GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY LUDHIANA – 141004

ADMISSION FORM FOR DIPLOMA IN VETERINARY SCIENCE AND ANIMAL HEALTH TECHNOLOGY

(Academic Session 2023-24)

(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.

	prospe	ctus before mining the re	7111.		
		For Office use only			
Last Exam. Passed	Year of passing	Name of Board/ University	Marks obtained/ Max Marks	% age of marks	Latest passport size photograph pasted with gum duly signed by the candidate
					Do not staple
Documents	s lacking	eking admission			
TO BE F	ILLED BY T	THE CANDIDATE IN	HIS/HER OV	VN HANDV	WRITING WITH BLUE INK PEN
Aadhaar /	UID numbe	r	Vot	er ID	
		plicant* (in capital letters (in capital letters))		

.....Pin

.....

.....

......

(c) Telephone No. with code No.

(d) Mobile No

(e) E-mail

^{3.} Mother's name* (in capital letters)
4. (a) Permanent Address:

Pin:

(b) Correspondence Address:

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

5.	(a) Are you a resident of Pu	injab/UT Chandigarh	Yes	/No
	(b) Place of residence (Distri	ct and State)		
	(attach certificate as per Ar	nnexure VII-A/X)		
6.	Reserved category (ies) un	der 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 prescribedin	Annexure I to VI, IX at the time		
	of counselling/interview in	support of your claim, otherwise,		
	it will not be considered fo	r admission).		
7.	Date of Birth			
	(As entered in the matricul	ation or equivalent certificate).		
8.	Nationality			
9.	Religion			
10.	(a) Name of father or guar	dian with relation		
	(b) Occupation of father/g	uardian		
	(c) Annual income of the t	family		
	(d) Address of father/guare	dian		
11.	Have you ever been dropp	ed/expelled/rusticated or denied		
	admission to any school or	college? If yes, give detailed		
	reasons and period of drop	ping/expelled/rustication.		
12.	Have you ever been found	guilty of adopting unfair means		
	in any examination or disq	ualified/ barred from appearing		
	in any examination conduction	cted by any Board/University?		
	If yes, give details.			
13.	Detail of examination (s) p	passed:		
	Examination	Matriculation		10+2
Na	me of School or College			
Na	me of the			
Bos	ard/University			
Mo	onth and Year of passing			
Box	ard/University Roll No.			
Ma	ximum Marks			

Marks Obtained

Subjects

Percentage of Marks

Medium of Instruction

DECLARATION BY CA	NDIDATE
1. Ison/daughter of	Sh
hereby certify that the admission form has been to	filled in my own hand writing with blue ball
point pen and according to the given instructions.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 noth	*
3. I have made this application with the consent and	
of my admission to the college, I undertake to regulation of the college and the university.	abide by the disciplinary and other rules and
4. If the information provided by me is found to be	ne incorrect. I will be liable to be prosecuted
under law and summarily expelled from GADV	•
Place	
Date	(Signature of candidate)
	,
DECLARATION BY PAR	ENT/ GUARDIAN
I do here	eby declare that my son/daughter/ward
makes this application	n with my knowledge and consent and that in
the event of his/her being admitted to the college, I sha	-
for the due and prompt payment of college and other f	
respect of all losses and the expenses resulting from de	
as a result of the particulars given above proving incor	rect.
Place	
Date	(Signature)
	Name
	Relation with candidate:
	Address
DECLARATION BY CANDIDATES WILI	LING TO DONATE THEIR EVES
DECEMBER OF CHILDREN WILL	
I want to pledge my eyes for eye donation after my dea	th. 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 websi	te 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 beattached with the admission form

- 1. 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.
- 2. 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).
- 3. (a)Self-attested copy of the Residence Certificate obtained from the competent authority in the prescribed format (Annexure VII A) for candidates belonging to Punjab/ UT Chandigarh.
 - (b)Self-attested copy of Aadhar Card/ Residence certificate issued by the competent authority of respective state (in case of candidates from other states)
- 4. Self-declaration by the parent/guardian in the prescribed format (Annexure VII).
- 5. 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).
- 6. Income certificate for candidates under BC category (Annexure II, Form-B/Form-C).
- 7. Self-undertaking of gap in study period, if applicable (Annexure VIII).
- 8. Rural area certificate for candidates seeking admission under Rural Area Category (Annexure IX-B)
- 9. Border Area Certificate for candidates seeking admission under this category (Annexure IX- C, D).
- 10. Undertaking regarding Anti-Ragging (Annexure X-A, B).
- 11. 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 XI).
- 12. Copy of Application form submitted online.
- 13. Latest copy of Aadhar Card of candidate and his/her mother"s.

