NOTIFICATION FOR ADMISSION COUNSELLING – 2020

The details for NIFT Admission 2020 Counselling schedule and registration will be notified during the 1st week of August 2020 on NIFT website. www.nift.ac.in.

Candidates, who have successfully cleared the NIFT Admission 2020 selection process as per the final result declared, may ensure that **soft copy of valid documents is kept ready** including Proof of Date of Birth, Qualification(s), Category Certificates such as OBC, EWS, SC, ST, PWD etc. **[Based on the category under which the candidate has applied. Category declared in the Application form will not be changed at any stage]** to be uploaded for verification during the online counselling process.

A list of documents required documents to be uploaded along with relevant Annexures / Formats approved is enclosed for ready reference. (Each document file size should not exceed 1 (one) MB and acceptable softcopy file format is PDF or JPG/JPEG)

(Dr. Vijay Kumar Dua)
Professor & Head (Academic Affairs)
In charge- Admissions

To

All concerned

NIFT Website
Candidates may note the following:

## Documents Required

<table>
<thead>
<tr>
<th>Required Document</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Photograph</strong> (2 Passport &amp; 4 Stamp Size)</td>
</tr>
<tr>
<td><strong>10th Certificate from the Board from which he/she passed the High School/ Secondary Examination</strong> (for date of birth)</td>
</tr>
<tr>
<td><strong>Bachelor of Design (B.Des.)</strong></td>
</tr>
<tr>
<td>Self attested copy of the Marksheet &amp; Certificate of having passed any of the following 10+2 or equivalent examination for admission in B.Des.:</td>
</tr>
<tr>
<td>• The +2 level examination in the 10+2 pattern of examination of any recognized Central/State Board of Secondary Examination, such as Central Board of Secondary Education / State Board New Delhi, and Council for Indian School of Certificate Examination, New Delhi. or</td>
</tr>
<tr>
<td>• A pass grade in the Senior Secondary School Examination conducted by the National Open School with a minimum of five subjects. or</td>
</tr>
<tr>
<td>• 3 or 4-years diploma recognized by AICTE or a State Board of Technical Education. or</td>
</tr>
<tr>
<td>• Public School/Board/University Examination in India or in foreign countries recognized by the Association of Indian Universities as equivalent to 10+2 system. or</td>
</tr>
<tr>
<td>• General Certificate Education (GCE) Examination (London/Cambridge/Sri-Lanka) at the Advanced (A) level/ International Baccalaureate (IB).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bachelor of Fashion Technology (Apparel Production) (B.F.Tech)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self attested copy of the Marksheet &amp; Certificate of having passed any of the following 10+2 or equivalent examination with the subjects Physics, Chemistry and Math for admission in B.F. Tech.:</td>
</tr>
<tr>
<td>• The +2 level examination in the 10+2 pattern of examination of any recognized Central/State Board of Secondary Examination, such as Central Board of Secondary Education, New Delhi, and Council for Indian School of Certificate Examination, New Delhi with Physics, Chemistry and Mathematics. or</td>
</tr>
<tr>
<td>• 3 or 4-years diploma in any branch of Engineering recognized by AICTE or a State Board of Technical Education or</td>
</tr>
<tr>
<td>• A pass grade in the Senior Secondary School Examination conducted by the National Open School with a minimum of five subjects with Physics, Chemistry and Mathematics.</td>
</tr>
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or
- Any Public School/Board/University Examination in India or in foreign countries recognized by the Association of Indian Universities as equivalent to 10+2 system with Physics, Chemistry and Mathematics.

or
- General Certificate Education (GCE) Examination (London/Cambridge/Sri Lanka) at the advanced (A) level with Physics, Chemistry and Mathematics / International Baccalaureate (IB).

Master of Design (M.Des)
- Undergraduate Degree in any discipline from any Institute / University recognized by law in India.
- Undergraduate Diploma of minimum three years duration from NIFT / NID.

