

**GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY
LUDHIANA – 141004**

**ADMISSION FORM FOR DIPLOMA IN VETERINARY SCIENCE AND ANIMAL
HEALTH TECHNOLOGY
(Academic Session 2024-25)**

(TO BE SUBMITTED AT THE TIME OF COUNSELLING)

Important: The candidate must carefully read instructions given at the end of this form and in the prospectus before filling the form.

For Office use only				
Last Exam. Passed	Year of passing	Name of Board/ University	Marks obtained/ Max Marks	% age of marks
Category under which seeking admission Documents lacking Checked by Re-checked by Admission No.				

Latest passport size photograph
pasted with gum duly signed
by the candidate

Do not staple

TO BE FILLED BY THE CANDIDATE IN HIS/HER OWN HANDWRITING WITH BLUE INK PEN

Aadhar/ UID number _____ **Voter ID** _____

1. Name of the applicant* (in capital letters)
2. Father's name* (in capital letters)
3. Mother's name* (in capital letters)
4. (a) Permanent Address:
-
.....
..... Pin:
- (b) Correspondence Address:
-
..... Pin
- (c) Telephone No. with code No.
- (d) Mobile No
.....
- (e) E-mail

*Name as mentioned in the 10+2 D.M.C.

5. (a) Are you a resident of Punjab/UT Chandigarh Yes/No
- (b) Place of residence (District and State)
- (Attach certificate as per Annexure VII-A)
6. Reserve category (ies) under which admission sought
- (SC/ST/BC/SP/FF/AF/TA/KJR/DP/Rural Area/ Border Area)
- (Bring the original as well as the attested copy (ies) of the certificates as prescribed in Annexure I to VI, and IX at the time of counselling/interview in support of your claim, otherwise, it will not be considered for admission).
7. Date of Birth
- (As entered in the matriculation or equivalent certificate)
8. Nationality
9. Religion
10. (a) Name of father or guardian with relation
- (b) Occupation of father/guardian
- (c) Annual income of the family
- (d) Address of father/guardian
-
-
11. Have you ever been dropped/expelled/rusticated or denied admission to any school or college? If yes, give detailed reasons and period of dropping/expulsion/rustication.
-
12. Have you ever been found guilty of adopting unfair means in any examination or disqualified/ barred from appearing in any examination conducted by any Board/University? If yes, give details.
-
13. Detail of examination (s) passed:

Examination	Matriculation	10+2
Name of School or College		
Name of the Board/University		
Month and Year of passing		
Board/University Roll No.		
Maximum Marks		
Marks Obtained		
Percentage of Marks		
Medium of Instruction		
Subjects		

DECLARATION BY CANDIDATE

1. I.....son/daughter of Sh.
hereby certify that the admission form has been filled in my own hand writing with blue ball point pen and according to the given instructions.
2. I hereby affirm that the information given by me in this admission form is complete and true to the best of my knowledge and belief and that nothing has been concealed.
3. I have made this application with the consent and approval of my parent/guardian. In the event of my admission to the college, I undertake to abide by the disciplinary and other rules and regulation of the college and the university.
4. If the information provided by me is found to be incorrect, I will be liable to be prosecuted under law and summarily expelled from GADVASU.

Place

Date

(Signature of candidate)

DECLARATION BY PARENT/ GUARDIAN

I do hereby declare that my son/daughter/ward makes this application with my knowledge and consent and that in the event of his/her being admitted to the college, I shall be responsible for his/her good conduct and for the due and prompt payment of college and other fees and to indemnify the college/university in respect of all losses and the expenses resulting from delay and failure to make any such payment or as a result of the particulars given above proving incorrect.

Place

Date

.....

(Signature)

Name

Relation with candidate:

Address

.....

DECLARATION BY CANDIDATES WILLING TO DONATE THEIR EYES

I want to pledge my eyes for eye donation after my death. My family members also support my decision. This is to certify the above said information given by me is accurate and I know that my name will be displayed in the list of eye donors on the official website as I have chosen to pledge my eyes.

Agree	Disagree
-------	----------

Tick the appropriate choice

.....

Signature of Candidate

.....

Signature of Parent/Guardian

INSTRUCTIONS

1. The Candidate must ensure his/her eligibility (from the prospectus) before filling up the form.
2. Latest passport size photograph duly signed by the candidate should be pasted in the space provided on the admission form. These photographs should be the same in all respects as the one uploaded by the candidate on the online application form.
3. The admission form must be completed, and no column should be left blank. Write “not applicable” where no information is required to be given.
4. Self-attested copies of all the certificates from matriculation onward and other supporting testimonials must be attached with admission form in the first instance.
5. The Registrar may, at his discretion, cancel the admission of a candidate if at any time, it is found that the candidate obtained admission by misrepresentation/concealment of facts or the admission was made due to error oversight, etc.
6. This admission form duly filled in along with enclosures, should be submitted by the eligible candidates at the time of counseling, failing which his/her candidature will not be entertained.

