

## ANNEXURE I (FORM A)

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

Despatch 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 recognised 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 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_  
(with seal of office)

#### **Authorities competent to issue SC/ST Certificate**

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.

**Note :** 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)

Paste Passport size  
photograph with  
gum

**Do not staple**

#### 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/GRAND CHILDREN OF FREEDOM FIGHTER (FF)**

Certified that Mr./Ms. \_\_\_\_\_ an applicant for admission to undergraduate/postgraduate 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 \_\_\_\_\_ and resident of \_\_\_\_\_ 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)

**Authorities competent to issue FF Certificate**

Deputy Commissioner/Additional Deputy Commissioner/GA to Deputy Commissioner of the Distt. to which the freedom fighter belongs.

**Note :** 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.
- 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/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 CIVILIANS KILLED/100% PHYSICALLY INJURED BY TERRORIST/SECURITY FORCES ACTING IN AID OF CIVIL POWER (TA)**

1. It is certified that Mr./Ms. \_\_\_\_\_ son/daughter/wife of Sh./Smt. \_\_\_\_\_ was /is father/mother/guardian of Mr./Ms. \_\_\_\_\_ (Name of the candidate) resident of \_\_\_\_\_ Name of the 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. \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

(with seal of office)

**Authorities competent to issue TA Certificate**

Deputy Commissioner/Additional Deputy Commissioner/GA to Deputy Commissioner of the District/Sub-Divisional Officer (C)

**Note :** 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. \_\_\_\_\_ aged about \_\_\_\_\_  
years son/daughter of Sh. \_\_\_\_\_ Resident of \_\_\_\_\_ Tehsil \_\_\_\_\_  
District \_\_\_\_\_ has been examined by Dr. \_\_\_\_\_  
or a medical board of Civil Hospital \_\_\_\_\_ consisting of Dr. \_\_\_\_\_  
Dr. \_\_\_\_\_ & 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 :

Paste Passport size  
photograph first with  
gum and then get  
attested by Medical  
Officer conducting  
medical test.  
  
**Do not staple**

Signature \_\_\_\_\_

Designation \_\_\_\_\_

(with seal of office)

\_\_\_\_\_  
Signature of the Candidate

**Authorities competent to issue Disability Certificate**

Civil Surgeon through a medical board consisting of at least three members out of which one shall be a specialist in the particular field for assessing locomotor/cerebral/visual/hearing disabilities, as the case may be in case of multiple disabilities. 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**

**SELF DECLARATION OF THE PARENTS/GUARDIAN**

Latest passport  
size photograph of  
declarant

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 Ms./Mr. \_\_\_\_\_

D/o/S/o Sh. \_\_\_\_\_ has been a student of this School/College  
for a period of \_\_\_\_\_ years, from \_\_\_\_\_ to \_\_\_\_\_.

He/She left the School/College on \_\_\_\_\_.

Date \_\_\_\_\_

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

OR

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

Certified that Mr./Ms. \_\_\_\_\_ S/o/W/o Sh. \_\_\_\_\_

father/mother of Ms./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 Sh. \_\_\_\_\_ is father/mother of Ms./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 of service at his/her credit.

Place \_\_\_\_\_

Date \_\_\_\_\_

Head of the Department (with Seal)

OR

\*\*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 Ms./Mr. \_\_\_\_\_ is an employee 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 Government for the past three years.

Date \_\_\_\_\_

Head of the Department (with Seal)

OR

\*\*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 Ms./Mr. \_\_\_\_\_ is an employee of \_\_\_\_\_ (Institution/Undertaking) of the Government of Punjab and is working as \_\_\_\_\_. He/She has been posted at Chandigarh/Punjab in connection with affairs of Punjab Government for period of past three years.

Date \_\_\_\_\_

Head of the Department (with Seal)



OR

\*\*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 Ms./Mr. \_\_\_\_\_ is an employee of \_\_\_\_\_ . (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 service in the above said autonomous body/company.