Self attested Copy of 1\textsuperscript{st}, 2\textsuperscript{nd} & 3\textsuperscript{rd} year graduation mark sheet/ self-attested copy of final year appearing certificate

Master of Fashion Management (M.F.M)
- Undergraduate Degree in any discipline from any Institute / University recognized by law in India.
- Undergraduate Diploma of minimum three years duration from NIFT / NID.

Self attested Copy of 1\textsuperscript{st}, 2\textsuperscript{nd} & 3\textsuperscript{rd} year graduation mark sheet/ self-attested copy of final year appearing certificate

Master of Fashion Technology (M.FTech)
- B.FTech. from National Institute of Fashion Technology (NIFT)
- B.E / B.Tech. from any Institute / University recognized by law in India.

Self attested Copy of 1\textsuperscript{st}, 2\textsuperscript{nd} & 3\textsuperscript{rd} year graduation mark sheet/ self-attested copy of final year appearing certificate

Undertaking for the candidate seeking provisional admission - (Annexure-I)
Undertaking from the students, as per provisions of anti-ragging (Annexure-II)
Medical Fitness Certificate in prescribed format (Annexure VI)
Form for Children / Ward of NRI (Annexure-VIII)
### Academic Fee

<table>
<thead>
<tr>
<th></th>
<th>Semester Fee</th>
<th>Annual Fee</th>
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</thead>
<tbody>
<tr>
<td><strong>Non-NRI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rs. 152850/-</td>
<td>Rs. 841900/- (at NIFT Bengaluru, Chennai, Gandhinagar, Hyderabad, Kolkata, Mumbai, New Delhi, Raebareli &amp; Srinagar)</td>
</tr>
<tr>
<td><strong>Children / Wards of NRI</strong></td>
<td></td>
<td>Rs. 596300/- (at NIFT Patna, Kangra, Bhopal, Kannur, Shillong, Jodhpur, Bhubaneswar &amp; Panchkula)</td>
</tr>
</tbody>
</table>

The fee should be **KEPT READY** to be submitted through online in favour of NIFT, Head Office, payable at New Delhi. The bank details is appended below:

Account Name - NATIONAL INSTITUTE OF FASHION TECHNOLOGY  
NIFT HO Admission A/C Account No – 340602050000020  
IFSC Code - UBINO534064  
SWIFT Code – UBININBBNDL  
UBI Branch Name - UBI, Yusuf Sarai, New Delhi  
Branch Address - C-1, Green Park Extension, Near Green Park Gurudwara, New Delhi -110016  
Email - yusufsarai@unionbankofindia.com
PWD Candidates

Candidates applying under this category should have Certificate of Disability issued as per sub-section (2)(a) of section 58 of The Rights of Persons with Disabilities Act, 2016 (49 of 2016) in Form V, Form VI or Form VII as per rule 18(1) of the notification vide number G.S.R. 591(E) dated 15th June, 2017. (Copy of Forms are Annexed with this Notification). The certificate should be issued by a medical authority designated under sub-section (1) of section 57 of the act and rules 17 (a) and (b) of G.S.R. 591(E).

Such candidates are required to produce the original Certificate of Disability both at the time of Counselling and at the time for Admission to the Institute.

It is mandatory for the candidate who is a Person with Disability to attend the Counselling for evaluation. The course will be allotted to the candidates after assessing the capabilities of the candidates.

NIFT may consider applications from PWD candidates for providing external assistance during assessment for selection, with the condition that the expenses for the same will be borne fully by the candidate.

It is however recommended that the candidate arrange his/her own external assistant for this purpose as this will ensure a better fit for individual needs.

NIFT will assess the actual physical/ psychological capability of a candidate selected for counselling of a particular programme as per the specific requirements of that particular Programme by a Board constituted at each campus by the Campus Director.

The three members Board will consist of a Medical Officer/Psychologist, a Faculty from the concerned department (Design/ Technology/Management) and an Administrative Officer. Candidates are advised to come prepared for such assessments at the time of counselling.