List of Original/Self Attested copies of Certificates/Testimonials to be attached with the admission form

- i) Self-attested copies of educational qualification certificates and mark sheets from 10th class onwards issued by the Board/University, Proof of Date of Birth and Character Certificate from the last institution attended.
- ii) Original certificate issued by the competent authority in support of the claim of belonging to Scheduled Caste (SC)/ Scheduled Tribe (ST) or Backward Class (BC) or to any other reserved category (ies), in which admission is sought in the prescribed format (Annexure I-VI, IX).
- iii) (a) Self-attested copy of the Residence Certificate obtained from the competent authority in the prescribed format (Annexure VII A), only for Punjab/ UT Chandigarh candidates.
(b) Self-attested copy of Aadhar Card, and Residence certificate issued by the competent authority of respective state (in case of candidates from other states).
- iv) Self-declaration by the parent/guardian in the prescribed format (Annexure VII).
- v) Freeship card and Income certificate for candidates under SC/ST category with annual family income below Rs. 2.5 lakhs for claiming Post-Matric Scholarship (Annexure I Form-B).
- vi) Income certificate for candidates under BC category (Annexure II, Form-B/ Form-C).
- vii) Self-undertaking of gap in study period, if applicable (Annexure VIII).
- viii) Bonafide Certificate for candidates seeking admission under Kaljharani residents quota (IX-A)
- ix) Rural area certificate for candidates seeking admission under Rural Area Category (Annexure IX-B)
- x) Border Area Certificate for candidates seeking admission under this category (Annexure IX- C-I, C-II).
- xi) Undertaking regarding Anti-Ragging (Annexure X-A/X-B).
- xii) Self-undertaking for candidates who passed 10+2 from open school (Annexure XI)
- xiii) Self-attested copy of Election Photo Identity Card (EPIC). The candidates who don't have an EPIC card must apply for the same at the website of Election Commission of India as per FORM-6 (Annexure XII).
- xiv) Latest copy of Aadhar Card of candidate and his/her mother's.

Note:

- (i) Original Certificates/Testimonials, Aadhar Card etc. self-attested copies of which have been enclosed with the admission form should be produced at the time of counselling.
- (ii) If electronically generated detailed marks certification/copy of gazette of 10+2 is produced at the counseling, it should be attested by the Principal of the school last attended.

ANNEXURE I (FORM A)

CERTIFICATE FOR SCHEDULE CASTES/SCHEDULED TRIBES (SC/ST)

Dispatch No.

Date:.....

1. It is certified that Shri/Smt./Kumari
- son/ daughter of Shri
- of village/ town.....
- District/Division State of Punjab belongs to Caste which has been recognized as Scheduled Caste as per “The Constitution (Scheduled Castes) Order, 1950”
2. Shri/Smt./Kumari and his/ her family lives in village/town District/Division of Punjab
- State

Place

Date

Signature.....

Designation

(with seal of office)

Authority competent to issue SC/ST Certificate

- (i) District Magistrate/Additional District Magistrate/Deputy Commissioner/Additional Deputy Commissioner/First Class Stipendiary Magistrate/Sub Divisional Magistrate/Executive Magistrate/Revenue Officer not below the rank of Tehsildar.

N.B.: In case the certificate is found to be false or incorrect, the candidate will render himself/herself liable for criminal prosecution.

ANNEXURE I (FORM A)

CERTIFICATE FOR SCHEDULE CASTES/SCHEDULED TRIBES (SC/ST)

Dispatch No. _____

Date: _____

1. It is certified that Shri/Smt./Kumari _____ son/ daughter of
Shri _____ of village/ town _____ District/
Division _____ State of Punjab belongs to _____ Caste which has
been recognized as Scheduled Caste as per “The Constitution (Scheduled Castes) Order,
1950”

2. Shri/Smt./Kumari _____ and his/ her family lives in village/town
_____ District/Division of Punjab State.

Place

Date

Signature

Designation

(With seal of office)

Authority competent to issue SC/ST Certificate:

- (ii) District Magistrate/Additional District Magistrate/Deputy
Commissioner/Additional Deputy Commissioner/First Class Stipendiary
Magistrate/Sub Divisional Magistrate/Executive Magistrate/Revenue Officer
not below the rank of Tehsildar.

N.B.: In case the certificate is found to be false or incorrect, the candidate will render
himself/herself liable for criminal prosecution.

ANNEXURE I (FORM B)

OFFICE OF THE TEHSILDAR _____

Income Certificate

(For Applicants of SC category under post matric scheme only)

No. _____

Date _____

It is certified that according to the regional establishment, the annual income of the whole family of Sh./Smt./Kumari _____

S/O./D/O./W/O. _____

Resident of village _____ Post office _____ Tehsil _____ District _____

_____ (Punjab), for the financial year _____ is not more than 2,50,000/-

(Rupees two lakhs fifty thousand only) per annum from all sources.

