

# Haryana Vishwakarma Skill University

Admission Form (2017-18)

Sr. No. \_\_\_\_\_ (To be filled by office)

Admission in NSQF Level 7 B.Sc. Automotive Mechatronics  
NSQF Level 7 B.Sc. Automotive Manufacturing

Paste here latest  
colored  
Photograph

Rank: \_\_\_\_\_

Entrance Exam Roll No. \_\_\_\_\_

1. Name of the Candidate  
(As per Matriculation certificate) in Capital letters
2. Father's Name  
(As per Matriculation certificate) in Capital letters
3. Mother's Name  
(As per Matriculation certificate) in Capital letters
4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date / Month/ Year
5. Gender : Male/ Female \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Religion: \_\_\_\_\_
8. Aadhaar No: \_\_\_\_\_
9. Category; \_\_\_\_\_ (Gen /BC- A / BC-B/ SC/ST)
10. Person with Disabilities(PwD)  
(Yes/ No) \_\_\_\_\_
11. Belongs to any minority category(Yes/No) \_\_\_\_\_  
(If yes, please specify): \_\_\_\_\_
12. Last examination passed: 12<sup>th</sup> / ITI/Diploma/ NSQF level 4): \_\_\_\_\_ From (Haryana / Other than) \_\_\_\_\_ Please  
provide the name of the State; \_\_\_\_\_ District: \_\_\_\_\_ year of pass \_\_\_\_\_.
13. Haryana Domicile (Yes/No): \_\_\_\_\_

## 14. Qualification

Sr. No.	Examination	Board	Year & Month of passing	Subject / Trade / specialization	% of Marks / Grade /CGPA
01	10 <sup>th</sup>				
02	NSQF level 4				
	10+2				
	ITI				
	Diploma				

15. Correspondence Address:

House No.: \_\_\_\_\_ Gali /Mohalla/Colony:\_\_\_\_\_

City / Village:\_\_\_\_\_ Tehsil:\_\_\_\_\_ District : \_\_\_\_\_

State:\_\_\_\_\_ Pin Code: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate email;\_\_\_\_\_

Contact No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

16. Phone No. / Contact No. of Father / Local Guardian \_\_\_\_\_

17. Hostel required; Yes / No \_\_\_\_\_ (*On-the-Job-training will be in Shifts*)

18. How you come to know about this course please mark  
(i) FM (ii) New Paper  
(iii)University Website (iv) Friend relatives / other (Please specify)

19. Copy of Document to be attached in two sets (Self attested)

(i) Age proof i.e. 10 <sup>th</sup> certificate	(vii) Bank Account passbook Copy
(ii) Certificate of 12 <sup>th</sup> / ITI / Diploma	(viii) Photographs 5
(iii) Certificate of NSQF L4 (if applicable)	(ix) Character certificate
(iv) Haryana Resident Certificate(Annexure-I)	(x) Experience Certificate
(v) SC/ST/BC Certificate as per (Annexure-II & III)	(xi) Gap year Certificate (if applicable) Annexure-(v)
(vi) Aadhaar Card	(xii) Medical fitness certificate (Annexure-VI)

\*Bring all the above documents in original along with copy of two set of document

**DECLARATION BY THE CANDIDATE**

I .....hereby declare that all the information furnished in this form is true to the best of my knowledge and belief. I understand that my admission is liable to be cancelled by the University if any above information is found incorrect or misleading at any stage.

I am also briefed about the dual education system by the University, and I have understood the program and am aware that the program consists 70% OJT and 30% class room training. I also understand that the OJT requires me to work inside the company/industry on the machines and also on the shop floor.

Signature of the Candidate

Date & Place:

Name:\_\_\_\_\_

**Declaration Parent / Guardian**

I .....hereby declare that all the information furnished in this form is true to the best of my knowledge and belief. I understand that the admission of my Son /Daughter Mr. /Ms\_\_\_\_\_ is liable to be cancelled by the University if any above information is found incorrect or misleading at any stage.

I/we are also briefed about the dual education system by the University, and I/we have understood the program and aware that the program consists 70% OJT and 30% class room training. I/we also understand that the OJT requires the candidate to work inside the company/industry on the machines and also on the shop floor.

Signature of the Parents / Guardian

Date & Place:

Name:\_\_\_\_\_

**HARYANA RESIDENT CERTIFICATE  
(For Bonafide Residents of Haryana only)**

Certified that Mr./Ms. \_\_\_\_\_ son/daughter of Sh. \_\_\_\_\_ R/O  
(complete address) \_\_\_\_\_

since \_\_\_\_\_ and applicant for admission to *NSQF L7 B.Sc.* Programme in  
Haryana Vishwakarma Skill University is a bonafide resident of Haryana State in terms of Chief  
Secretary to Govt. of Haryana letter No. 62/17/95-6 GS1 dated 3.10.96 and letter No. 62/27/2003/6 GS1  
dated 29.7.2003 under clause.

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

(Signature of the attesting authority)

Date: \_\_\_\_\_

Name \_\_\_\_\_

Place: \_\_\_\_\_

Designation \_\_\_\_\_

(With legible office seal)

Note:

- i) The candidates, who have passed their qualifying examinations from the Board of Haryana are not required to produce Certificate of Haryana Resident.

## Annexure-II

Photo of  
Applicant  
to be attested by  
the Issuing  
Authority

Certificate Sr. No...../Year...../Teh.....

### SCHEDULED CASTE –CERTIFICATE

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ Son/daughter of Shri \_\_\_\_\_ resident of \_\_\_\_\_ village/town \_\_\_\_\_ Tehsil \_\_\_\_\_ District \_\_\_\_\_ of the State/ Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ Caste/Tribe, which is recognized as a Scheduled Caste/ Scheduled tribe under the Constitution (Scheduled Castes) order, 1950.