NIFT may utilize its laboratories/equipment/ test materials for making such assessment of the physical/psychological capability of a candidate for undertaking that Programme/ course and may tailor such test for each individual separately as decided by the Board.

The assessment is compulsory for all candidates seeking reservation under this category. The Board in its proceedings will recommend whether the candidate is capable or incapable for undertaking the particular programme/course applied for.

A copy of such order will also be communicated to the candidate in writing under acknowledgement informing him/her that he/she can make an appeal against the order, in which case the appeal will be referred to the Standing Board at Head Office (HO) whose recommendation will be final and no further representation will be accepted.

NIFT reserves the right to disqualify the candidature in case of assessment of inability of the candidate to undertake a particular programme.
The table below indicates the type of assessment that may be conducted by a Board of NIFT for various categories of disability and programmes to find if the Student would be in a position to access mainstream curriculum:

<table>
<thead>
<tr>
<th>Programme</th>
<th>Criteria /Method</th>
<th>Suitability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design</td>
<td>Drawing/Sketching/making models/ Colour sense</td>
<td>Visual Clarity</td>
</tr>
<tr>
<td></td>
<td>Operating Machines/ Computer Keyboard manually/mobility</td>
<td>Minor speech disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minor Hearing disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No major locomotor disability in hands, legs, face &amp; neck</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Able to select, organize and integrate visual and verbal information into a drawing or model with aesthetics</td>
</tr>
</tbody>
</table>

General requirements: Adequate cognitive functions to access mainstream curriculum; no intellectual impairments. Adaptive functioning showing mild deficit, in academic and/or communication skills but able to meet the requirements of curriculum and learning environment using assistive devices independently. Good social interaction skills and emotional stability to be adaptive with large group learning setting and do not have a challenging behaviour that disturbs the education of other students.

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<thead>
<tr>
<th>Programme</th>
<th>Criteria /Method</th>
<th>Suitability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology</td>
<td>Operating Machines manually / Computer Keyboard manually/ mobility</td>
<td>Minor Visual Clarity</td>
</tr>
<tr>
<td>Fashion Management</td>
<td>Operating Computer Keyboard manually/ mobility</td>
<td>Minor speech disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minor Hearing disability</td>
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General requirements: Adequate cognitive functions to access mainstream curriculum; no intellectual impairments. Adaptive functioning showing mild deficit, in academic and/or communication skills but able to meet the requirements of curriculum and learning environment using assistive devices independently. Good social interaction skills and emotional stability to be adaptive with large group learning setting and do not have a challenging behaviour that disturbs the education of other students.
OBC (Non-Creamy) Category

Candidates applying under this quota would have to substantiate the caste and Non-Creamy layer requirement. Candidates applying under this quota shall produce a caste certificate from the Competent Authority certifying that they belong to the non-creamy layer. The certificate should be in favour of the candidate, issued not earlier than April 01, 2019. Failure to produce an appropriate certificate from a Competent Authority shall make the candidate ineligible for counselling, and the applicants will not be offered admission. Requests for provisional admission in such cases will not be entertained.

To summarize:

a) The candidate should possess an OBC (Non-Creamy) certificate issued in the name of the candidate and not in favour of the respective parent/guardian.

b) The caste mentioned in the OBC (Non-Creamy) certificate should find mention in the Central list of OBCs available at http://ncbc.nic.in/backward-classes/index.html

c) The OBC(Non-Creamy) certificate should clearly mention that the candidate belongs to the non-creamy layer.

d) The certificate must be issued by the Competent Authority.

e) In case of married women applying to any course under reserved category, she has to produce the caste certificate in her own name. Certificate in the name of husband/mother/father is not acceptable.