TEHSILDAR
(With seal of office)

Place _____

Date _____

Note: Employed parents/guardians are required to obtain income certificate from their employer along with an affidavit on non-judicial stamp paper at the time of admission of their wards

ANNEXURE II (FORM A)

CERTIFICATE IN SUPPORT OF CLAIM OF BELONGING TO BACKWARD CLASS (BC)

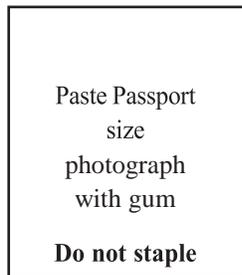
1. This is certified that Mr./Ms. _____ son/daughter of Shri _____ village/town in District/Division _____ of the State of Punjab, belongs to the _____ community which is recognised as Backward Class under the Government of Punjab, Department welfare of SCs and BCs vide Notification No. _____ dated _____.
2. Shri/Smt./Kumari _____ and/or his/her family ordinary resides in village/town _____ of District/Division of the State of Punjab.
3. This is also verified that he/she does not belong to the persons/sections (Creamy Layer) and that income of the family from all sources does not exceed Rs 8,00,000/- (Rupees Eight lakhs) per annum in terms of letter No. 1/41/93-RC- 1/1093050/1 dated 27/10/2017 from Department of Welfare, Government of Punjab, Chandigarh or as per State Government notification or whichever is latest.

Place _____

Signature _____

Date _____

Designation _____
(With seal of office)



Authorities competent to issue BC Certificate

Deputy Commissioner, Additional Deputy Commissioner, Sub-Divisional Magistrate, Executive Magistrate (PCS Officers only), Tehsildar

- Note:** i) In case the certificate is found to be false or incorrect, the candidate will render himself/herself liable for criminal prosecution.
- ii) **The certificate must not be dated one year before the first day of counselling for admission.** A certificate issued more than one year before the counselling date shall not be valid.
- iii) Candidates whose certificate is older than one year from the date of issue must submit the self-declaration as per Annexure II (Form C)

ANNEXURE II (FORM B)

OFFICE OF THE TEHSILDAR _____

Income Certificate

(For Applicants of BC category only)

No. _____

Date _____

It is certified that according to the regional establishment, the annual income of the whole family of

Sh./Smt./ Kumari _____ S/O/

D/O./Wife/O _____ resident

of village _____ Post office _____

Tehsil _____ District _____ (Punjab),

is Rupees _____

TEHSILDAR
(With seal of office)

Place _____

Date _____

Note: Employed parents/guardians are required to obtain income certificate from their employer along with an affidavit on non-judicial stamp paper at the time of admission of their wards

ANNEXURE II (FORM C)

**SELF-DECLARATION PERFORMA TO BE SUBMITTED BY THE PERSON BELONGING TO
BACKWARD CLASS CATEGORY AT THE TIME OF ADMISSION**

I _____ S/O, D/O _____ Resident of
_____ Village/Tehsil/City _____ District
_____ hereby declare that I _____ belong to _____ caste
and this caste has been declared as backward class by State Government as per letter no. _____
dated _____.

I hereby declare that, I do not come under Column-3 of the Schedule to the Government of Punjab, Department of Welfare of SCs and BCs notification No. 1/41/93-RC-1/459 dated 17.01.94 as amended vide notification no. 1/41/93-RCI/1597 dated 17.08.2005, notification no.1/41/93-RCI/209 dated 04.02.2009 and notification no. 1/41/93-RCI/609 dated 24.10.2013.

Declarant

Place: _____

Date: _____

Verification:

I hereby declare that the above submitted information is correct as per my understanding and nothing has been concealed herein. I am well versed with the facts that I would be liable to face any punishment prescribed by law in case my above information is found to be false and the benefits granted to me (the applicant) will be withdrawn.

Declarant

Place: _____

Date: _____

ANNEXURE III

CERTIFICATE TO BE FURNISHED BY THE CHILDREN/GRANDCHILDREN FREEDOM FIGHTER (FF)

Certified that Mr./Ms. an applicant for admission to Diploma in Veterinary Sciences and Animal Health Technology programme at Guru Angad Dev Veterinary and Animal Sciences University, Ludhiana is a son/ daughter/ son's son/ son's daughter or daughter's son/ daughter's daughter (delete whichever is not applicable) of Shri who is freedom fighter/Tamra Patra holder and/or drawing pension from treasury as per Punjab Govt. Rules/Instructions vide letter no dated

Place

Date.....

Signature.....

Designation.....

(with seal of office)

Authority competent to issue FF Certificate:

Deputy Commissioner/Additional Deputy Commissioner/G.A. to Deputy Commissioner of the district to which the freedom fighter belongs.

N.B.: In case the certificate is found to be false or incorrect, the candidate will render himself/herself liable for criminal prosecution.

ANNEXURE IV-A

CERTIFICATE TO BE FURNISHED BY THE CANDIDATE IN SUPPORT OF CLAIM OF BEING CHILD/WARD OF SERVING DEFENCE OR EX-SERVICEMEN OF INDIAN ARMY, AIR FORCE AND NAVY

Certified that Ms./ Mr. son/daughter of
Sh. is a resident of Punjab/Union Territory of
Chandigarh

Sh./Smt. is /was a father/mother/guardian of
Ms./Mr. (Name of the candidate) and
covers under Priority for reservation/ preference.
As per service record at the time of entry into service his/her home address is/was
.....

Inter-se priority/preference for reservation for the wards of defence personnel is as below:

Priority I: Widows/Wards of Defence personnel killed in action

Priority II: Wards of Defence personnel disabled in action and boarded out from service

Priority III: Widows/Wards of Defence personnel who died while in service with death attributable to military
service

Priority IV: Wards of disabled in-service and boarded out with disability attributable to Military Service.