Note:

- (i) Original Certificates/Testimonials, Aadhaar Card etc. self-attested copies of which havebeen 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/Sm	ıt./Ku	mari	
		•••••		son/	daughter	of	Shri	
					of	vil	lage/	
	town				• • • • • • • • • • • • • • • • • • • •			
	District/Division	State of Pu	njab belongs to	Caste which h	as been reco	ognize	d as	
	Scheduled Caste	as per "Th	e Constitution (Sche	duled Castes)	Order, 1950)"		
2.	Shri/Smt./Kuma	ri and his/h	ner family lives in vil	lage/town Dis	strict/Divisio	on of I	Punjab	
	State							
	Place Date			-	on(with seal		•••	

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.
- (ii) 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 TEHSILD	AR
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Income Certificate

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

No		Date			
It is certified	d that according to the re	gional establishment,	the annual income of the		
whole	family	of	Sh./Smt./Kumari		
			_		
resident of village	Post office	eTel	nsil		
District					
	(Punjab), for the financial y	earis not	more than 2,50,000/-		
(Rupees two lakhs f	ifty thousand only) per ann	num from all sources.			
			TEHSILDAR		
Place:			(With seal of office)		
Date:					
* * *	nts/guardians are required to on affidaviton non-judicial st		* *		

ANNEXURE II (FORM A)

(ARD CLASS (BC)
village/town
ngs to the community
b, Department welfare of
is/her family ordinary
/Division of the State o
(Creamy Layer) and that
(Rupees Eight lakhs) pe
2017 from Department o
vernment notification o
f 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)

	Income Certificate	
(For A	applicants of BC category only)	
No	Date	
It is certified that according to the	e regional establishment, the annua	al 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 c	ass by State Government as p	per letter no
dated		
I hereby declare that, I do not come under Condense Department of Welfare of SCs and BCs notification no. 1/41/93-RCI/1597 date 04.02.2009 and notification no. 1/41/93-RCI/60	ation No. 1/41/93-RC-1/459 of 17.08.2005, notification	dated 17.01.94 as amended
		Declarant
Place:		
Date:		
Verification:		
I hereby declare that the above submitted info	rmation is correct as per my	understanding and nothing
has been concealed herein. I am well verse	d with the facts that I wor	uld be liable to face any
punishment prescribed by law in case my ab	ove information is found to	be false and the benefits
granted to me (the applicant) will be withdrawn	1.	
		Declarant
Place:		
Date:		

ANNEXURE III

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

Certified	that Shri/S	Smt./Kumari	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
an applicant for adn	nission to Dij	ploma in Veterin	ary Sciences	and Animal Ho	ealth Tech	ınology
programme at Guru	Angad Dev	Veterinary and	Animal Scie	ences Universit	y, Ludhia	na is a
son/daughter/ son"s	son/ daught	ter"s daughter (c	delete which	ever is not app	plicable) o	of Shri
	who is freed	lom fighter/Tamra	a Patra hold	ler and/or draw	ing pensio	n form
	treasury	as per Punjab	Govt. Rul	es/Instructions	wide let	ter no
	da	ated	•••••			
Place			Signatu	ıre		
Date			Designa	ation		
			(v	with seal of office	ce)	

Authority competent to issue F/F 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 BEINGCHILD/WARD OF SERVING DEFENCE OR EX-SERVICEMEN OF INDIAN ARMY, AIR FORCEAND NAVY