Candidates belonging to the Creamy Layer of OBC are not entitled for admission under the reserved category OBC(NC) and will have to submit their application under General (Unreserved) category

The date of issue of OBC-NCL Certificate should be 01 April 2019 or later

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Scheduled Caste/ Scheduled Tribe Category

Candidates applying under this reserved quota will have to produce a Caste/Tribe certificate from the Competent Authority of the respective States/Union Territories/ National Commission of Tribes.
Economically Weaker Section (GEN-EWS)

Economically Weaker Section (GEN-EWS) will be a reserved category in which the percentage of reservation is 10%. The benefit of reservation will be given only to those General category candidates who satisfy the condition given in the OM No. 20013/01/2018-BC-II dated 17 January 2019 issued by the Ministry of Human Resource Development, Department of Higher Education, Government of India. The benefit of reservation under Gen- EWS can be availed upon production of an valid Income & Asset Certificate issued by a Competent Authority for the year 2020-21

(i) District Magistrate/Additional District Magistrate/ Collector/ Deputy Commissioner/Additional Deputy Commissioner/ 1stClass Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner
(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate
(iii) Revenue Officer not below the rank of Tehsildar and
(iv) Sub-Divisional Officer of the area where the candidate and/or his family normally resides.

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State Domicile Category

The candidate would be determined to be the domicile of that State within which the candidate has completed his/her class 12th examination/graduation/qualifying degree.

Copy of the certificate from the concerned school/college. In case the candidate obtained the qualifying certificate/degree through Distance Learning mode, the address of the school attended by the candidate regularly for determining his/her domicile status.

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Children and Wards of NRI

NRI seats being supernumerary, will not be converted to any other category. However, seats remaining unfilled in the NRI category after the process will be offered to the children/wards of NRI as per merit during counselling. All the candidates having Common Merit Rank (CMR) in the NIFT Entrance Examination and falling under the category “Children/Wards of NRI” will be given an opportunity to opt for NRI seats subject to fulfilling the criteria, submission of necessary documents and fee during regular counselling.

DOCUMENTS REQUIRED FOR ADMISSION UNDER “CHILDREN / WARDS OF NRI”

i) Undertaking to be signed by the NRI/Foreign National (Annexure VIII)
ii) Photocopy of the passport of the NRI/Foreign National who is signing the undertaking which is attested by the Indian Consulate / Embassy or by the Solicitor/Attorney of the country where the NRI/Foreign National is residing.
iii) NRI Fee as mentioned above in the Academic Fee details.
iv) All the other relevant Certificates / Degrees and Undertakings as prescribed above in “Documents Required”. 
Form-V
Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness) [See rule 18(1)]
(Name and Address of the Medical Authority issuing the Certificate)

Certificate No. Date:
This is to certify that I have carefully examined Shri/Smt./Kum. ________________ son/wife/daughter of Shri __________ Date of Birth (DD/MM/YY) __________ Age _____ years, male/female __________ registration No. __________ permanent resident of House No. __________ Ward/Village/Street __ Post Office __________ District __________ State __________, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:
• locomotor disability
• dwarfism
• blindness
(Please tick as applicable)

(B) the diagnosis in his/her case is __________

(A) he/she has ____ % (in figure) __________ percent (in words) permanent locomotor disability/dwarfism/blindness in relation to ______ (part of body) as per guidelines( ______ number and his/her ________ date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/thumb impression of the person in whose favour certificate of disability is issued
Certificate of Disability

(In cases of multiple disabilities) [See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Certificate No. Date: This is to certify that we have carefully examined Shri/Smt./Kum. ________________________________ son/wife/daughter of Shri ________________________________ Date of Birth(DD/MM/YY) __________ Age _______ years, male/female __________.