Priority V: Wards of Ex-Servicemen and serving personnel who are in receipt of Gallantry Awards

- i) Paramvir Chakra
- ii) Ashok Chakra
- iii) Maha Vir Chakra
- iv) Kirti Chakra
- v) Vir Chakra
- vi) Shaurya Chakra
- vii) Sena, Nau Sena, Vayu Sena Medal
- viii) Mention-in-Despatches

Priority VI: Wards of Ex-servicemen

Priority VII: Wives of:

- (i) defence personnel disabled in action and boarded out from service
- (ii) defence personnel disabled in service and boarded out with disability attributable to military service
- (iii) Ex-Servicemen and serving personnel who are in receipt of Gallantry Awards

Priority VIII: Wards of Serving Personnel

Priority IX: Wives of Serving Personnel

This certificate is being issued for admission purpose only to Mr./Ms.
to apply for (name of the course) in Guru Angad Dev Veterinary and
Animal Sciences University, Ludhiana.

Date:

Signature of Commanding Officer
(With Official Seal)

Countersigned by the Director Defence Services Welfare Officer, Punjab (with official seal)

*Strike through whichever is not applicable

Note:

- 1) The candidates seeking admission against the above categories of defence personnel in case of State quota, who are bonafide resident of Punjab State should produce a certificate from the Army/Navy/Air Force Headquarters or the Commanding Officer of the Unit duly countersigned by the Director, Defence Services Welfare Punjab in the case of serving Defence Personnel. In the case of Ex-Servicemen, certificate should be signed by the concerned District Defence Services Welfare Officer duly countersigned by the Director, Defence Services Welfare Punjab.
- 2) The above said benefit is only for the wards of Punjab State and UT of Chandigarh Defence personnel only Guardians will only be considered if parents of the applicant/ward are not alive.

ANNEXURE IV-B

**CERTIFICATE TO BE FURNISHED BY THE CANDIDATE IN SUPPORT OF CLAIM OF BEING
CHILD/WARD OF SERVING OR EX-SERVICEMEN OF
PUNJAB POLICE/PUNJAB ARMED POLICE/PUNJAB HOME GUARDS/PARA MILITARY FORCES
PERSONNEL INCLUDING OFFICIALS**

Certified that Mr./Ms. _____ son/ daughter of Sh.
_____ resident of _____ is
father/mother/guardian of Mr./Ms. _____ (Name of the
candidate) who has been/is:

(Inter-se priority/preference for reservation is as below)

Priority I: Killed in action

Priority II: Disabled in action to the extent of 50% and above

Priority III: Winners of Gallantry award/President's Police Medal for Gallantry/Police Medal for Gallantry

This certificate is being issued for admission purpose only to Mr./ Ms. _____
to apply for _____ (name of the course) in Guru Angad Dev Veterinary and
Animal Sciences University, Ludhiana.

Place _____

Signature of IG Police (HQ) with official seal

Date _____

*Strike through whichever is not applicable

- Note:** i) In case of children/wards of Punjab Police personnel, Punjab Armed Police, Punjab Home Guards, Paramilitary Forces Personnel, the certificate may be signed by the IG Police (HQ), Punjab.
- ii) In case the certificate is found to be false or incorrect, the candidate will render himself/herself liable for criminal prosecution.

ANNEXURE V

**CERTIFICATE TO BE FURNISHED IN RESPECT OF INNOCENT CIVILIAN
KILLED/100% PHYSICALLY INJURED BY TERRORIST/SECURITYFORCES
ACTING IN AID OF CIVIL POWER (TA)**

1. It is certified that Shri/Smt./Kumari.....son/daughter/of
Sh./Smt. was/ is father/mother/guardian of
Mr./Ms. (Name of the candidate)
resident of (Name of Village, Tehsil (in case
the deceased belonged to rural area) house number, name of mohalla and area of town to
which he/she belongs) was killed/100% physically disabled by the terrorists/security forces
acting in aid of civil power on in village/mohalla
.....Tehsil/Town District He
was neither terrorist nor having any links with such elements.
2. This certificate is being issued for admission purpose only to Mr./ Ms.....
to apply for admission to Guru Angad Dev Veterinary and Animal Sciences University,
Ludhiana.

No. _____

Place

Date

Signature.....

Designation.....

(With seal of office)

Authority competent to issue TA Certificate:

Deputy Commissioner/Additional Deputy Commissioner/GA to Deputy Commissioner of the
district.

N.B.: In case the certificate is found to be false or incorrect, the candidate will render himself/
herself liable for criminal prosecution.

ANNEXURE VI

**CERTIFICATE TO BE PRODUCED IN SUPPORT OF CLAIM OF DISABILITY BY
DISABLED PERSONS (DP)**

No.....

Date

It is certified that Mr./Ms.age aboutyears
son/daughter Sh Resident of Tehsil
..... District has been examined by Dr.
..... or a medical board of Civil Hospital
consisting of Dr., Dr. and Dr.

His/her report is as under:

- Name of the Disease
.....
- Whether the Disease is progressive or non-progressive.....
- Whether the candidate is fit to carry on studies.....
- He/she is physically handicapped and his/her disability is %
- His/her signatures are given below:

Photograph pasted with
gum and then attested
by the medical officer
conducting the medical
test.