Date \_\_\_\_\_

Head of the Department (with Seal)

OR

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

Certified that Mr./Mrs. \_\_\_\_\_ S/o/W/o Sh. \_\_\_\_\_ father/mother/guardian of Mr./Ms. \_\_\_\_\_ (name of the Child/Ward with full address) has settled\* in Punjab or has resided\* in Punjab for a period of 5 years from \_\_\_\_\_ to \_\_\_\_\_ . He/She is working as \_\_\_\_\_ (name of profession, designation and job).

\*Strike out 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, Patiala and Ludhiana.



OR

\*\*RESIDENCE CERTIFICATE TO BE ISSUED BY THE 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 IN CASE OF CATEGORIES (v).

Certified that Mr./Mrs. \_\_\_\_\_  
S/o/W/o Sh. \_\_\_\_\_ father/mother/guardian  
Mr./Miss \_\_\_\_\_ (name of the Child/Ward with full address) hold  
immovable property at (place & 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, Revenue Record, Municipal Record, Registered deed or any other document to the full satisfaction of the DC.

OR

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

Certified that Ms./Mr. \_\_\_\_\_ S/o/D/o Sh. \_\_\_\_\_  
resident of \_\_\_\_\_ was born in Punjab as per Birth Certificate.

Date \_\_\_\_\_

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

\* 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

### CERTIFICATE FOR INSERVICE CANDIDATES TO BE ISSUED BY THE HEAD OF SECTION/ DEPARTMENT/OFFICE OF THE GADVASU/PAU, OR PUNJAB GOVT. OR UNION TERRITORY OF CHANDIGARH OR CENTRAL GOVT. ORGANIZATIONS

1. Certified that Shri/Smt./Kumari \_\_\_\_\_ is employed in the office of \_\_\_\_\_ as \_\_\_\_\_ since \_\_\_\_\_. Also certified that he/she submitted his/her application to this office on for onward transmission to the Registrar, Guru Angad Dev Veterinary and Animal Sciences University, Ludhiana.
2. Certified that his/her service record, so far as known to me, is good and I am not aware of any circumstances which may render him/her ineligible for admission to Guru Angad Dev Veterinary and Animal Sciences University, Ludhiana.
3. Certified that he/she has completed the period of probation of the post held by him/her.

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

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Section/Deptt./Office \_\_\_\_\_



**ANNEXURE IX-A**

**CERTIFICATE TO BE PRODUCED BY THE CANDIDATE IN SUPPORT OF CLAIM OF  
KASHMIRI MIGRANT (KM)**

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

Date \_\_\_\_\_

It is certified that Mr./Mrs. \_\_\_\_\_ Son/daughter  
of \_\_\_\_\_ Resident of \_\_\_\_\_ Tehsil \_\_\_\_\_  
District \_\_\_\_\_ is a Kashmiri migrant. He/She is original resident of \_\_\_\_\_  
Tehsil \_\_\_\_\_ District \_\_\_\_\_.

The Certificate is being issued to Sh./Smt./Kumari \_\_\_\_\_ to apply for admission  
to \_\_\_\_\_ programme at Guru Angad Dev Veterinary and Animal Sciences University, Ludhiana.

Signature \_\_\_\_\_

Designation \_\_\_\_\_

(with seal of office)

**Authorities competent to issue Kashmiri Migrant Certificate**

District Magistrate of the District of origin of the person.

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

## 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/ Division State of Punjab is a  
permanent resident of a rural area (village).
2. He/she has studied for a minimum of two years and passed Matric and Higher Secondary Part-1 or +2 from a school  
which is situated in rural area.

Place .....

Signature.....

Date .....

Designation .....