Registration No. _______ permanent resident of House No. _______ Ward/Village/Street __________ Post Office _______ District _______ State _______, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (..............number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Disability</th>
<th>Affected part of body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment/mental disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Locomotor disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Muscular Dystrophy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Leprosy cured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Dwarfism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Cerebral Palsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Acid attack Victim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Blindness</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Deaf</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Hard of Hearing</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Speech and Language disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Intellectual Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Specific Learning Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Mental illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Chronic Neurologic Conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Multiple sclerosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Parkinson’s disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
19. Haemophilia
20. Thalassemia
21. Sickle Cell disease

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (number and date of issue of the guidelines to be specified), is as follows:- In figures ---- percent
In words________________________________________ percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:
   (i) Not necessary,
   or
   (ii) is recommended/after ............... years ............... months, and therefore this certificate shall be valid till

        ....... ....... .......
        (DD) (MM) (YY)
@  e.g. Left/right/both arms/legs # e.g. Single eye
£  e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

<table>
<thead>
<tr>
<th>Nature of document</th>
<th>Date of issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Signature and seal of the Medical Authority.

<table>
<thead>
<tr>
<th>Name and Seal of Member</th>
<th>Name and Seal of Member</th>
<th>Name and Seal of the Chairperson</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature/thumb impression of the person in whose favour certificate of disability is issued.
Form – VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI) (Name and Address of the Medical Authority issuing the Certificate)

[See rule 18(1)]

Certificate No. Date:
This is to certify that I have carefully examined
Shri/Smt/Kum __________________________ son/wife/daughter of Shri __________ Date of Birth (DD/MM/YY) - Age ______
__________________________ permanent resident of House No. ____________________________ Registration No.______ Ward/Village/Street____________________ Post Office_________________________ District ____________________________ State________________________

His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:

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<tr>
<th>Sl. No.</th>
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<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>Deaf</td>
<td>€</td>
<td></td>
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<td>11.</td>
<td>Specific Learning Disability</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Autism Spectrum Disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Mental illness</td>
<td></td>
<td></td>
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<td>Haemophilia</td>
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</table>
18. Thalassemia
19. Sickle Cell disease

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after______________ years_________________ months, and therefore this certificate shall be valid till (DD/MM/YY)

@ - eg. Left/Right/both arms/legs

# - eg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:

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</table>

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Counter signature and seal of the Chief Medical Officer/Medical Superintendent/Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a Government servant (with seal)}

Signature/thumb impression of the person in whose favour certificate of disability is issued

Note.- In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District
Format of Medical Certificate/Report to be Produced by Dyslexic Candidate
(To be obtained from any Dyslexia Association OR Govt. Hospital alongwith detailed report)

Date:__________________

PYSCO-EDUCATION EVALUATION REPORT

Name of the candidate:

Date of Birth:

Registration in the Dyslexia Assn.(date/number):

Name of the Father / Mother/ Guardian:

Name/address and Regn. No. of the Dyslexia Association:

Physical & Neurologic Assessment: [ ]

Psychological Assessment: [ ]

WISC
Verbal IQ: [ ]
Performance IQ: [ ]
Full Scale IQ: [ ]

Interpretation: [ ]

Educational Assessment: [ ]

Certified that:

1. The condition of handicap is: MILD/MODERATE/SEVERE (tick whichever is applicable)**
2. The disability is PERMANENT in nature.

*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkata, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata-700019
2. Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494 /1, 1st Floor, Macheria Gastrology Hospital Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai-600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, L.J. Road Deonar, Mumbai-400088
5. The Dyslexia Association of India, MZ-47, The Centre Stage Mall, Plot No. 01, Block L, Sector 18, NOIDA 201303

**Learning Disability is a permanent development disorder. Currently there are no standard approved methods to quantify the disorder. However, the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

Name of the certifying official:
Seal:
FORMAT OF CERTIFICATE: OTHER BACKWARD CLASSES [OBC-NCL]

This is to certify that Shri/Smt./Kum._________________________________________________

Son/Daughter of Shri/Smt.__________________________________________________________

______________________________________________________ Of Village/Town

_______________________________________________________District/Division_______________in

The______________________________State belongs to the______________________________

Community which is recognized as a backward class under Government of India, Ministry of Social

Justice and Empowerment’s Resolution No.____________________________________________

dated______________________***:

i. Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India
   Extraordinary Part I Section I No.186 dated 13/09/93.