Do not Staple

Signature

Designation.....

(With seal of office)

.....

Signature of the Candidate

Authority competent to issue Disability Certificate:

1. Civil Surgeon through a Medical Board consisting of at least 3 Members out of which one shall be specialist in the particular field for assessing locomotor / cerebral / visual / hearing disability, as the case may be in case of multiple disabilities.
2. Single specialist doctor for single disability.

Note: In case the certificate is found to be false or incorrect, the candidate will render himself/ herself liable for criminal prosecution.

ANNEXURE VII

Recent Passport
size photograph
of declarant

SELF DECLARATION

*** SELF DECLARATION OF THE PARENTS /GUARDIAN**

I Father/Mother/Guardian of Ms./Mr.
..... Resident of (Full address to be given)
..... do, hereby, solemnly
state and affirm as under:

- 1. That I am a citizen of India.
- or
- I am overseas citizen of India (proof attached)
- 2. That neither the declarant nor the child has obtained the benefit of Residence in any other state.
- 3. That my son/daughter/ward has not been involved in any unlawful activity.
- 4. That my son/daughter/ward has not passed the qualifying examination from more than one board/university.
- 5. If at any stage, the information provided is found false/wrong, the admission of my son/daughter/ward is liable to be cancelled.

Dated

DECLARANT

Verification

Verified that the contents of my above declaration are true and correct to the best of my knowledge and belief and nothing has been concealed thereof.

Dated

DECLARANT

ANNEXURE VII -A

RESIDENCE CERTIFICATE (SPECIMEN FORMAT)

****CERTIFICATE TO BE ISSUED BY THE PRINCIPAL/HEAD MASTER OF THE
GOVERNMENT/ RECOGNISED SCHOOL/ COLLEGE CONCERNED
IN CASE OF CATEGORY (i)**

It is certified that Miss/Mr.....
.....D/o/ S/o Sh..... has been a student of this
School/College for a period ofyears, from.....to
..... He/ She left the School/ College on
.....
Date.....

Signature of Principal/Head Master
of the School/ College (with seal)

****CERTIFICATE TO BE ISSUED BY HEAD OF DEPARTMENT
IN CASE OF CATEGORY (ii) (a)**

Certified that Mr./Miss..... S/o/ W/o Sh.....
Father/ mother of Miss/Mr..... (name of the Child/Ward) is an
employee of the (name of office) of Punjab
Government. He/she is working as..... and is posted
at.....
He/ she has more than three years service at his/her credit.

Date.....
Place.....

Head of Department.
(Seal)

OR

Certified that Mr./Ms S/o/ W/o Shis
father/ mother of Miss/ Mr.....is an employee of the..... of
Punjab government. He/ She is working as..... on deputation with
the..... and is posted at..... He/ She has more than
three years' service at his/ her credit.

Place.....
Date.....

Head of the Department
(With Seal)

****CERTIFICATE TO BE ISSUED BY THE RESPECTIVE HEAD OF THE DEPARTMENT
IN THE CASE OF CATEGORY (ii) (b)**

Certified that Mr./Ms.....S/o/ W/o Sh.....is father/mother of Miss/Mr.is an employee of theof Govt. of India and he/ she is working as He /She has been posted at Chandigarh/ Punjab in connection with the affairs of Punjab Government for the past three years.

Head of the Department

(With Seal)

Date.....

****CERTIFICATE TO BE ISSUED BY THE RESPECTIVE HEAD OF THE
DEPARTMENT IN THE CASE OF CATEGORY (ii) (c)**

Certified that Mr./Ms.....S/o/W/o Sh.....is father/mother of Miss/Mr.....is an employee of the of (Institution/Undertaking) of the Government of Punjab and is working as..... He /She has been posted at Chandigarh/Punjab in connection with the affairs of Punjab Government for the past three years

Head of the Department

(With Seal)

Date.....

****CERTIFICATE TO BE ISSUED BY THE RESPECTIVE HEAD OF THE
DEPARTMENT IN THE CASE OF CATEGORY (ii) (d)**

Certified that Mr./Ms.....S/o/W/o Sh..... is father/mother of Miss/ Mr.is an employee of the..... (name of autonomous body/company)in which the Punjab Government has 20% or more share. He/ She is working as..... and is posted at It is also certified that he/she has three years of service in the above said autonomous body/company.

Head of the Department

(With Seal)

Date.....

****RESIDENCE CERTIFICATE TO BE ISSUED BY THE DC, ADC(R), ADC (D), SDO (Civil), GA to DC, DORG, DRO, EM, TEHSILDAR, COMMISSIONERS OF MUNICIPAL CORPORATIONS OF AMRITSAR, JALANDHAR, PATIALA AND LUDHIANA IN CASE OF CATEGORY (iv).**

Certified that Mr./ Mrs. S/o/W/o Sh.

..... Father/mother/guardian of Mr./Miss
..... (Name of the Child/Ward with full address) has settled* in Punjab or has resided* in Punjab for a period of 5 years fromto He/she is working as (name of profession, designation and job).

*Strikeout whichever is not applicable.

Date.....

