

BIPIN TRIPATHI
KUMAON INSTITUTE OF TECHNOLOGY, DWARAHAT,
DISTT.-ALMORA –263653 (UTTARAKHAND)

NOTICE

सत्र 2023-24 के लिए बीसीए-प्रथम वर्ष में प्रवेश हेतु एसएसजे विश्वविद्यालय, अल्मोड़ा के माध्यम से बीटीकेआईटी द्वाराहाट में आवंटित सभी उम्मीदवार नीचे दिए गए सभी मूल दस्तावेजों के साथ दस्तावेजों के सत्यापन और प्रवेश प्रक्रिया के लिए संस्थान में उपस्थित होना सुनिश्चित करें:-

1. All original documents and **TWO SETs** self attested photocopy of each.
 2. 10th and 12th mark sheet and certificates
 3. Category certificate (SC/ST/OBC) along with domicile certificate, (if applicable)
 4. OBC Candidates must have to submit their Caste Certificate along with a notarized affidavit on Rs. 10/- Non-Judicial Stamp Paper mentioning that he/she doesn't belongs to Creamy Layer.
 5. EWS certificate, if applicable
 6. Sub-Categories certificates like, Armed Forces (AF), Freedom Fighter (FF) and Physically Handicapped (PH) etc. (if applicable)
 7. Domicile certificate for state quota.
 8. Medical certificate in prescribed format of Institute.
 9. Character certificate from last attended school.
 10. T.C./Migration Certificate.
 11. Photo identity card (issued by Govt. agency/Aadhaar Card).
 12. Affidavit for gap [on Rs. 10/- Non-Judicial Stamp Paper], (if applicable)
 13. 06 Nos. Photographs
 14. Receipt of Institute fee (fees will be deposited through online mode)
 15. Undertaking/Affidavit (Annexure - I) [affidavit on Rs. 10/- Non-Judicial Stamp Paper] (*Mandatory for every students*)
 16. Anti-ragging affidavit [on Rs. 10/- Non-Judicial Stamp Paper] (by student and parent on prescribed format as given below)
- If any further counseling related queries, please mail to admissionbtkit@gmail.com

Annexure-I

(Notarized affidavit on Rs. 10/- Non-Judicial Stamp Paper)

(UNDERTAKING/AFFIDAVIT)

Before Director BTKIT, Dwarahat Almora Uttarakhand

I (Name of the candidate) Son/Daughter of
(Father's name) R/o (Permanent address)
seeking admission in (BCA/M. Tech./ M.C.A/
BCA (LE) at BTKIT hereby solemnly affirm under oath and gives undertaking that: -

1. My above-mentioned name and address are true and correct.
2. I have knowledge, that for admission in any course at BTKIT, a physical verification/validation of all the original certificates/documents is mandatory, but due to outbreak of pandemic (COVID-19) the BTKIT Counseling Committee 2023 has granted time for the physical verification/ validation of certificates/documents for admission.
3. I have knowledge, that my admission is subject to the submission and physical verification of following certificates within the specified time limit, as notified by the BTKIT Counseling Committee 2023: -
Class X & XII Mark sheet and Certificate, Medical Certificate, Character Certificate, Transfer & Migration Certificate, Category Certificate (OBC/SC/ST/EWS) (if applicable), Sub Category Certificate ,AF/FF/PH/TFW), (if applicable), Domicile Certificate for State Quota, Income certificate (if applicable), Affidavit for GAP , (if applicable), Photo identity card (Aadhaar Card/ issued by Govt. agency)
Any other document notified by BTKIT Counseling Committee 2023
4. I understand, that till the time I submit above-mentioned certificates for physical verification/validation, my admission shall be treated as provisional admission.
5. I declare, that in case I am unable to submit above mentioned certificates/documents for physical verification/validation within the time limit that is notified by the BTKIT Counseling Committee 2023, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeit.
6. I am agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall be liable to be cancelled or the degree awarded by the UTU shall be taken back, further, I will be debarred from attending any course at UTU for the next 05 (Five) years and in addition a criminal case under relevant section(s) of law in force may be initiated against me.
7. I undertake that I shall abide by the Rules & Regulations of the BTKIT. I also hereby undertake that I shall accept the decision of the BTKIT Counseling Committee 2023 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non - submission of certificates within the duration of time allotted as above, to furnish the same.