ii. Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India
    Extraordinary Part I Section I No.163 dated 20/10/94.

iii. Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India
    Extraordinary Part I Section I No.88 dated 25/05/95.


v. Resolution No.12011/44/96-BCC dated 6/12/96 published in the Gazette of India
    Extraordinary Part I Section I No.210 dated 11/12/96.

vi. Resolution No. 12011/13/97-BCC dated 03/12/97.


ix. Resolution No.12011/88/98-BCC dated 6/12/99 published in the Gazette of India
    Extraordinary Part I Section I No.270 dated 06/12/99.

x. Resolution No.12011/36/99-BCC dated 04/04/2000 published in the Gazette of India
    Extraordinary Part I Section I No.71 dated 04/04/2000.

xi. Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India


xv. Resolution No.12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India
    Extraordinary Part I Section I No.210 dated 16/01/2006.

xvi. Resolution No.12011/14/2004-BCC dated 12/03/2007 published in the Gazette of India
    Extraordinary Part I Section I No.67 dated 12/03/2007.


Shri/Smt./Kum. ___________________________ and/or his family ordinarily reside(s) in the ___________________________ District/Division of State. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M.No.36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004 Estt.(Res.) dated 14/10/2008, again further modified vide OM No.36036 / 2 / 2013-Estt (Res) dated 30/05/2014.

Dated:

District Magistrate/Deputy Commissioner/ Competent Authority

Seal

* Please delete the word(s) which are not applicable.

**The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

(a) The term ‘Ordinarily’ used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

(b) The authorities competent to issue Caste Certificates are indicated below:

(i) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officer not below the rank of Tehsildar and Sub-Divisional Officer of the area where the candidate and/or his/her family resides.

The date of issue of OBC-NCL Certificate should be 01 April 2019 or later
FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES

1. This is to certify that Shri/Shrimati/Kumari* __________ son/daughter* of __ of Village/Town* _______________ District/Division* Of State/Union Territory* _______________ belongs to the ___________ Scheduled Caste/Scheduled Tribe* under:

* The Constitution (Scheduled Castes) Order, 1950
* The Constitution (Scheduled Tribes) Order, 1950
* The Constitution (Scheduled Castes) (Union Territories) Order, 1951
* The Constitution (Scheduled Tribes) (Union Territories) Order, 1951
[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]
* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;
* The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;
* The Constitution (Dadara and Nagar Haveli) Scheduled Tribes Order, 1962;
* The Constitution (Pondicherry) Scheduled Castes Order, 1964;
* The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
* The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;
* The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;
* The Constitution (Nagaland) Scheduled Tribes Order, 1970;
* The Constitution (Sikkim) Scheduled Castes Order, 1978;
* The Constitution (Sikkim) Scheduled Tribes Order, 1978;
* The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;

2. This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri/ Shrimati* _____________ father / mother* of Shri/Shrimati/Kumari* ___________ Of Village/Town* _______________ in District/Division* Of State/Union Territory* _______________ who belong to the Caste / Tribe* which is recognised as a Scheduled Caste / Scheduled Tribe* in the State / Union Territory* ___________ issued by the ___________ dated ___________.
3. Shri/Shrimati/Kumari*_________________________ and/or*his/her*family ordinarily reside(s)**in Village/Town*-________________________of________________________District/Division*of the State Union Territory* of_______.

Signature:_________________________Designation

___________________________

(Seal of the Office)

Place:___________________________State / Union Territory* ______________________________

Date:___________________________

* Please delete the word(s) which are not applicable.