Signature of DC, ADC (R), ADC (D), SDM,
Asstt. Commissioner General, DORG, DRO, EM, Tehsildar,
Commissioners of Municipal Corporations of Amritsar,
Jalandhar, Ludhiana and Patiala

****RESIDENCE CERTIFICATE TO BE ISSUED BY THE DC, ADC(R), ADC (D), SDO (Civil), GA to DC, DORG, TEHSILDAR, DRO BASED ON COPIES OF JAMABANDHI, REVENUE RECORD, MUNICIPAL RECORD, REGISTERED DEED OR ANY OTHER DOCUMENT TO THE FULL SATISFACTION OF THE DC IN CASE OF CATEGORY (v)**

Certified that

Mr./Mrs. S/o/ W/o Sh.

..... Father/mother/guardian of Mr./Miss
..... (Name of the Child/Ward with full address) hold immovable property at (placeand district) in the state of Punjab for the past..... years.

Date.....

Signature of DC, ADC (R), ADC (D), SDM, SDO (Civil), ASSTT.
COMMISSIONER GENERAL, GA to DC, DORG, TEHSILDAR,
DRO, COMMISSIONERS OF MUNICIPAL CORPORATIONS OF
AMRITSAR, JALANDHAR, PATIALA AND LUDHIANA based on
copies of Jamabandhi, RevenueRecord, Municipal Record, Registered
Deed or any other document to the full satisfaction of the DC.

**** RESIDENCE CERTIFICATE TO BE ISSUED BY THE DC, ADC(R), ADC (D),
SDM, ASSISTANT COMMISSIONER GENERAL, DORG, DRO, EM,
TEHSILDAR, COMMISSIONERS OF MUNICIPAL CORPORATIONS OF
AMRITSAR, JALANDHAR, PATIALA AND LUDHIANA IN CASE OF
CATEGORIES (vi).**

Certified that Miss/Mr.....
S/o/D/o Sh.....
Resident ofwas born in Punjab as
per Birth Certificate.

Signature of DC, ADC (R), ADC(D), SDM, Asstt.
Commissioner General, DORG, DRO, EM, Tehsildar,
Commissioners of Municipal Corporations of Amritsar,
Jalandhar, Ludhiana and Patiala

Date.....

*** This declaration is to be given by all candidates**

**** Any one of these certificates, as applicable to the candidate according to the Punjab Govt. Instructions, is to be given.**

ANNEXURE VIII
SELF UNDERTAKING OF GAP IN STUDY PERIOD

I..... Son/daughter of.....
resident of.....(full
address to be given) do hereby solemnly declare and affirm as under:

1. That I have passed 10+2 examination held in.....from
..... (School/ College).
2. That I have not joined any college/ institution after passing 10+2.

or

That I have joined the course.....at
..... (name of Institution) w.e.f.
..... and will leave the same before joining the Diploma in
Veterinary Science and Animal Health Technology.

Or

That I am working atas..... I will leave the
same or I will get my leave sanctioned before joining the studies.

3. That I was not involved in any unlawful activity during the period.

Date:.....

.....
Signature of the Candidate

ANNEXURE IX-A

OFFICE OF THE TEHSILDAR, BATHINDA

BONAFIDE CERTIFICATE FOR THE PERMANENT RESIDENTS OF KALJHARANI

No.....**Tehsildar Bathinda**

Dated.....

Certified that Shri/ Smt/ Miss.....

Son/ Daughter/ Wife of is permanent resident of

Village Kaljharani, **Tehsil** Bathinda , **District** Bathinda, Punjab.

Further Certified that the Certificate has been issued in accordance with Punjab Govt. Instructions contained in Letter No.1-3-95/3 PP-II / 9619 dated 6-6-96 and is covered under Category No.....of the said letter.

Tehsildar

ANNEXURE IX-B

CERTIFICATE IN SUPPORT OF CLAIM OF RURAL AREA CANDIDATE

Dispatch No.

Date:.....

1. It is certified that Shri/Smt./Kumari..... son/daughter of Shri..... Resident of (Full address of candidate)..... is a permanent resident of a rural area (village). (Attach Voter Card and or Aadhar Card).
2. He/she must have studied for a minimum of three years and passed Matric and Senior Secondary (10+1 and 10+2) from the school(s) which/those is/are situated in rural area as per details mentioned below.

S.No.	Examination Passed	Name and Address of the School	Sign and Stamp of the Principal
1.	10 th		
2.	10+1		
3.	10+2		

Place

Date

Signature.....

Designation

(with seal of office)

Authority competent to issue 'Rural Area' Certificate:

- (i) Sub Divisional Magistrate/ Tehsildar/BDPO/Naib Tehsildar
- (ii) GA to DC

N.B.:

1. The school should not fall within the limits of Municipal Committee, notified area or Cantonment Board. Schools like Dashmesh Academy and those situated in University Campuses, Nangal Township and Talwara Township etc. are excluded from the list of Schools in rural category.
2. In case, any of the requisite certificate(s) is/are found to be false or incorrect, the candidate will render himself/herself liable for criminal prosecution and/or cancellation of seat as per Clause XXIII of Chapter VII of Prospectus.

