before joining the course of study.

VISION : Normal, where defective, it must be corrected to 6/9 in the better eye and 6/12 in the worse eye. Eye should be free from congenital and other disease. In case of admission to **Mining Engg., Textile Technology & Textile Chem.**, the candidates must also be free from colour blindness (inability to distinguish between principal colours).

HEARING : Normal, Where defective, it must be corrected.