

Annexure-V: Format for Affidavit regarding Participating in Special Rounds

The following is to be printed/typed and then duly filled on ₹50/- Non Judicial Stamp paper and duly notarized.

AFFIDAVIT

I, _____ (Name of candidate) JAM Registration number _____, S/D/O _____ resident of _____

_____ do hereby solemnly affirm and state as follows:

1. That, I have been allotted a seat in _____ (Program) of _____ (Institute) by CCMN-2021.
2. That, I have opted to go for Special Round of CCMN-2021 for admission in NITs/GFTIs.
3. That, I shall be bound by the rules of CCMN-2021.
4. That, I understand that if I do not register and pay Special Round Participation fee during _____ (stipulated time period given in CCMN-2021 schedule available on the website), my current allotted seat of CCMN-2021 Regular Rounds will be CANCELLED and I will not be considered for the Special Rounds. This will be treated as Auto-Withdrawal from the counselling process. The Seat Acceptance Fee paid by me before Special Round, will be refunded by CCMN as per refund rules.

Deponent

Verification

I above named Deponent do hereby verify on oath that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein and no part of it is false.

Deponent

Annexure-VI: Format of Affidavit for PwD Candidates

The following is to be printed/typed/photocopied and then duly filled on ₹50/- Non-Judicial Stamp paper and duly notarized.

AFFIDAVIT

(only for PwD candidates)

I, _____ (Name of candidate)

JAM Registration No. _____,

S/D/o _____ resident of _____

_____ do hereby solemnly affirm and state as follows:

1. That, I am registering for the CCMN-2021 counselling.
2. That, I know that after seat allotment, document verification will be done online by the official of the Allotted Institute based on documents uploaded by me.
3. That, I know that physical examination is required to judge the percentage of disability, which is not being done during Online Document Verification.
4. That, my physical examination will be done by the Medical Board of the Allotted Institute at the time of reporting at the Finally Allotted Institute.
5. That, at the time of final reporting, if the Medical Board at the Allotted Institute finds that percentage of my disability is below the required level, my seat will be cancelled and I will not have any claim on the seat allotted by CCMN-2021.
6. That, if my seat is cancelled at the time of final reporting, the refund, if any, will be dealt as per Refund Rules given in Information Brochure of CCMN-2021.

Deponent

Verification

I above named Deponent do hereby verify on oath that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein and no part of it is false.

Deponent

Annexure-VII: Undertaking for Category Change

UNDERTAKING

I, _____ (Name of candidate)
JAM Registration No. _____,
S/D/O _____ do hereby undertake the following:

1. That, I filled _____ (category) as my category during registration for the CCMN-2021 Counselling.
2. That, I have been allotted _____
(Programme Name) in the Institute
_____ in category _____ (Allotted Category as per Provisional Seat Allotment Letter).
3. That, during online document verification, I could not produce a valid document to claim my filled-in category.
4. That, I understand that my allotment of seat will stand cancelled if the presently allotted seat is based on my claimed category and after updating the category, if I do not satisfy the minimum eligibility criteria, I will NOT be considered for the subsequent rounds of counselling process.

Thus, I fully agree to change my category from _____
(Filled in Category) to _____ (Changed Category).

(Candidate's Signature)

**Annexure VIII-a: Undertaking to be submitted by OBC-NCL Candidates,
not having the OBC-NCL certificate issued after April 1, 2021**

(To be given on Non-Judicial Stamp Paper of minimum ₹50/- and duly notarized)

I, _____ (Name of candidate)

JAM Registration No. _____,

S/D/O _____ resident of _____

_____ do hereby solemnly affirm and state as follows:

1. That, I know that the OBC-NCL certificate required for CCMN-2021 counselling process should be issued on or after April 1, 2021.
2. That, due to Covid-19 lockdown, I could not get the required OBC-NCL certificate issued after April 1, 2021.
3. That, I am availing the temporary relaxation by CCMN-2021 due to Covid-19.
4. That, I am fully aware that the OBC-NCL certificate issued on or after April 1, 2021 will be required at the time of final reporting at the Allotted Institute.
5. That, I am fully aware that at the time of final reporting, if I could not submit the required OBC-NCL certificate issued on or after April 1, 2021, my seat may be cancelled and I will not have any claim on the seat allotted by CCMN-2021.
6. That, if my seat is cancelled at the time of final reporting, the refund, if any, will be dealt as per Refund Rules given in Information Brochure of CCMN-2021.

It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2021.

Hence, I declare that I fulfill all the requirements for issuing of OBC-NCL certificate to me on or after April 1, 2021.

Place: _____

Date: _____

Signature of the Candidate

**Annexure VIII-b: Undertaking to be submitted by GEN-EWS Candidates,
not having the GEN-EWS certificate issued after April 1, 2021**

(To be given on Non-Judicial Stamp Paper of minimum ₹50/- and duly notarized)

I, _____ (Name of candidate)

JAM Registration No. _____,

S/D/o _____ resident of _____

_____ do hereby solemnly affirm and state as follows:

1. That, I know that the GEN-EWS certificate required for CCMN-2021 counselling process should be issued on or after April 1, 2021.
2. That, due to Covid-19 lockdown, I could not get the required GEN-EWS certificate issued after April 1, 2021.
3. That, I am availing the temporary relaxation by CCMN-2021 due to Covid-19.
4. That, I am fully aware that the GEN-EWS certificate issued on or after April 1, 2021 will be required at the time of physical reporting at the Allotted Institute.
5. That, I am fully aware that at the time of final reporting, if I could not submit the required GEN-EWS certificate issued on or after April 1, 2021, my seat may be cancelled and I will not have any claim on the seat allotted by CCMN-2021.
6. That, if my seat is cancelled at the time of final reporting, the refund, if any, will be dealt as per Refund Rules given in Information Brochure of CCMN-2021.

I declare that I belong to Economically Weaker Sections, since the gross annual income of my family is below ₹8 lakh (Rupees Eight Lakh only) for the financial year 2020-21. I also declare that my 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.

Hence, I declare that I fulfill all the requirements for issuing of EWS certificate to me on or after April 1, 2021.

Place: _____

Date: _____

Signature of the Candidate

Contact us

Coordinator, CCMN-2021

Malaviya National Institute of Technology Jaipur-302017

Website: <https://ccmn.admissions.nic.in/>

Email: ccmn2021help@mnit.ac.in