.....
Signature of Candidate

ANNEXURE IX-C-I

CERTIFICATE IN SUPPORT OF CLAIM OF BORDER AREA CANDIDATE

Dispatch No.

Date:.....

It is certified that Shri/Smt./Kumari
son/daughter of Shrihas studied in (Name and
Address of the school)..... which is situated
in a border area (village) lying within the belt of 16 K.M./ 10 Miles from the International Border
from (Date of joining).....to (date of
leaving).....

Signature.....

Designation

(with seal of office)

Authority competent to issue 'Border Area' Certificate:

- (i) DC/GA to DC
- (ii) SDO (Civil)/SDM
- (iii) BDPO/Tehsildar

N.B.:

1. In case the certificate is found to be false or incorrect, the candidate will render himself/herself liable for criminal prosecution and/or cancellation of seat as per Clause XXIII of Chapter VII of Prospectus.

.....

Signature of Candidate

ANNEXURE IX-C-II

CERTIFICATE IN SUPPORT OF CLAIM OF BORDER AREA CANDIDATE

Dispatch No.

Date.....

It is certified that Shri/Smt/Kumari.....son/daughter of Shri..... has studied for a period ofyear(s) i.e., from (date of joining)..... to (date of leaving)..... and passed the following examination from our school which is situated in Border area village/ town (excluding the district towns of Ferozpur and Gurdaspur) and lying within the belt of 16 K.M./ 10 miles from the International Border as per details mentioned below:

(Bifurcation of 5 year study as per Border Area Clause 7.4.1. of Chapter VII of the Prospectus)

S. No.	Examination Passed	Name and Address of the School	Sign and Stamp of the principal
1.			
2.			
3.	10 th		
4.	10+1		
5.	10+2		

N.B.:

1. Candidate must be from a village/ town within the belt of 16 K.M./ 10 miles from the International Border and has studied there for at least five years and must have passed Matric and Senior Secondary (10+1 and 10+2) examination from a school located in border village/ town within the belt of 16 K.M./10 miles from the International Border (excluding the district towns of Ferozpur and Gurdaspur).
2. In case the certificate is found to be false or incorrect, the candidate will render himself/herself liable for criminal prosecution and/or cancellation of seat as per Clause XXIII of Chapter VII of Prospectus.

.....
Signature of Candidate

ANNEXURE X-A

UNDERTAKING BY PARENT/GUARDIAN REGARDING ANTI-RAGGING

1. I, _____
Father/Mother/Guardian of _____, have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard on curbing the menace of ragging in Higher Educational Institutions.
2. I assure you that my son/daughter/ward will not indulge in any Act of Ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the Regulations the Law in force.

Signed this _____ day of _____ month of _____ year

Signature

Address: _____

Mobile no. _____

Name:

(1) Witness:

Address: _____

_____ Mobile no. _____

(2) Witness:

Address: _____

_____ Mobile no. _____

ANNEXURE X-B

ਮਾਤਾ/ਪਿਤਾ/ਸਰਪ੍ਰਸਤ ਵੱਲੋਂ ਸ਼ਪਤ ਪੱਤਰ

1. ਮੈਂ _____ ਪਿਤਾ/ਮਾਤਾ/ਸਰਪ੍ਰਸਤ _____ ਮਾਣਯੋਗ ਸੁਪਰੀਮ ਕੋਰਟ/ਕੇਂਦਰ ਸਰਕਾਰ/ਰਾਜ ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ ਰੈਗਿੰਗ ਸੰਬੰਧੀ ਕਾਨੂੰਨ ਚੰਗੀ ਤਰ੍ਹਾਂ ਪੜ੍ਹ ਲਿਆ ਹੈ।
2. ਮੈਂ ਆਪ ਜੀ ਨੂੰ ਵਿਸ਼ਵਾਸ ਦਿੰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਬੇਟਾ/ਬੇਟੀ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦੀ ਰੈਗਿੰਗ ਸੰਬੰਧੀ ਕਿਸੇ ਕਾਰਵਾਈ ਵਿੱਚ ਹਿੱਸਾ ਨਹੀਂ ਲਵੇਗਾ।
3. ਮੈਂ ਇਸ ਗੱਲ ਨਾਲ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸਹਿਮਤ ਹਾਂ ਕਿ ਜੇਕਰ ਮੇਰਾ ਬੇਟਾ/ਬੇਟੀ ਰੈਗਿੰਗ ਸੰਬੰਧੀ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦੀ ਕਾਰਵਾਈ ਵਿੱਚ ਹਿੱਸਾ ਲੈਂਦਾ ਹੈ ਜਾਂ ਦੇਸ਼ੀ ਪਾਇਆ ਜਾਂਦਾ ਹੈ ਤਾਂ ਉਹ ਸਰਕਾਰ ਦੀਆਂ ਹਦਾਇਤਾਂ ਮੁਤਾਬਕ ਸਜ਼ਾ ਦਾ ਹਕਦਾਰ ਹੋਵੇਗਾ।

ਮਿਤੀ:

ਹਸਤਾਖਰ

ਪਤਾ _____

ਮੋਬਾਇਲ ਨੰਬਰ _____

ਗਵਾਹ 1

ਪਤਾ _____

ਮੋਬਾਇਲ ਨੰਬਰ _____

ਗਵਾਹ 2

ਪਤਾ _____

ਮੋਬਾਇਲ ਨੰਬਰ _____

ANNEXURE XI

SELF UNDERTAKING BY CANDIDATES

I.....Son/daughter of
..... resident of
..... (full address to the given) do

hereby solemnly declare and affirm as under:

1. That I have passed 10+2 examination held in (Academic Year) fromopen school Board.
2. That the school has been listed at Sr.no. as per the list of approved open school/boards displayed on the website of Council of Boards of School Education (COBSE), New Delhi.
3. I hereby submit my Aadhaar Card and Domicile/ Residence Certificate.
4. That I was not involved in any unlawful activity during this period.