# Applicable in the case of SC / ST Persons who have migrated from another State / UT.

IMPORTANT NOTES
The term “ordinarily reside(s)**” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Officers competent to issue Caste /Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / City Magistrate / Sub- Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and / or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshadweep Island).
6. Certificate issued by any other authority will be rejected.
Format of EWS Certificate

Government of __________  
(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS
Certificate No.__________________  
Date:____________________

VALID FOR THE YEAR___________

This is to certify that
Shri/Smt.Kumar_______________________________ son/daughter/wife of
_____________________________ permanent resident
of_____________________________ Village/Street
___________________________ Post Office____________________ 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 Rs. 8 lakh (Rupees Eight Lakh only) for the financial year___________. His/her family does not own or posses any of the following assets***:
I. 5 acres of agricultural and 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 Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office____________________
Name___________________________________
Designation____________________

Recent Passport size attested photograph of the applicant

*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.
National Institute of Fashion Technology
A Statutory Institute governed by the NIFT Act, 2006
Ministry of Textiles, Government of India

(ONLY FOR THE CANDIDATES SEEKING PROVISIONAL ADMISSION)
To be submitted at the Time of Counselling
(On Non-Judicial Stamp Paper of Rs.10/-)

I/my ward ____________________________________________ (name of the candidate)
son/daughter/wife of _______________________________ (Father’s/Husband’s name) resident of ________________________________ (Permanent address)
seeking admissions to ______________________________________ (name of the course) of NIFT, hereby solemnly affirm and declare:

1. That I have/My ward has appeared in the 12th Class/final & semester/final year (name of the qualifying Board/university), the result of which has not yet been declared.

   OR

   I have / My ward has compartment / supplementary in 12th Class / final year / final semester of ___________________ and I have / my ward has appeared in the examination, result of which has not yet been declared.

2. I have/My ward has passed all the papers of the qualifying degree _____________________________ (name of the qualifying degree) examination other than the final year/final semester examination (For PG candidates)

3. I undertake to submit the qualifying marksheets /certificate by 30.9.2020 failing which the provisional admission shall stand cancelled without any further notice to me /my ward.

4. That I have / my ward has carefully gone through the rules regarding provisional admission and I fully understand that in the event of failure to submit the documents as in above provision, the provisional admission to the said course will be automatically cancelled and full deposited fee will be forfeited.

Deponent

Verification:

Verified at __________________ on this __________________ day of ___________ 2020 that the content of the above affidavit are true and correct to the best of my knowledge and belief.

Deponent

Notes:
I. In case the candidate is minor i.e. below 18 years of age; the affidavit shall be signed by his/her parent/guardian.

II. Submission of false affidavit is a punishable offence. If, it is found at any stage that false affidavit was submitted, admission shall be cancelled and legal proceeding shall be initiated, for which candidate/parent/guardian shall be responsible.
Undertaking from the students, as per provisions of anti-ragging verdict by the Hon’ble Supreme Court

I Mr./Ms. ____________________________ Roll No ____________________ Merit Rank ____________
seeking admission in the programme ________________________ do hereby undertake this
day _____ Month _______ Year __________ the following with respect to above subject:

1. That I have read and understood the directives of the Hon’ble Supreme Court of India on anti-ragging
and the measures proposed to be taken in the above reference.

2. That I understand the meaning of ragging and know that ragging in any form is a punishable offence
and the same is punishable with imprisonment and/or, fine and is prohibited by the Directives of
the Court of Law.

3. I understand that if any information is brought to the notice of NIFT authorities regarding my
participation in any ragging activities, the NIFT authorities are bound by law to report the same to
the concerned Police Authorities for investigation and prosecution.

4. That I have not been found or charged for any involvement in any kind of ragging in the past.
However, I undertake to face disciplinary action/legal proceedings including expulsion from the
Institute if the above statement is found to be untrue or the facts are concealed, at any stage in
future.

5. That I shall not resort to ragging in any form at any place and shall abide by the rules/laws prescribed
by the Courts, Government of India and the NIFT authorities for the purpose from time to time.

Date: ____________________________ Signature of the candidate

I hereby fully endorse the undertaking made by my child/ward.

Signature of the Mother/Father/Guardian

Signature of the Witness:

1. ____________________________

2. ____________________________
Candidate must fill the details of the Form A before a medical examination by medical officer in any Government hospital. Form B is to be filled by the medical officer. The officer will also certify the fitness of the candidate and attest the photograph of the candidate.

