The formats of some of the required certificates are printed below for the guidance for the candidates. Separate certificates bearing the same data as specified in these sample formats are also acceptable. Original certificates, as prescribed, should be signed by the authorities mentioned therein, under the legible seal of office.

CERTIFICATE FOR AVAILING ADMISSION AGAINST DEFENCE QUOTA
OFFICE OF THE ZILA/RAJYA SAINIK BOARD

This is to certify that Master/Miss ____________________________
Son/daughter of ___________________________________________ resident of ____________________________, the above named officer/ JCO / OR pertains to the category marked below: - (Select one from below)

a. Killed in Action on ___________________________ during ________________
b. Disabled in Action on ___________________________ during ________________
c. Died in peace time on ___________________________ with death attributable to military service
d. Disabled in peace time with disability attributable military service.
e. Gallantry Award Winner ( ___________________________ )
f. Ex-Serviceman.
g. Serving Soldier
   (Category ___________ above)

Mr/Miss ___________________________________________ son/daughter of the above named officer/JCO/OR is eligible for Admission in DTU against the Defence quota under priority ___________________________ His/her Ex-Serviceman Widow Identity Card No. is DLH-01__________________________

NO. __________________ / RSB SECRETARY
(Round stamp of Office) (Zila/RajyaSainik Board)
CERTIFICATE FOR PERSON WITH DISABILITY
(To be issued by Medical Board from Government Hospital)

1. Name of the candidate: Mr./Ms.* __________________________

2. Father’s Name: ______________________________________

3. Permanent Address: _____________________________________
   ________________________________________________________

4. Percentage loss of earning capacity (in words): ______________

5. Whether the candidate is otherwise able to carry on the studies of BBA/B.A. (H) Economics programme: ______________________

6. Name of the disease-causing handicap: ______________________

7. Whether handicap is temporary or permanent: __________________

8. Whether handicap is progressive or non-progressive: ______________

9. The candidate is FIT / UNFIT to pursue further studies.
   (*Strike out whichever is not applicable)

Member
(Orthopaedic Specialist)

Date: ______________

Principal Medical Officer
Seal of Office

NOTE:
1. The medical board must have one orthopaedic specialist as its member.
2. Candidate having temporary or progressive handicap will not be considered against these seats.
SUITEABILITY CERTIFICATE FOR AVAILING ADMISSION AGAINST PERSON WITH DISABILITY

Certified that Shri / Km / Smt. ____________________________

son / daughter / wife of Shri / Smt. ____________________________

is physically handicapped due to ____________________________ and he/she is fit for undergoing

the course(s) ____________________________ at East Delhi Campus, DTU.

Name & Signature of
The Officer In-charge
Vocational Rehabilitation Centre
for Physically Handicapped
9,10,11 Karkardooma,
VikasMarg, Delhi-110092.
MEDICAL FITNESS CERTIFICATE
(To be signed by a registered medical practitioner holding a Medical Degree)
(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I certify that I have carefully examined Mr./Ms.* ______________________
son/daughter of Shri ____________________________
whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional.

Marks of Identification _______________________________

Signature of the Candidate _______________________________

Place: ___________________

Date: ___________________

Name & signature of the Medical Officer with seal and registration number

* Strike whichever is not applicable.
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./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 lakh (Rupees Eight Lakh only) for the financial year ___________. 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.

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

*Note1: 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.
CERTIFICATE FOR AVOIDING ADMISSION AGAINST J&K MIGRANT QUOTA

Certified that Shri/Km/Smt. _____________________________ son/daughter/wife of Shri/ _____________________________ resident of _____________________________ is registered as migrant from Jammu & Kashmir. The Registration number is _____________________________ dated _____________________________. It is also certified that Shri/Km/Smt. _____________________________ ____________________________ is registered in Delhi as J & K Migrant on _____________________________.

Name & Signature of
Deputy Commissioner/Competent Authority
(Office Stamp)

Place: ____________________________

Date: ____________________________

NOTE: No other document then this will be accepted by the university for claiming reservation against the Kashmiri Migrant Seat.
AFFIDAVIT FOR ONLY (SINGLE) GIRL CHILD CATEGORY (on non-judicial paper of Rs. 20/- duly attested by 1st class Magistrate)

I ____________________________ (name) father/mother of
Miss_________________________, resident of ______________________
______________________________ (full address to be given) do hereby,
solemnly declare and affirm as under:

1. That I am a citizen of India.

2. That Miss ____________________ born on ___________ is the only (Single) Girl
   Child of the deponent.

3. That the deponent has no living male /female Child other than the above one.

Place: ________________

Dated: ________________

DEPONENT

VERIFICATION

Verified that the contents of the above affidavit / self-attested are true and correct to
the best of my knowledge and belief and nothing has been concealed therein.

DEPONENT

Place: ________________

Dated: ________________
Form for Withdrawal of Admission

1. Course 

2. Name of Candidate 

3. Parent/Guardian's Name 

4. Communication Address 

5. Telephone 

6. Mobile 

7. Email Address 

8. 12TH Board Roll No. Region 

9. Category/Sub-category 

Bank Account Details

• Name of the Bank Account Holder (in favour of whom Bank Transfer is to be made) 

• Relationship of the Bank Account Holder with the Candidate 

• Bank Detail of above person to be furnished in the given format:

<table>
<thead>
<tr>
<th>Name of the Bank</th>
<th>Address of the Bank</th>
<th>Complete Bank Account No.</th>
<th>IFSC CODE of the Bank Branch</th>
</tr>
</thead>
</table>

UNDERTAKING

We understand and know the refund rules of the University and agree to abide by the same and we further understand that the refund would be made in due course of time through bank transfer only as per above request.

(Signature of Parent/Guardian) 
Date: 

(Signature of Student) 

Compulsory Encl.:

1. Original documents issued by the University/Institute to the candidate at the time of Admission/Counselling

2. Cancelled Cheque of CBS Bank branch, showing the details of bank A/c No., IFSC Code, beneficiary name, etc. must be attached by the concerned student along with this Withdrawal Form.

Refund amount will directly be transferred in the bank account, submitted by the student in this form, through electronic mode (ECS/ NEFT). Therefore, student must ensure to provide correct bank account details, cancelled Cheque & the required enclosures. DTU will not be liable for any wrong transfer of amount on account of incorrect bank information provided by the student.