Dated.....

Signature of Candidate

FORM-6 FOR ELECTION PHOTO IDENTITY CARD (EPIC) REGISTRATION

		ELECTION COMMISSION OF INDIA		Acknowledgement No. _____	
		FORM-6		(To be filled by	
		(See Rules 13(1) and 26) of Registration of Electors Rule-1960		office)	
<p><i>Application for Inclusion of Name in Electoral Roll for First time Voter OR on Shifting from One Constituency to Another Constituency.</i></p>					
To, The Electoral Registration Officer, Assembly / Parliamentary Constituency				SPACE FOR PASTING ONE RECENT PASSPORT SIZE PHOTOGRAPH (3.5 CM X 3.5 CM) SHOWING FRONTAL VIEW OF FULL FACE WITHIN THIS BOX	
I request that my name be included in the electoral roll for the above Constituency. (Tick appropriate box) As a first time voter or due to shifting from another constituency					
Particulars in support of my claim for inclusion in the electoral roll are given below:-					
Mandatory Particulars					
(b) Surname (if any)					
(c) Name and surname of Relative of Applicant [see item (d)]					
(d) Type of Relation (Tick appropriate box)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other				
(e) Age [as on 1 st January of current calendar year]	Years	Months			
(f) Date of Birth (in DD/MM/YYYY format) (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Gender of Applicant (Tick appropriate box)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender				
(h) Current address where applicant is ordinarily resident		House No.			
Street/Area/Locality					
Town/Village					
Post Office		Pin Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
District		State/UT			
(i) Permanent address of applicant		House No.			
Street/Area/Locality					
Town/Village					
Post Office		Pin Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
District		State/UT			
(j) EPIC No. (if issued)					
Optional Particulars					
(k) Disability (if any) (Tick appropriate box)	<input type="checkbox"/> Visual impairment <input type="checkbox"/> Speech & hearing disability <input type="checkbox"/> Locomotor disability <input type="checkbox"/> Other				
(l) Email id (optional)					
(m) Mobile No. (optional)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION - I hereby declare that to the best of knowledge and belief –

(i) I am a citizen of India and place of my birth is

Village/Town.....District.....State.....

(ii) I am ordinarily resident at the address given at (h) above since..... (date, month, year).

(iii) I have not applied for the inclusion of my name in the electoral roll for any other constituency.

*(iv) My name has not already been included in the electoral roll for this or any other assembly/ parliamentary constituency

Address of earlier place of ordinary residence (if applying due to shifting from another constituency)			
House No.		Street/Area/Locality	<input type="checkbox"/>
Town/Village			
Post Office		Pin Code	
District		State/UT	

I am aware that making a statement or declaration which is false and which I know or believe to be false or do not believe to be true, is punishable under Section 31 of the Representation of the People Act, 1950 (43 of 1950).

Place.....

Date.....

Signature of

Applicant.....

Remarks of Field Level Verifying Officer:

**Details of action taken
(To be filled by Electoral Registration Officer of the constituency)**

The application of Shri / Shrimati/ Kumarifor inclusion of name in the electoral roll in Form 6 has been accepted/ rejected. Detailed reasons for acceptance [under or in pursuance of rule 18/20/26(4)] or rejection [under or in pursuance of rule 17/20/26(4)] are given below:

Place:

Date:

Signature of ERO

Seal of the ERO

Intimation of decision taken (to be filled by Electoral Registration Officer of the constituency and to be posted to the applicant on the address as given by the applicant)

The application in Form 6 of Shri/Shrimati/Kumari.....			Postage Stamp to be affixed by the Electoral Registration Authority at the time of dispatch
Current address where applicant is ordinarily resident	House No.		
Street/Area/Locality			
Town/Village			
Post Office		Pin Code	
District		State/UT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Has been (a) accepted and the name of
Shri/Shrimati/Kumari.....

Has been registered at Serial No.....in Part No..... of AC
No.....

(b) rejected for the
reason.....
.....

Date:

Electoral Registration Officer

Address.....
.....



Acknowledgement/Receipt

Acknowledgement Number _____

Date _____

Received the application in form 6 of Shri / Smt. / Ms. _____
[Applicant can refer the Acknowledgement No. to check the status of application].

Name/Signature of ERO/AERO/BLO

OR

**My name may have been included in the electoral roll for _____ Constituency in _____
State in which I was ordinarily resident earlier at the address mentioned below and if so, I request that the same may be deleted from that
electoral roll.*

** strike off the option not appropriate*