**FORM A**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name in full (Block letters)</td>
</tr>
<tr>
<td>2.</td>
<td>Age and place of birth</td>
</tr>
<tr>
<td>3.</td>
<td>Present Residential Address</td>
</tr>
<tr>
<td>4.</td>
<td>Permanent Residential Address</td>
</tr>
</tbody>
</table>
| 5. | Details of having suffered from any major illness in last five years.  
   Any skin related problem  
   Enlargement or suppression of gland  
   Asthma  
   Heart disease  
   Lung disease  
   Fainting attacks/Epilepsy  
   Rheumatism  
   Appendicitis? (Give details)  
   b) Any other disease or accident requiring confinement to bed and medical for surgical treatment? (Give details) |
| 6. | When were you last Vaccinated? |
| 7. | Have you or any of your immediate family member has been afflicted with Rheumatism/Arthritis, Asthma Epilepsy or mental illness of any kind? |
| 8. | Have you at any time suffered from any form of psychiatric disorder? Give details. |
| 9. | Furnish the following particulars concerning your family:  
   Father’s age and state of health |
| 10. | If not alive, Father’s age at the time of his death and cause |
| 11. | Mother’s age and state of health |
| 12. | If not alive, Mother’s age at the time of her death and cause |

I declare that the above information is the best of my belief, true and correct. I also affirm that I have not received a disability certificate on account of any disease or other condition.

Signed in my presence  
(CANDIDATE’S SIGNATURE)  
Signature of Medical Officer with stamp  
(in presence of Medical Officer)
### FORM B

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Candidate’s Eyesight</td>
</tr>
<tr>
<td>2.</td>
<td>Any known Allergies ( details)</td>
</tr>
<tr>
<td>3.</td>
<td>Last Surgical Intervention ( if any) with cause/reason</td>
</tr>
<tr>
<td>4.</td>
<td>Any chronic medical condition</td>
</tr>
<tr>
<td>5.</td>
<td>Any congenital medical condition</td>
</tr>
<tr>
<td>6.</td>
<td>Any Disability (orthopedic) Muscular, nerve etc.)</td>
</tr>
</tbody>
</table>

#### MEDICAL CERTIFICATE OF FITNESS

I hereby certify that I have medically examined Ms./Mr.………………………………………………………………………for admission in the National Institute of Fashion Technology. The candidate has no disease(communicable or otherwise) or any constitutional weakness or bodily infirmity except …………………………………………………………………………. I further certify that I am not related to the candidate and not known to any member of his/ her family.

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Photograph of the candidate attested by the Medical Officer</td>
<td>Signature of Medical Officer with stamp</td>
</tr>
</tbody>
</table>
For Children / Ward of NRI

Annexure VIII

National Institute of Fashion Technology
A Statutory Institute governed by the NIFT
Act, 2006
Ministry of Textiles, Government of India

UNDERTAKING

1. I………………………………………………, certify that I am a NRI PIO/Foreign National/ SAARC and Non Resident Indian as specified in the Income Tax Act, 1961. My present address is .................................................................................................................................................. A copy of passport is enclosed herewith.

2. I………………………………………………, do hereby certify that I am willing to bear the expenditure of my child/ward .........................................................(Name of the candidate), for his / her entire study in NIFT.

3. The particulars of my registration with the concerned tax Authorities of the Country of my domicile are as follows:
   ..............................................................................................................................................................
   ..............................................................................................................................................................
   ..............................................................................................................................................................
   ..............................................................................................................................................................

4. I am aware that my child/ward shall be granted admission to a campus of NIFT as per merit and the decision of NIFT.

5. I also certify that I have carefully read and understood all the conditions relating to NRI admissions, fee and study at NIFT. I undertake to follow the same faithfully and any amendments to these, in future, relating to NRI Students, would be acceptable tome.

(Name and Signature)

Address:

Date :

Place: