

ANNEXURE-X: List of Documents to be uploaded

List of Documents to be uploaded by Candidates for Registration/Online Reporting (for Admission to NIT+System)

1. Class X Mark sheet/Certificate, Aadhar card (for Date of Birth)
2. Class XII Marksheet and Certificate (Qualifying Examination)
3. Certificate of category (SC/ST/OBC-NCL/EWS), if applicable, as per Government of India format, available on the JoSAA-2020 website, issued by the competent authority.

In case of OBC-NCL/EWS category, the certificate must be issued on or after April 01, 2020.

Please note that

(i) Caste certificate (SC/ST/OBC-NCL) issued by Maharashtra State must be validated by Social Welfare department (in case of SC and OBC-NCL category) and Tribal Welfare department (in case of ST category) of Maharashtra Government. The SC/ST/OBC-NCL candidates of Maharashtra State have to produce their caste validity certificate in the format available on JoSAA-2020 website.

(ii) ST certificates from Tamil Nadu state must be issued by the concerned Revenue Divisional Officer.

5. Original Certificate for Persons with Disabilities (PwD), if applicable, issued by the competent authority. Refer JoSAA-2020 website for format.
6. Crossed Bank Cheque copy
7. Medical Certificate (in specified Format available on JoSAA-2020 format)
8. OCI/PIO card, if applicable
9. Passport (if applicable)
10. Admit card of JEE (Main)

In addition to the above documents, the verifying officials will also check the special eligibility conditions if any, for all the choices including and above the seat allotted to the candidate.

Note: If the original certificates are not in English/Hindi, English/Hindi version/translation of such certificates, duly certified by the Principal/Director or other competent authority of the graduating Institute, will be required during the verification of documents.

ANNEXURE – I: MEDICAL CERTIFICATE

MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)					
<u>GENERAL EXPECTATIONS</u>					
Candidates should have good general physique. In particular,					
1. Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.					
2. Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and unocular (having vision in only one eye) persons are restricted from admission to certain courses.					
3. Hearing should be normal. Defective hearing should be corrected.					
4. Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.					
1.	Name of the candidate:				
2.	Identification Mark (a mole, scar or birthmark), if any				
3.	Major illness/operation, if any (specify nature of illness/operation)				
4.	Height in cm:	Weight in kg:		Blood Group:	
5.	Past History	(a) Mental illness (b) Epileptic Fit			
6.	Chest (a) Inspiration in cm		(b) Expiration in cm		
7.	Hearing				
8.	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Unocular vision (having vision in only one eye)
9.	Respiratory System				
10.	Nervous System				
11.	Heart	(a) Sounds		(b) Murmur	
12.	Abdomen (a) Liver (b) Spleen	Hernia		Hydrocele	
13.	Any other defects:				
Certificate of Medical Fitness					
<input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceutics/ Science Course					
<input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:					

Name of the Doctor		Signature		Registration number	
				Seal	

ANNEXURE –II: Undertaking by the candidate

I _____ son/daughter of Mr/Mrs. _____ bearing JEE (Advanced) 2020 Roll No. / JEE (Main) 2020 Application No. [*Strike off whichever is not applicable*] _____ AIR _____ under CRL and _____ under GEN-EWS/OBC-NCL/SC/ST (encircle whichever is applicable) category and _____ Rank under PwD sub-category (if applicable) do undertake the following:

1. I accept the offer of provisional admission to:
Course Name: _____
Institute Name: _____
2. Freeze, slide OR float (ONLY for those who were NOT allocated their first choice):
 - I hereby “freeze” my choice. Do not consider me in the subsequent rounds of allocation.
 - I am willing to accept admission to an academic program of my higher preference choice(s) in the choice list submitted by me, provided the academic program is in the same Institute (as in #1 above) [slide option].
 - I am willing to accept admission to any academic program of my higher preference choice(s) in the choice list submitted by me [float option].
3. I declare myself eligible for admission to IITs/NITs/IIEST/IIITs/O-GFTIs as I have passed the qualifying examination with required set of subjects in 2018/2019/2020.
4. I understand that my admission will stand cancelled in case this information is found to be incorrect at any later stage. I will submit original documents in proof of all my claims at the time of online reporting at the admitting Institute.
5. I am well aware of Fee Structure and waiver applicable at the Institutes which I have opted as my choices for seat allocation.
6. [In case of not producing a valid category certificate] I agree to change of my category from _____ to _____.
7. [In case of not producing a valid PwD certificate] I agree to change of my category from X-PwD _____ to _____.
8. [In case State Code of Eligibility was wrong] I agree to change the state code of eligibility from _____ to _____.
9. All information furnished by me are true to the best of my knowledge and belief. In the event of suppression or distortion of any fact, I understand that my admission/degree acquired is liable to cancellation at any point of time. I also understand that the decision of JAB/CSAB regarding my admission to any of the Institutes is final and I shall abide by the rules and norms of the discipline of the Institute I join.

Name & Signature of the Parent / Guardian.
(with date)

Signature of the candidate
(with date)

SWITCHOVER BETWEEN FLOAT, SLIDE AND FREEZE

Name of the Candidate:	
JEE (Main) 2019 Application Number:	
Seat Allotment Round No:	
Current Option (Float/Slide):	
Current Seat Information:	
Course Name:	
Institute Name:	
Option for Further Rounds (Slide/Freeze)*:	

*A candidate can change from float to slide/freeze and from slide to freeze by reporting at a reporting centre.