Certified that Ms./ Mrson/daughter of Mr.
is a resident of Punjab/Union Territoryof Chandigarh
Sh./Smtis /was a father/mother/guardian of Ms./Mr.
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
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
- 3) 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/guardia	n of Mr./Ms		(Name of the
candidate) who has be	en/is:		
(Inter-se priority/prefere	nce for reservation is	s as below)	
Priority I: Killed in acti	on		
Priority II: Disa	oled in action to the	extent of 50% and above	
Priority III: Winners of Gallantry	Gallantry award/Pre	esident' Police Medal for Gal	lantry/Police Medal for
This certificate is being	s issued for admission	n purpose only to Mr./ Ms	
to apply for		(name of the course) in	Guru Angad Dev Veterinary
and Animal Sciences	University, Ludhiar	na.	
Place		Signature & So	eal of the issuing authority
Date			
*Strike through whiche	ver is not applicable		
<i>'</i>	•	b Police personnel, Punjab A sonnel, the certificate may b	

ii) In case the certificate is found to be false or incorrect, the candidate will render

himself/herself liable for criminal prosecution.

(HQ), Punjab.

ANNEXURE V

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

1.	It is certified that Shri/Smt./Kumari son/daughter/d	of
	Sh./Smt. was/ is father/mother/guard	lian
	of Mr./Ms (Name of	the
	candidate) resident of (Name	of
	Village, Tehsil (in case the deceased belonged to rural area) house number, name	e of
	mohalla and area of town to which he/she belongs) was killed/100% physic	ally
	disabled by the terrorists/security forces acting in aid of civil power	on
	in village/moh	alla
	Tehsil/Town Dist	trict
	He was neither terrorist nor having any links with s	uch
	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 Scien	ices
	University, Ludhiana.	
	Place Signature Date 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	at Mr./Msyears
son/daughter Sh	Resident of Tehsil
District	has been examined by Dr.
or a m	edical board of Civil Hospital
consisting of Dr	, Dr and Dr
His/her report is as under:	
• Name of the Diseas	se
• Whether the Disease is pro	ogressive or non-progressive
• Whether the candidate is f	it to carry on studies
• He/she is physically handi	capped and his/her disability is%
• His/her signatures are give	en below:
Photograph pasted with	
gumand then attested by the Civil Surgeon of the	Signature
District.	Designation
	(With seal of office)
	(This boar 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 disability.
- 2 Single specialist doctor for single disability.
- **N.B.:** In case the certificate is found to be false or incorrect, the candidate will renderhimself/ herself liable for criminal prosecution.

ANNEXURE VII

Recent Passport size photograph ofdeclarant

SELF DECLARATION

ĸ	SELE DECI	ARATION	OF THE PARENTS	/GIIARDIAN
		/AIX /A I IX /I X		/

	I		• • • • • • • •	Father	/Mother/	Guardian	of	-	Miss/Mr	
			. Resident	of	(Full	address	to	be	given)	
				•••••			do	, here	by,	
sole	emnlystat	e and affirm as unde	er:							
1.	That I as	n a citizen of India.								
	or									
	I am ove	erseas citizen of India	(proof attac	ched)						
2.	That nei	ther the declarant no	r the child l	nas obt	ained the	benefit of	Resid	ence i	n any other st	ate.
3.	That my	son/daughter/ward h	as not been	involv	ed in any	unlawful a	ctivity	7.		
4.	That my board/un	son/daughter/ward iversity.	has not pa	assed t	he quali	fying exam	inatio	n fron	n more than	one
5.		y stage, the information stage, the information ward is liable to	_		s found	false/wron	g, the	e adm	ission of m	у
Dat	ed]	DECL	ARA	NT	
			V	[/] erifica	ation:					
	Verif	ied that the contents	of my abov	e decl	aration a	re true and	correc	ct to th	ne best of my	r
kno	owledge a	nd belief and nothin	ng has been	conce	aled there	eof.				
Dat	ed					D	ECLA	RAN	T	

ANNEXURE VII -A

RESIDENCE CERTIFICATE (SPECIMEN FORMAT)

