



# DELHI TECHNOLOGICAL UNIVERSITY

(Estd. by Govt. of Delhi vide Act No. 6 of 2009)

(Formerly Delhi College of Engineering)

Shahbad Daulatpur, Main Bawana Road, Delhi-110042

Tel: +91-11-27296337, Fax: +91-11-2787 1023

## ACADEMIC (UG) SECTION

F. No. 105 (872) DTU/Acad-UG/PMSSS/2021-22/14253-59 Dated 25/8/23

### Notice (IMPORTANT)

**Subject: Reporting schedule for candidates enrolled for B. Tech. admission through J&K PMSSS for AY 2023-24 at Delhi Technological University for admission.**

Candidates who are enrolled for B. Tech. admission through J&K PMSSS for AY 2023-24 at Delhi Technological University are hereby directed to report physically as per following schedule at DTU for verification of documents and subsequent admission.

**Reporting Date: 28.08.2023 - 30.08.2023**

**Time: 11.00 AM to 04:00 PM**

**Venue:- Academic (UG) Section.**

Candidates are hereby advised to submit self-attested copies of following documents at the time of reporting and also bring following original documents for verification purpose:-

**Mandatory documents:-**

1. 10<sup>th</sup> class mark sheet, Certificate
2. 12<sup>th</sup> class mark sheet, certificate
3. Medical Fitness Certificate (Format Enclosed)
4. Domicile Certificate
5. Transfer Certificate/Migration/School Leaving Certificate from 12<sup>th</sup> Board Exam.
6. Character Certificate
7. Family Income Certificate
8. Caste Certificate (if applicable)
9. Bank passbook
10. Category Certificate if applicable as per J&K Govt. Policy

(Prof. Rajeshwari Pandey)  
Dean Academic (UG)

F. No. 105 (872) DTU/Acad-UG/PMSSS/2021-22/14253-59 Dated 28/8/23

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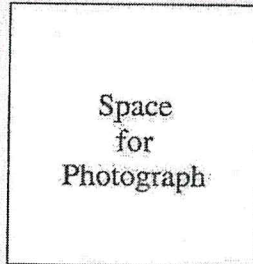
1. PA to the VC for information to the Hon'ble Vice Chancellor, DTU
2. Registrar, DTU
3. Chairman B. Tech. Admission for AY 2023-24: For information and further necessary action please.
4. COO & Head (CC): With a request to upload on DTU website.
5. Chief Warden, DTU
6. Guard File

(Prof. Priya Mahajan)  
Associate Dean Academic (UG)

7.2 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.