

Application ID \_\_\_\_\_

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

**ADMISSION FORM FOR DIPLOMA IN VETERINARY SCIENCE AND ANIMAL HEALTH  
TECHNOLOGY  
(Academic Session 2022-23)**

**(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**

**Aadhaar / 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. Place of residence (District and State) .....  
 (attach certificate as per Annexure VII-A/X) .....
6. Reserved category (ies) under which admission sought .....  
 (SC/ST/BC/SP/FF/AF/TA/KJR/DP) (Bring the original as  
 well as the attested copy (ies) of the certificates as prescribed  
 in Annexure I to VI, 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/expelled/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.

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

1. Self-attested copies of educational qualification certificates and mark sheets from 10<sup>th</sup> 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. Self-attested copy of the Residence Certificate obtained from the competent authority in the prescribed format (Annexure VII A).
4. Self-declaration by the parent/guardian in the prescribed format (Annexure VII).
5. 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).
7. Self-undertaking of gap in study period, if applicable (Annexure VIII).
8. Undertaking regarding Anti-Ragging (Annexure X-A, B).
9. 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).
10. Copy of Application form submitted online.
11. Aadhaar/UID card.

**Note:**

- (i) Original Certificates/Testimonials, Aadhaar 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.
- (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 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 (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 \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

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.

ANNEXURE II (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 (F/F)**

Certified that Shri/Smt./Kumari .....  
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/ daughter's daughter (delete whichever is not applicable) of Shri  
..... who is freedom fighter/Tamra Patra holder and/or drawing pension form  
..... treasury as per Punjab Govt. Rules/Instructions wide letter no  
..... dated .....

Place .....

Date.....

Signature.....

Designation.....

(with seal of office)

**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 BEING CHILD/WARD OF SERVING DEFENCE OR EX-SERVICEMEN OF INDIAN ARMY, AIR FORCE AND NAVY**

Certified that Ms./Mr. .... son/daughter of Mr

..... 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 & Seal of the issuing authority

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.

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 about..... years  
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 Civil  
Surgeon of the District.

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 disability.
2. Single specialist doctor for single disability.

**N.B.:** 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 Miss/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.
- 6.

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 of .....years, 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.....

Head of Department.

Place.....

(Seal)

OR

Certified that Mr./Ms ..... S/o/W/o Sh.....is  
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.....

Head of the Department

Date.....

(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 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 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 from.....  
to ..... He/she is working as .....

\*Strike out whichever is not applicable.

(name of profession, designation and job).

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

Date.....

**\*\*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 ..... (place ..... and  
district)..... in the state of  
Punjab for the past..... years.

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.

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 (vi).**

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

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**

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

Date:.....

.....  
Signature of the Candidate

**Annexure IX**

**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 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 ਸ਼ਪਥ ਪੱਤਰ

1. ਮੈਂ \_\_\_\_\_ ਪਿਤਾ/ਮਾਤਾ/ਸਰਪ੍ਰਸਤ \_\_\_\_\_  
\_\_\_\_\_ ਮਾਨਯੋਗ ਸੁਪਰੀਮ ਕੋਰਟ/ਕੇਂਦਰ ਸਰਕਾਰ/ਰਾਜ ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ ਰੈਗਿੰਗ  
ਚੋਕਣ 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 XI

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



ELECTION COMMISSION OF INDIA

**FORM-6**

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

(See Rules 13(1) and 26) of Registration of Electors Rule-1960

(To be filled by office)

### Application for Inclusion of Name in Electoral Roll for First time Voter OR on Shifting from One Constituency to Another Constituency.

To, The Electoral Registration Officer, .....Assembly / Parliamentary Constituency

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:-

SPACE FOR PASTING ONE  
RECENT PASSPORT SIZE  
PHOTOGRAPH (3.5 CM X  
3.5 CM) SHOWING  
FRONTAL VIEW OF FULL  
FACE WITHIN THIS BOX

**Mandatory Particulars**

(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  Mother  Husband  Wife  Other

(e) Age [as on 1<sup>st</sup> January of current calendar year.....]

Years   Months

(f) Date of Birth (in DD/MM/YYYY format)(if known)

/   /

(g) Gender of Applicant (Tick appropriate box)

Male  Female  Third Gender

(h) Current address where applicant is ordinarily resident

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

Street/Area/Locality

Town/Village

Post Office

Pin Code

District

State/UT

(i) Permanent address of applicant

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

Street/Area/Locality

Town/Village

Post Office

Pin Code

District

State/UT

(j) EPIC No. (if issued)

**Optional Particulars**

(k) Disability (if any) (Tick appropriate box)

Visual impairment  Speech & hearing disability  Locomotor disability  Other \_\_\_\_\_

(l) Email id (optional)

(m) Mobile No. (optional)

**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

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

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"/>
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/ 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"/>	
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.....

**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