**CERTIFICATE TO BE ISSUED BY THE PRINCIPAL/HEAD MASTER OF THEGOVERNMENT/ RECOGNISED SCHOOL/ COLLEGE CONCERNED

CONCEI IN CASE OF CA	
D/o/ S/o Sh	has been a student of this
School/College for a period of	
He/ She left	the School/College on
Date	Signature of Principal/Head Masterof the School/ College (with seal)
IN CASE OF	UED BY HEAD OF DEPARTMENT CATEGORY (ii) (a)
employee of the	
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
with the	
Place	Head of the Department
Date	(With Seal)

**CERTIFICATE TO BE ISSUED BY THE RESPECTIVE HEAD OF THE DEPARTMENTIN THE CASE OF CATEGORY (ii) (b) Certified that Mr./Ms					
is an employee of the	of Govt. of India and he/				
she is working as He	She has been posted at Chandigarh/ Punjab in				
connection with the affairs of Punjab G					
connection with the arraits of 1 tingao of	•				
D	Head of the Department				
Date	(With Seal)				
HEAD OF THEDE CATEGORY (ii) (
	S/o/W/o Sh is father/mother of				
Miss/Mr	is an employee of the of				
asHe/S	Government of Punjab and is working he has been posted at Chandigarh/Punjab in Government for the past three years Head of the Department				
Date	(With Seal)				
**CERTIFICATE TO BE RESPECTIVE DEPARTMENT IN THE CASE Certified that Mr./Ms	ISSUED BY THE HEAD OF THE OF CATEGORY (ii) (d)S/o/W/oSh. is				
thebody/company) Government has 20% or masand	nore share. He/ She is working				
	Head of the Department				
Date	(With Seal)				

**RESIDENCE CERTIFICATE TO BE ISSUED BY THE DC, ADC(R), ADC (D),
SDO (Civil), GA to DC, DORG, DRO, EM, TEHSILDAR, COMISSIONERS OF
MUNICIPAL CORPORATIONS OF AMRITSAR, JALANDHAR, PATIALA AND LUDHIANA IN CASE OF CATEGORY (iv).
` '
Certified that Mr./ Mrs. S/o/W/o Sh.
*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
Date

Signature Of DC, ADC (R), ADC (D), 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.

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

Certified	that	M1ss/Mr
S/o/D/o	Sh	
Resident	of	was born in
Punjab as	s per Birth Certif	icate.
		Signature of DC, ADC (R), ADC
		(D), SDO (Civil), GA to DC,
		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

ISon/daughter of
resident of(fu
address to be given) do hereby solemnly declare and affirm as under:
1. That I have passed 10+2 examination held infrom
(School/ College).
2. That I have not joined any college/ institution after passing 10+2.
or
That I have joined the course
w.e.f. (name of Institution)
and will leave the same before joining the Diploma
in Veterinary Science and Animal Health Technology.
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 Bathind	la	Date	ed
	l that Shri/ Smt/			
Son/ Daughter/ Wif	e of		is perma	nent resident of
Village Kaljharani,	Tehsil Bathinda, Di	i strict Bathinda, Pu	njab.	
Further	Certified that the	Certificate has	been issue	d in
accordance with Pu	njab Govt. Instructio	ns contained in Le	tter 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		
					of village/		
	town	district)			District/		
	Divisi	on State of Pun	jab is a permanent re	esident of a ru	ral area (village).		
2.	He/she	has studied for	or a minimum of tw	vo years and	passed Matric and Higher		
	Secondary Part-1 or +2 from a school w			hich is situated in rural area.			
		•					
		• • • • • • • • • • • • • • • • • • • •		•	ature		
	Date .				gnation seal of office)		
		Author	rity competent to is	sue 'Rural A	rea' Certificate:		

N.B.:

(i)

(ii)

Sub Divisional Magistrate

GA to DC

- 1. The school should not fall within the limits of any Municipal Committee, notified area or a Cantonment Board. Schools like Dashmesh Academy and those situated in University Campuses, Nangal Township and Talwara Township are excluded from the list of schools in the rural category.
- 2. In case the certificate is found to be false or incorrect, the candidate will render himself/herself liable for criminal prosecution.