2. Shri/Smt./Kumari \_\_\_\_\_ and/or his/ her family ordinarily reside(s) in \_\_\_\_\_ Village/Town \_\_\_\_\_ of Tehsil \_\_\_\_\_ District \_\_\_\_\_ of the State/Union Territory \_\_\_\_\_.

Signature with seal of Issuing Authority

Full Name.....

Designation.....

Address with

Telephone No. with code.....

Place.....

Date.....

- Issuing Authority: Tehsildar -cum-Executive Magistrate, Naib Tehsildar - cum-Executive Magistrate. Head of Department in case of Government employees
- Strike out the paragraph which is not applicable.
- For instructions refer to [www.csharyana.gov.in](http://www.csharyana.gov.in)

## Annexure-III

Photo of  
Applicant  
to be attested by  
the Issuing  
Authority

Certificate Sr. No...../Year...../Teh.....

### BACKWARD CLASS CERTIFICATE

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ Son/daughter of Shri \_\_\_\_\_ resident of \_\_\_\_\_ village/town \_\_\_\_\_ Tehsil \_\_\_\_\_ District \_\_\_\_\_ of the State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ Caste. This caste is mentioned in the State list of BC Block \_\_\_\_\_.

(The applicant shall submit an affidavit that he/ she falls/does not fall in creamy layer)

2. Shri/Smt./Kumari \_\_\_\_\_ and/or his/ her family ordinarily reside(s) in \_\_\_\_\_ Village/Town \_\_\_\_\_ of Tehsil \_\_\_\_\_ District \_\_\_\_\_ of the State/Union Territory \_\_\_\_\_.

3. This is to certify that he/ she does not belong to the person/section (Creamy layer) as per State Govt. letter No. 1170 -SW(1) -95 dated 7-6-1995, No. 22/36/2000 -3GS- III dated 09.08.2000, No.213-SW(1)-2010 dated 31-08-2010 & No. 2 2/22/2004 3GS III dated 06.01.2014.

Signature with seal of  
Issuing Authority  
Full Name.....  
Designation.....  
Address with  
Telephone No. with code.....

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

- Issuing Authority: Tehsildar-cum-Executive Magistrate NaibTehsildar-cum-Executive Magistrate Head o Department in case of Government employees
- Strike out the paragraph which is not applicable.
- For instructions refer to [www.csharyana.gov.in](http://www.csharyana.gov.in)

**AFFIDAVIT**

(BY THE PARENTS OF THE BACKWARD CLASS CATEGORY CANDIDATES)

I \_\_\_\_\_ Father/Mother of \_\_\_\_\_ Resident of  
\_\_\_\_\_ Tehsil \_\_\_\_\_ District  
\_\_\_\_\_ seeking admission to course in Haryana do hereby solemnly affirm  
and declare that I belong to \_\_\_\_\_ Caste, which is included in the list of Backward  
Classes Block 'A' / 'B' approved by the Haryana Govt. I further declare and affirm that I and my wife /  
husband are not covered under the criteria fixed by Haryana Govt. vide letter No.  
1170/SW (1) -95 dated 7-6-95 & No. 22/22/2004-3GS III dated 06.01.2014f or excluding socially  
advanced persons / sections (Creamy Layer) from Backward Classes.

I further undertake that in case the information contained in the above para is found false at any stage,  
the Competent Authority will be entitled to cancel the admission.

Dated: \_\_\_\_\_

DEPONENT

Place: \_\_\_\_\_

**VERIFICATION**

Verified that the above statement is true and correct to the best of my knowledge and belief and nothing  
has been concealed therein

Dated: \_\_\_\_\_

DEPONENT

Place: \_\_\_\_\_

**Annexure V**

**MEDICAL CERTIFICATE FROM PHYSICALLY HANDICAPPED CANDIDATES  
OFFICE OF THE CHIEF MEDICAL OFFICER**

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

Dated \_\_\_\_\_

Certified that Shri/Km./Smt./ \_\_\_\_\_ son/daughter/wife of Shri

\_\_\_\_\_ resident of \_\_\_\_\_ District \_\_\_\_\_ appeared before the Medical Board for medical checkup. On his/ her Medical Examination, it is found that the nature of handicap/disability is \_\_\_\_\_% and is as under:

\_\_\_\_\_ Thus the candidate is physically handicapped as per standard norms of Haryana

(Signature of the Applicant)  
Chief Medical Officer

Dated: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_ Haryana  
(Seal of the above authority)

- The handicap disability should not be less than 40% and should not interfere with the requirement of professional Diploma Courses.

**Annexure-VI**

**CERTIFICATE OF MEDICAL FITNESS  
(TO BE DEPOSITED AT THE TIME OF JOINING)**

To be obtained from any Govt. / Registered Medical Practitioner having MBBS Degree. Please note that in no other form this certificate will be accepted. (Please refer to prescribed standards given overleaf)

Name.....

(In Block Letters)

Father's Name: Sh.....

Height: ..... Weight .....

Chest: .....

Heart and Lungs: .....

Vision: L: ..... R: .....

Colour Vision: .....

Hearing: .....

Hernia/ Hydrocele/ Piles:

.....

Remarks: .....

I certify that I have carefully examined

Mr. / Ms.....

..... Son/ daughter of Shri.....

..... who has signed in my presence.

He/ she has no mental and physical disease and is FIT.

Signature of the Candidate

Station: .....

Dated.....

**Signature of Govt. / Registered  
Medical Practitioner having  
MBBS Degree with legible seal**