(with seal of office)

#### Authority competent to issue 'Rural Area' Certificate:

- (i) Sub Divisional Magistrate
- (ii) GA to DC

#### N.B.:

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 .....  
son/daughter of Shri ..... of village/ town  
(district).....District/Division State of Punjab is a resident of  
a border area (village) within the belt of 10 K.M. from the International Border.

Place .....

Signature.....

Date .....

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./Kumari .....  
son/daughter of Shri ..... of village/ town  
(district).....District/Division State of Punjab has passed public  
examination (Matric or Higher 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 school/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**

**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/Bachelor's/Master's examination held in \_\_\_\_\_ from  
\_\_\_\_\_ (School/College)

2. That I have not joined any college/institution after passing 10+2/Bachelor's/Master's examination.

Or

That I have joined the course \_\_\_\_\_ at \_\_\_\_\_  
(Name of the institution) w.e.f. \_\_\_\_\_ and will leave the same before joining  
the B.V.Sc. & A.H./B.F.Sc./B.Tech. (Dairy Technology)/B.Tech. (Biotechnology)/M.V.Sc./M.Sc./M.F.Sc./  
M.Tech./Ph.D. (as applicable).

Or

That I am working at \_\_\_\_\_ as \_\_\_\_\_.

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 this period.

Dated \_\_\_\_\_

Signature of Candidate



## ANNEXURE XI-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 XI-B**

**ਮਾਤਾ/ਪਿਤਾ/ਸਰਪ੍ਰਸਤ ਵੱਲੋਂ ਸ਼ਪਥ ਪੱਤਰ**

1. ਮੈਂ \_\_\_\_\_ ਪਿਤਾ/ਮਾਤਾ/ਸਰਪ੍ਰਸਤ \_\_\_\_\_  
\_\_\_\_\_ ਮਾਨਯੋਗ ਸੁਪਰੀਮ ਕੋਰਟ/ਕੇਂਦਰ ਸਰਕਾਰ/ਰਾਜ ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ ਰੈਗਿੰਗ ਰੋਕਣ ਸਬੰਧੀ ਕਾਨੂੰਨ ਚੰਗੀ ਤਰਾਂ ਪੜ੍ਹ ਲਿਆ ਹੈ ਅਤੇ ਸਮਝ ਲਿਆ ਹੈ।
2. ਮੈਂ ਆਪ ਜੀ ਨੂੰ ਵਿਸ਼ਵਾਸ ਦਿੰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਬੇਟਾ/ਬੇਟੀ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦੀ ਰੈਗਿੰਗ ਸਬੰਧੀ ਕਿਸੇ ਵੀ ਕਾਰਵਾਈ ਵਿੱਚ ਹਿੱਸਾ ਨਹੀਂ ਲਵੇਗਾ।
3. ਮੈਂ ਇਸ ਗੱਲ ਨਾਲ ਪੂਰੀ ਤਰਾਂ ਨਾਲ ਸਹਿਮਤ ਹਾਂ ਕਿ ਜੇਕਰ ਮੇਰਾ ਬੇਟਾ/ਬੇਟੀ ਰੈਗਿੰਗ ਸਬੰਧੀ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦੀ ਕਾਰਵਾਈ ਵਿੱਚ ਹਿੱਸਾ ਲੈਂਦਾ ਹੈ ਜਾਂ ਦੋਸ਼ੀ ਪਾਇਆ ਜਾਂਦਾ ਹੈ ਤਾਂ ਉਹ ਸਰਕਾਰ ਦੀਆਂ ਹਦਾਇਤਾਂ ਮੁਤਾਬਕ ਸਜ਼ਾ ਦਾ ਹੱਕਦਾਰ ਹੋਵੇਗਾ।

ਮਿਤੀ:

ਹਸਤਾਖਰ

\_\_\_\_\_

ਪਤਾ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ਮੋਬਾਇਲ ਨੰ: \_\_\_\_\_

ਗਵਾਹ 1:

ਪਤਾ \_\_\_\_\_

\_\_\_\_\_ ਮੋਬਾਇਲ ਨੰ: \_\_\_\_\_

ਗਵਾਹ 2:

ਪਤਾ \_\_\_\_\_

\_\_\_\_\_ ਮੋਬਾਇਲ ਨੰ: \_\_\_\_\_



**ANNEXURE XII**

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

<p><b>ELECTION COMMISSION OF INDIA</b> <b>FORM-6</b> <small>(See Rules 13(1) and 26) of Registration of Electors Rule-1960</small></p>	Acknowledgement No. _____ (To be filled by office)
<p><b>Application for Inclusion of Name in Electoral Roll for First time Voter OR on Shifting from One Constituency to Another Constituency.</b></p>	
<p>To, The Electoral Registration Officer, .....Assembly / Parliamentary Constituency</p>	
I request that my name be included in the electoral roll for the above Constituency. (Tick appropriate box) <b>As a first time voter</b> <input type="checkbox"/> <b>or due to shifting from another constituency</b> <input type="checkbox"/>	
Particulars in support of my claim for inclusion in the electoral roll are given below:-	
<p><b>Mandatory Particulars</b></p>	
(a) Name	
(b) Surname(if any)	
(c) Name and surname of Relative of Applicant [see item (d)]	
(d) Type of Relation (Tick appropriate box)	Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other <input type="checkbox"/>
(e) Age [as on 1 <sup>st</sup> January of current calendar year.....]	Years <input type="checkbox"/> <input type="checkbox"/> Months <input type="checkbox"/> <input type="checkbox"/>
(f) Date of Birth (in DD/MM/YYYY format)(if known)	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(g) Gender of Applicant (Tick appropriate box)	Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender <input type="checkbox"/>
(h)Current address where applicant is ordinarily resident	House No. _____
Street/Area/Locality	
Town/Village	
Post Office	Pin Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
District	State/UT _____
(i) Permanent address of applicant	House No. _____
Street/Area/Locality	
Town/Village	
Post Office	Pin Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
District	State/UT _____
(j)EPIC No. (if issued)	
<p><b>Optional Particulars</b></p>	
(k) Disability (if any) (Tick appropriate box)	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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>DECLARATION - I hereby declare that to the best of knowledge and belief –</b></p>	
(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	
<p><b>OR</b></p>	
*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	



# PROSPECTUS 2023-24

Address of earlier place of ordinary residence (if applying due to shifting from another constituency)					
House No.		Street/Area/Locality			
Town/Village					
Post Office		Pin Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
District		State/UT			
<i>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).</i>					
Place.....					
Date..... Signature of Applicant.....					
<b>Remarks of Field Level Verifying Officer:</b>					
<b>Details of action taken (To be filled by Electoral Registration Officer of the constituency)</b>					
The application of Shri / Shrimati/ Kumari .....for 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	<input type="text"/>	<input type="text"/>	
District		State/UT			
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.....					
<b>Acknowledgement/Receipt</b>					
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					

**ANNEXURE XIII**

**Govt. of Punjab**

**(Name and Address of the Authority issuing the certificate)**

**INCOME AND ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTION**

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

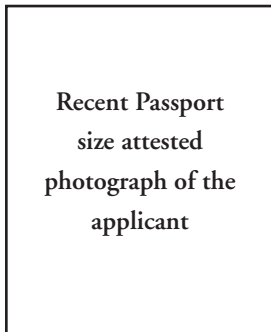
Date \_\_\_\_\_

**VALID FOR THE YEAR** \_\_\_\_\_

1. This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_ Village/Street \_\_\_\_\_ PostOffice \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her family\*\* is below Rupees 8.0 Lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/Her family does not own or possess any of the following assets\*\*\*:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Schedule Caste, Schedule Tribe and other Backward Classes (Central List)



Signature with seal of Office

Name \_\_\_\_\_

Designation \_\_\_\_\_

\*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term “Family” for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a “Family’ in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.