ANNEXURE IX-C

CERTIFICATE IN SUPPORT OF CLAIM OF BORDER AREA CANDIDATE

Dispatch No.	Date:
It is certified that Shri/Smt./Kumari	(1 1 2 661 :
	son/daughter of Shri
	of village/
town (district)	District/
Division/State of Punjab is a resident of a box	rder area (village) within the belt of
10 K.M. from the International Border.	
Place	Signature Designation (with seal of office)

Authority competent to issue 'Border Area' Certificate:

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

N.B.:

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

ANNEXURE IX-D

CERTIFICATE IN SUPPORT OF CLAIM OF BORDER AREA CANDIDATE

Dispatch No	Date							
It is certified that Shri/Smt/Ku son/daughter of Shri.	mariof village/ town							
(district)	_							
examination (Matric or Hig	her Secondary Part-1) from							
	school/ College							
located in border village/town. The	date of joining the school/college is							
and the date of leaving the se	chool/college is							
Place	Signature							
Date	Designation (with seal of office)							

Authority competent to issue "Border Area" Certificate: Headmaster/ Principal of the institution.

N.B.:

- 1. The school should not fall under the District Towns of Ferozepur and Gurdaspur.
- 2 In case the certificate is found to be false or incorrect, the candidate will render himself/herself liable for criminal prosecution.

ANNEXURE X-A

UNDERTAKING BY PARENT/GUARDIAN REGARDING ANTI-RAGGING

1.	Ι,					
	Father/Mother/Guardian of	have	carefully	read	and	fully
	understood the law prohibiting ragging and the direction	ns of the	e Hon'ble S	Suprem	e Cou	rt and
	the Central/State Government in this regard on curbi	ng the r	menace of	raggin	g in H	ligher
	Educational Institutions.					
2.	I assure you that my son/daughter/ward will not indulge	in any A	Act of Ragg	ing.		
3.	I hereby agree that if he/she is found guilty of any aspect	of raggii	ng, he/she n	nay be	punish	ed as
	per the provisions of the Regulations the Law in force	•				
	Signed thisday ofmonth of	y	ear			
			S	ignatu	re	
		Add	lress:			
		M	lobile 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
		ਾਰ/ਰਾਜ ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ ਰੈਗਿੰਗ ਸੰਬੰਧੀ ਕਾਨੂੰਨ ਚੰਗੀ	
2.	ਮੈਂ ਆਪ ਜੀ ਨੂੰ ਵਿਸ਼ਵਾਸ਼ ਦਿੰ ਲਵੇਗਾ।	ਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਬੇਟਾ∕ਬੇਟੀ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦੀ ਰੈੈਗਿੰਗ ਸੰਬੰਧੰ	ੀ ਕਿਸੇ ਕਾਰਵਾਈ ਵਿੱਚ ਹਿੱਸਾ ਨਹੀਂ
3.	•	ਂ ਸਹਿਮਤ ਹਾਂ ਕਿ ਜੇਕਰ ਮੇਰਾ ਬੇਟਾ/ਬੇਟੀ ਰੈਗਿੰਗ ਸੰਬੰਧੀ ਕਿਸੇ ਦਾ ਹੈ ਤਾਂ ਉਹ ਸਰਕਾਰ ਦੀਆਂ ਹਦਾਇਤਾਂ ਮੁਤਾਬਕ ਸਜ਼ਾ ਦਾ ਰ	•
ਮਿਤੀ:			
			ਹਸਤਾਖਰ
		-	
		7	ਪਤਾ
		ਮੋਬਾ	ਇਲ ਨੰਬਰ
ਗਵਾਹ	1		
ਪਤਾ_			
ਮੋਬਾਇ	ਲ ਨੰਬਰ		
ਗਵਾਹ	2		
ਪਤਾ_			
ਮੋਬਾਇ	ਲ ਨੰਬਰ		

