

# INSTRUCTIONS/GUIDELINES REGARDING COMPETENT AUTHORITY TO ISSUE CERTIFICATES

## 1. SCHEDULED CASTE CATEGORY

The competent authorities to issue the certificate are as under.

- i. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/Ist Class stipendary Magistrate/City Magistrate/Sub-Divisional Magistrate/Talika Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of Ist 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:

- vii. Sub-Divisional Magistrate
- viii. Executive Magistrate
- ix. Tehsildar
- x. Naib Tehsildar
- xi. Block Officer
- xii. 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% permanent disability is required to be eligible under this category.

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

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 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: .....

Date: .....

**Signature of Head of Office**

**(with official seal)**

**FORMAT OF GAP PERIOD AFFIDAVIT  
(Notarized Affidavit on any amount stamp paper)**

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 ANTI-ALCOHOL/DRUG ABUSE AFFIDAVIT BY PARENT/ GUARDIAN  
(Notarized Affidavit on any amount stamp paper)**

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 POLYTECHNIC COLLEGE, 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 Institute campus, training sites and at all INSTITUTE sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the Institute 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**

**FORMAT OF ANTI-ALCOHOL/DRUG ABUSE AFFIDAVIT BY THE STUDENT  
(Notarized Affidavit on any amount stamp paper)**

I, (full name of student with admission/registration/enrolment number) \_\_\_\_\_  
s/o - d/o Mr./Mrs./Ms \_\_\_\_\_ having been admitted to  
THAPAR POLYTECHNIC COLLEGE, 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 Institute campus, training sites and at all INSTITUTE sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the Institute 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**

**FORMAT OF AFFIDAVIT FOR CANDIDATES SEEKING ADMISSION UNDER PUNJAB STATE QUOTA ON THE BASIS OF PUNJAB RESIDENCY CERTIFICATE (WHO HAVE DONE MATRIC FROM OUTSIDE PUNJAB)**

**(Notarized Affidavit on any amount stamp paper)**

I \_\_\_\_\_(Name) S/D/o Shri \_\_\_\_\_ and  
resident of \_\_\_\_\_(address as per Punjab  
Residency Certificate) have done MATRIC (10<sup>th</sup>) from \_\_\_\_\_ (State). I hereby  
declare that I have not claimed / will not claim State quota benefit from any other State/UT.

**(Candidate Signature)**

**(Parent's Signature)**

**UNDERTAKING FROM THE STUDENT AND GUARDIAN**

I,Mr./Ms.....,  
Date of Birth..... Roll No:/TPC application  
number....., seeking admission in Programme: ..... at TPC,  
Patiala do hereby declare, affirm and undertake on this day.....month ..... Year  
.....the following:

1. That the information provided by me in the application form is true, correct and nothing has been concealed therein. The documents appended with the check list/ application form is/are genuine. I have gone through the eligibility criteria laid down by the TPC, Patiala for the Admission to the above-mentioned programme and I hereby confirm that I fulfil the same.
2. That I have not used any incorrect, manipulative, forged, illegal, misrepresentation or other inappropriate means/information/documents/details to secure the admission in the above said mentioned programme. The Institute shall have the right of cancellation/termination of my admission in case it is found that I have used any of the above-mentioned means/information/documents(s) to secure the admission or given wrong information or facts.
3. I shall abide by the admissible rules and regulations of TPC, Patiala. I acknowledge that the Institute has the authority of taking disciplinary action on me for non-compliance of the same.
4. I understand that as per rules and regulations of the Institute, I will not be permitted to possess or use any motorised vehicle inside the Institute campus, unless I am permitted to do so by a written prior authorization from the Principal, TPC.
5. In the event of my involvement in any activity outside the campus which is punishable by the law of the land, the Institute shall in no way provide any support to me and will be not be responsible either for my action.
6. I also declare that I am not suffering from any serious/contagious ailment including psychology related symptoms.

**Signature of Student**

I hereby fully endorse the undertaking made by my child/ward.

**Signature of Mother/ Father and or Guardian**