I am aware of the business rules related to freeze, float and slide options and I would like to change the option as specified above for further rounds of seat allotment.

Signature of the candidate (with date)

Endorsed by:

Name & Signature of the Parent / Guardian (with date)

ANNEXURE – III: Form of Certificate To Be Produced By Scheduled Castes And Scheduled Tribes Candidates (FORM SC/ST)

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 (Jammu and Kashmir) Scheduled Castes Order, 1956;
- * 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 (Jammu and Kashmir) Scheduled Tribes Order, 1989;
- * The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- * The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- * The Constitution (Scheduled Tribes) Order (Second 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 the State 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 _____
(with 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 / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
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 (Lakshdweep Island).
6. Certificate issued by any other authority will be rejected.

ANNEXURE –IV: OBC-NCL Certificate Format

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES (NCL) APPLYING FOR ADMISSION TO CENTRAL
EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT
OF INDIA**

(This certificate must have been issued on or after 1st April 2020)

This is to certify that Shri/Smt./Km* _____
Son/Daughter* of Shri/Smt.* _____
_____ of Village/Town* _____ District/Division*
_____ in the State/Union Territory
_____ 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. _____***.

Shri/Smt./Km. _____ and / or his/her family
ordinarily reside(s) in the _____ District/Division of the
_____ State/Union Territory. 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) dtd.
30/05/2014.

District Magistrate /
Deputy Commissioner /
Competent Authority

Dated:
Seal

- * **Please delete the word(s) which are not applicable.**
** **As listed in the Annexure (for FORM-OBC-NCL)**
*** **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 resides' 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
(iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

ANNEXURE for OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1.	No.12011/68/93-BCC(C)	13.09.1993
2.	No.12011/9/94-BCC	19.10.1994
3.	No.12011/7/95-BCC	24.05.1995
4.	No.12011/96/94-BCC	09.03.1996
5.	No.12011/44/96-BCC	11.12.1996
6.	No.12011/13/97-BCC	03.12.1997
7.	No.12011/99/94-BCC	11.12.1997
8.	No.12011/68/98-BCC	27.10.1999
9.	No.12011/88/98-BCC	06.12.1999
10.	No.12011/36/99-BCC	04.04.2000
11.	No.12011/44/99-BCC	21.09.2000
12.	No.12015/9/2000-BCC	06.09.2001
13.	No.12011/1/2001-BCC	19.06.2003
14.	No.12011/4/2002-BCC	13.01.2004
15.	No.12011/9/2004-BCC	16.01.2006
16.	No.12011/14/2004-BCC	12.03.2007
17.	No.12011/16/2007-BCC	12.10.2007
18.	No.12018/6/2005-BCC	30.07.2010
19.	No. 12015/2/2007-BCC	18.08.2010
20.	No.12015/15/2008-BCC	16.06.2011
21.	No.12015/13/2010-BC-II	08.12.2011
22.	No.12015/5/2011-BC-II	17.02.2014

ANNEXURE-V: GEN-EWS Certificate Format
Government of
(Name & Address of the authority issuing the certificate)

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY
WEAKER SECTIONS**

CertificateNo. _____ Date: _____

VALID FOR THE YEAR 2020-2021

This is to certify that Shri/Smt./Kumari.....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 lakhs (Rupees Eight Lakh only) for the financial year 2019-2020. His/her family does not own or possess any of the following assets***:

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

1. Shri/Smt./Kumari _____ belongs to the caste which is not recognized as a Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Recent Passport
size attested
photograph of the
applicant

Signature with seal of Officer _____
Name: _____
Designation: _____

**The income and assets of the families as
mentioned would be required to be certified by
an officer not below the rank of Tehsildar in
the States/UTs.**

*** Note1:** Income covered all sources i.e. salary, agricultural, business, profession, etc.

**** Note2:** The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

***** Note3:** 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.

ANNEXURE –VI: Form of Medical Certificate for Persons with Disabilities (PwD)

Form-II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size
Attested
Photograph
(Showing face
only) of the person
with disability

Certificate No.....Date:.....

This is to certify that I have carefully examined Shri/Smt./Km.....

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:

1. he/she is a case of:
 - a. Locomotor disability
 - b. Blindness
(Please tick as applicable)
2. The diagnosis in his/her case is _____
3. He/She has _____ % (in figure) _____
Percent (in words) permanent physical impairment/blindness in relation to his/her _____
(part of body) as per guidelines (to be specified).
4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

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

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

Form-III Disability Certificate (In cases of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size
Attested Photograph
(Showing face only)
of the person with
disability

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 are satisfied that:

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/bot hears

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____ percent

In words: _____ percent

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

4. Reassessment of disability's:

(i) Not necessary

Or

(ii) is recommended/after _____ years.....months, and therefore this certificate shall be valid till(DD/MM/YY) _____

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

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

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

Form-IV Disability Certificate

(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See rule 4)

Recent PP size
Attested Photograph
(Showing face only)
of the person with
disability

Certificate No.....Date:.....

This is to certify that I have carefully examined
Shri/Smt./Km.....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 he/she is a case of
disability.

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

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.
3. Reassessment of disability's:
 - a. not necessary
 - Or
 - b. is recommended/afteryears.....months, and therefore this certificate shall be valid till (DD/MM/YY).....
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

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

Countersigned

{Countersignature and seal of the CMO/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 disability certificate 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 counter signed by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O.908(E), dated the 31st December, 1996.