ANNEXURE XI

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

		ELECTIO	ON COMI	VISSION	OF IND	NΑ		
	FORM-6 Ackno		cknowledg	wledgement No				
A Comment	(See Rules 13(1) and 26) of Registration of Electors Rule-1960				(To be filled by office)			
Application fo	r Inclusion	of Name	e in Elec	toral R	oll for	First time	Voter	OR on Shifting
from One Cons	stituency t	o Anothe	er Const	ituency	'.			
To, The Electoral Registr	ation Officer			Δςςρ	mhly / Parli	amentary Consit	ituency	
								SPACE FOR PASTING ONE
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								RECENT PASSPORT SIZE
Particulars in suppor		or inclusion in	the electo	ral roll are	given bel	ow:-		PHOTOGRAPH (3.5 CM X
Mandatory Particulars								3.5 CM) SHOWING FRONTAL VIEW OF FULL
								FACE WITHIN THIS BOX
(b) Surname(if any)								
(c) Name and surname Applicant [see item (d)]	of Relative of							
(d) Type of Relation (Tick appropriate box)		Father	Mot	her	Husba	nd W	ife	Other
(e) Age [as on 1 st Janua	ry of current cale	endar year]	Years		Months		
(f) Date of Birth (in DD,	/MM/YYYY forma	it)(if known)						
(g) Gender of Applican	t (Tick appropriate b	ox)	Male	Fe	emale	Third Geno	ler	
(h)Current address who	ere applicant is o	rdinarily reside	ent	House	e No.			
Street/Area/Locality								
Town/Village								
Post Office						Pin Code		
District	•				State/U1	· .		
(i) Permanent address	of applicant	House No.						
Street/Area/Locality								
Town/Village								
Post Office						Pin Code		
District					State/U	IT		
(j)EPIC No. (if issued)					•			
Optional Particulars	<u>.</u>							
(k) Disability (if any) (Tick appropriate box)	Visual	impairment	Speech 8	& hearing d	isability	Locomotor	disability	Other
(I) Email id (optional)								
(m) Mobile No. (option	nal)							

		clare that to the best of knowledg			Distric	.4			Ctata				
		nd place of my birth is Village/Tov at the address given at (h) above											
		ne inclusion of my name in the ele							(,	, , .	
*(iv)My name has not already been included in the electoral roll for this or any other assembly/ parliamentary constituency													
*Mv name mav l	have been	included in the electoral roll for_	OR			Constitue	ncv i	in					
		arily resident earlier at the addres		ow and	if so, I						elete	d from	that
electoral roll.			. 1:6:										
House No.	er place o l	f ordinary residence (if applying d			ner cor	nstituency)							
House No.	use No. Street/Area/Locality												
Town/Village	own/Village							_					
Post Office					Pin C	ode							
District						State/UT	-						
I am aware tha	t makina i	a statement or declaration which	is false and wh	ich I kno	w or h	pelieve to h	e fal	se or	do not	helie	ve to	he tru	e. is
		31 of the Representation of the Po				remere to b	c jui.	<i>50 01</i>	uo 1101	Dene	VC 10	DC tru	5, 15
Place													
Date				Sign	ature	of Applica	nt						
Remarks of Fig	eld Level	Verifying Officer:											
		(To be filled by Electo	Details of action to oral Registration C		the cor	nstituency)							
			-										
		/ Shrimati/ Kumari										me in	the
		has been accepted/ rejected. [on [under or in pursuance of re					er or	in pu	ırsuan	ce of	rule		
2, 2, 2, 3 - 2, 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2													
Place:													
Date: Signature of ERO Seal of the ERO													
Date. Signature of ERO Sedi 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 t	he addre	ss as given by the applicant)									1		
The application	n in Form	6 of Shri/Shrimati/Kumari										age Stamp	
	Current address where applicant is ordinarily resident. House No.												
	Street/Area/Locality Registration Authority at the time of disparse.												
Town/Village time of dispatch													
Post Office						Pin Code		7 -		7 -	-		\dashv
				T 61 1	/ı 					<u> </u>			
District				State,	/01								
Has been (a) a	ccepted a	and the name of Shri/Shrimati/	Kumari										
Has been registered at Serial Noin Part Noof AC Noof AC No													
(b) rejected for the reason													
Date:	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
* strike off the option not appropriate	