..... Deponent

Verification

That I above named deponent verify that the facts presented under point no. 1 to 7 of this undertaking/affidavit are true & correct to the best of my knowledge & belief and nothing material has been concealed. I solemnly affirm that I shall always abide by this undertaking/affidavit.

Verify on this ...day of, 2023.

Verified at (place).

..... Deponent

स्थाई निवास प्रमाण-पत्र

यह प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी
पुत्र/पुत्री/पत्नी श्री निवासी ग्राम/मोह./वार्ड तहसील
..... जिला उत्तराखण्ड के स्थाई निवासी है।

यह भी प्रमाणित किया जाता है कि उक्त प्रमाण-पत्र निर्गत करने से पूर्व निर्धारित समस्त मानदण्डों की भली भांति जाँच कर ली गई है और मैं जाँच से पूर्णतया सन्तुष्ट हूँ।

मोहर
जिलाधिकारी/परगनाधिकारी

उत्तराखण्ड के अन्य पिछड़े वर्ग के लिए जाति प्रमाण-पत्र का प्रपत्र (UKBC)

प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारीसुपुत्र/सुपुत्री श्री
निवासी ग्रामतहसील.....नगर.....जिला
उत्तराखण्ड राज्य कीपिछड़ी जाति के व्यक्ति हैं। यह जाति उत्तराखण्ड लोक सेवा (अनुसूचित
जातियों/अनुसूचित जनजातियों तथा अन्य पिछड़े वर्गों के लिए आरक्षण) अधिनियम की अनुसूचीके
अन्तर्गत मान्यता प्राप्त है।
यह भी प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारीउक्त अधिनियम
द्वारा निर्धारित क्रीमिलियर से आच्छादित नहीं है।
श्री/श्रीमती/कुमारीतथा अथवा उनका परिवार उत्तराखण्ड के ग्राम.....
तहसीलनगर.....जिलामें सामान्यता रहता है।

अभ्यर्थी के हस्ताक्षर :

दिनांक :

स्थान :

हस्ताक्षर

पूरा नाम :

मोहर

जिला अधिकारी/अतिरिक्त जिला अधिकारी/सिटीमजिस्ट्रेट/
परगना मजिस्ट्रेट/तहसीलदार

उत्तराखण्ड स्वतन्त्रता सेनानी (Sub Category ULFF/UDFF)

(उस जिले के जिलाधिकारी द्वारा प्रमाणित जिसका अभ्यर्थी निवासी है)
सेवा (शारीरिक रूप से विकलांग, स्वतन्त्रता संग्राम सेनानियों के आश्रितों और भू. पू. सैनिकों के लिए
अधिनियम १९९३ के अनुसार स्वतन्त्रता संग्राम सेनानी के आश्रित के प्रमाण-पत्र का प्रपत्र।)

प्रमाण-पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती निवासी ग्राम
तहसील..... नगर जिला उत्तर-प्रदेश लोक सेवा
(शारीरिक रूप से विकलांग, स्वतन्त्रता संग्राम सेनानियों के आश्रित और भू. पू. सैनिक के लिए आरक्षण) अधिनियम
1993 के अनुसार स्वतन्त्रता संग्राम सेनानी है और श्री/श्रीमती/कुमारी (आश्रित)
पुत्र/पुत्री/पौत्र/अविवाहित पौत्री उपरांकित अधिनियम 1993 के ही प्रावधानों के अनुसार उक्त श्री/श्रीमती
(स्वतन्त्रता संग्राम सेनानी) के आश्रित हैं।

अभ्यर्थी के हस्ताक्षर.....
दिनांक एवं स्थान.....

हस्ताक्षर.....
पूरा पदनाम.....
मोहर जिलाधिकारी (सील)

उत्तराखण्ड सेना दल (Sub Category ULAF/UDAF)

(अन्तिम यूनिट के आफिसर कमान्डिंग द्वारा प्रमाणित)

यह प्रमाणित किया जाता है कि श्री/श्रीमती पुत्र/पुत्री
 निवासी गाँव/शहर तहसील जिला
 उत्तरांचल दिनांक को सेवा निवृत्त
 (Superannuated)/ युद्ध में मारे गए / अपंग हो गए / वे उस समय भारतीय थल सेना / जल सेना / वायु सेना स्थान
 के पर कार्यरत थे।

दिनांक :

यूनिट कमान्डिंग

आफिसर के हस्ताक्षर

नाम

मोहर

(जिला मजिस्ट्रेट द्वारा प्रमाणित)

स्थान :

यह प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी
 निवासी गाँव/शहर तहसील
 जिला उपरोक्त सेना दल के सेवा निवृत्त (Superannuated)/ युद्ध में मारे गए /
 अपंग हो गए / कर्मचारी जो उत्तराखण्ड के स्थायी निवासी है/थे के पुत्र/पुत्री है।

अभ्यर्थी के हस्ताक्षर

हस्ताक्षर जिला मजिस्ट्रेट

नाम

दिनांक एवं स्थान

मोहर

शारीरिक विकलांग के लिए प्रमाण-पत्र

(मुख्य चिकित्सा अधिकारी द्वारा प्रमाणित)

यह प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी पुत्र/पुत्री/ श्री.

नीचे लिखे कारणों से शारीरिक रूप से विकलांग है।

(केवल मुख्य चिकित्सालय अधिकारी ही कारण लिखें)

.....
.....
.....

यह भी प्रमाणित किया जाता है कि उपरोक्त विकलांग स्थिति अभ्यर्थी के इन्जीनियरिंग शिक्षा प्राप्त करने में बाधक नहीं होगी।

अभ्यर्थी के हस्ताक्षर.....

दिनांक एवं स्थान.....

हस्ताक्षर.....

पूरा नाम.....

मोहर.....

CHARACTER CERTIFICATE FROM THE HEAD OF THE INSTITUTION LAST ATTENDED

This is to Certify that Sri/Km
 is a bonafide student of
 From To And
 Has passed/appeared at the
 Examination in the year

Proctorial reports :

Has he/she involved himself/herself in any act of indiscipline?	Yes/No.
Has he/she been warned, fined or punished for any act of indiscipline?	Yes/No.
Has he/she been rusticated or expelled from Hostel or College for any reason?	Yes/No.
Has he/she been involved in any act of indiscipline outside the College campus like group clashes or fraction fights etc...?	Yes/No.
Has he/she been addicted to drugs or intoxicants?	Yes/No.

General remarks (Please state your assessment of the student)

.....

Signature :

Name :

Designation :

Date

FORMAT FOR MEDICAL CERTIFICATE

(To be obtained from a Chief Medical Officer or Medical Officer of a Participating UTTARAKHAND STATE Funded Engineering Institute)

Name of Candidate: _____	Category: _____	Age: _____	Sex: _____
JEE Main Roll No: _____	Subcategory: _____		
Merit/Waiting List Position: _____	Father's Name: _____		
(To be filled in by the Candidate)			

LT	M.I.	V	Color Vision: _____
Height	Chest	I	Without glass: _____
Weight	Abdomen	S	With glass: _____
_____	_____	I	
		O	
		N	

History	Operation _____	Kockh's _____	Colics _____	BP _____
	Seizures _____	Asthma _____	Piles _____	Diabetes _____
E X A M I N A T I O N	Pulse _____	Tonsil _____	DMS _____	Hernia _____
	Pallor _____	L.Nodes _____	CSOM _____	Hydrocele _____
	Cardiovascular _____	CNS _____		
	Respiratory _____	GIT _____		
	Genitourinary _____	Others _____		
Is the candidate physically handicapped:		Yes/No: _____		
If yes, Type of handicap (Please tick):		Type-I: One leg defective or missing		
		Type-II: One hand defective or missing		
		Type-III: One eye defective or missing		
		Type-IV: One hand and one leg defective		
Any other type of handicap (Please specify)				
Any other findings:				
Certified that the candidate is physically fit/unfit/temporarily disqualified to pursue engineering studies				

Signature of Candidate

Signature of the issuing Medical Officer and date
(With official Stamp)

ANNEXURE I
AFFIDAVIT BY THE STUDENT

- 1) I.....(full name of student with admission/registration/enrolment number) S/o D/o Mr./Mrs./Ms..... 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 "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.
- 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 administrative 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
- a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) 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 thisday ofmonth 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.....(month).....(year).....

Signature of deponent

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

OATH COMMISSIONER

ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN

- 1) 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 "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.
- 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 Regulations 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 or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) 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 thisday ofmonth 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.....(month).....(year).....

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

Signature of deponent

OATH COMMISSIONER