

PART 5 : LIST OF ANNEXURES

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Annexure 1

Format for Sponsorship Certificate

(To be submitted on letter head of the Sponsoring Organization along with duly filled in application form)

SPONSORSHIP CERTIFICATE

It is to certify that Mr./Ms. is a bonafide employee of our organization and has been working here as (designation) since(date). As per records available with our organization, Mr./Ms. has post qualification (qualifying degree) minimum relevant experience of 2 years/more than 2 years in our organization. In the event of admission of Mr./Ms. In NIPER, he/she would be treated on duty and will be paid salary and allowances for the period for pursuing his/her studies and research and that the requisite fee of the candidate will be paid by us.

I understand that in the event of our withdrawal from sponsorship to the student at any stage during the duration of the programme, Mr./Ms..... shall cease to be a student of the institute from the date of withdrawal of sponsorship.

(Authorized Signatory)

Format for 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 _____

1. 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 in 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 2023-2024. 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer

Name _____

Designation _____

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

** Note2: The term "Family" for this purpose includes 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.

*** 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 3

Format for OBC (NCL) Certificate

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 is to certify that Shri/Smt./Kum** _____ Son/ Daughter**
of Shri/Smt.** _____ of Village/ Town**
_____ District/Division** _____ in the
State/Union Territory _____ belongs to the
_____ community that is recognized as a backward class
under Government of India***, Ministry of Social Justice and Empowerment's Resolution
No. _____ dated _____ ****

Shri/Smt./Kum. _____ 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, and again further modified vide OM No. 36033/1/2013-Estt (Res) dtd.
13/09/2017.

District Magistrate / Deputy Commissioner / Any other Competent Authority

Dated:

Seal :

* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.

** 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 (v) Certificate issued by any other authority will be rejected

Annexure 4

**Undertaking by the Candidate in Lieu of non-submission of
EWS/OBC/SC/ST/PwBD Certificate**

Name of the candidate: _____

Address: _____

Application Number of NIPER JEE 2024:

Mobile No: _____

Email:

I understand that as per the guidelines of NIPER JEE 2024 supposed to upload the valid caste/P certificate for claiming the reservation as per the Govt. norms

Since I have not been able to collect the said certificate on time, I may kindly be allowed to write NIPER JEE 2024 provisionally and that I will submit a valid certificate as per the formats at the time of reporting for seat allocation/physical counselling.

I understand that inability to upload the same by the given date and time will lead to the withdrawal of reservation benefit. I also understand that, if fail to submit the same will be adjusted accordingly in the Common Rank List/General category.

Signature of Father/Mother

Name:

Date:

Signature of Applicant

Date:

Format for PwBD Certificate

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)

Recent passport 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 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 _____

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

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

Nature of Document	Date of Issue	Details of authority issuing certificate

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

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

Form - VI
Certificate of Disability
(In cases of multiple disabilities)
[See rule 18(1)]
(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size attested
photograph
(Showing face only) of the
person with disability.

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:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			

16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
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:

Nature of document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

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

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))

Recent passport 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 am satisfied that

he/she is a case of _____ disability. 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:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			

16.	Parkinson's disease			
17.	Haemophilia			
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:

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
 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

Annexure 6

Undertaking by the Candidate in Lieu of non-submission of final qualifying degree Certificate

I, S/o/D/o
..... residing (address)
.....

..... fully aware
that the NIPER JEE admission for the Academic Year 2024-25 offered to me based
on my merit in the NIPER JEE-2024 exam is PROVISIONAL subjected to submission
of valid documents.

In view of the above, I hereby submit my undertaking that I will submit all the
required documents / certificate(s) / credentials (UG/PG Degree certificate with
minimal CGPA or equivalent) as mentioned in the NIPER-JEE brochure within the
due time given by the respective NIPER after my admission.

The Institute reserves the right to cancel my admission if I fail to submit the
required documents / certificate(s) / credentials within the stipulated period
given by the institute or found ineligible in case the information/certificate found
incorrect/false at any stage.

I am aware that in the event of cancellation of my provisional registration to the
PG/Ph.D programme, I am not entitled to get the fees paid except caution
deposit as per the terms and conditions mentions in the JEE brochure.

Signature of the Applicant: Date:.....

DECLARATION BY PARENT/ GUARDIAN

I

.....
(Mother / Father / Guardian) hereby fully endorse the above
undertaking/declaration given by my Son/Daughter.

Place:

Signature of Mother / Father / Guardian Date:

MEDICAL CERTIFICATE

(To be submitted in original at the time of admission)

1. Name
2. Father's name
3. Date of birth.....
4. Identification Marks
- a) Height b) Weight
- c) Vision: i) *Night Blindness*..... ; ii) *Colour Blindness*
- d) Report on any Physical Deformity

LABORATORY EXAMINATION

- i. Routine Urine Test.....
- ii. Report on Hb, TC, DC, ESR of blood and blood group.....
- iii. Routine stool test.....
- iv. Report on latest PA view X-ray of chest.....
- v. Report on blood pressure.....
- vi. Report on ECG
- vii. History of chronic illness, if any

I certify that:

- i. I myself have carefully examined
Mr./Ms.....
- ii. He/She is not suffering from any mental or physical disease/infirmity making
him unfit or/likely to make him/her unfit for higher studies.

Signature of Medical Officer

Full Name.....
Registration No.....
Designation.....
Name of the Hospital.....

Date:.....

Note: Report should be signed by a Medical Officer of a Govt. hospital not below the rank of Asstt. Civil Surgeon/Physician

DECLARATION-cum-UNDERTAKING BY THE APPLICANT

I, Mr./Ms....., son/daughter of
....., an applicant for NIPER Masters'/PhD/iPhD, Application
no..... do hereby undertake on this day month
.....year, the following with respect to refund of fellowship.

“That, in case I am selected and admitted to any NIPER and receive fellowship as a student, I hereby undertake that I shall refund the entire fellowship amount disbursed to me, to the Institute immediately, in event of non-completion/withdrawal from the course for which I am admitted.”

Applicant
Guardian

Countersigned by/Endorsement of

Signature.....

Signature

Name

Name of Father/Mother

.....

Date

Date.....

Place

Place.....

Note: Please print this undertaking on Rs. 50 nonjudicial stamp paper and get it duly notarized before submission.

UNDERTAKING BY THE STUDENT AGAINST RAGGING

(Details given at Section 17 of the brochure)

I, Mr./Ms., Registration No.
....., Programme/Discipline
....., student of National Institute of
Pharmaceutical Education and Research (NIPER) do hereby undertake on 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 references.
- 2) That I understand the meaning of Ragging and know that ragging in any form is a punishable offence and the same is banned by the Court of Law.
- 3) That I have not been found or charged for my 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.
- 4) That I shall not resort to ragging in any form at any place and shall abide by the rules/laws prescribed by the Courts, Govt. of India and the Institute authorities for the purpose from time to time.
- 5) That I have read and understood the "Rules governing conduct and maintenance of discipline for students" available in (Annexure-6) in this brochure.
- 6) That I understand what constitutes "Acts of indiscipline".
- 7) That I shall abide by the above rules and any other rules governing hostels, conduct of students etc.
- 8) That I fully understand these implications of such acts of indiscipline and that disciplinary action for such misconduct may go up to rustication of the student from the institute.

Signature of the student Date Place
.....

Countersigned by/Endorsement of

Father/Mother Date.....
Place.....

Note: Please print this undertaking on Rs.50 nonjudicial stamp paper and get it notarized, before submission.

UNDERTAKING BY THE PARENTS AGAINST RAGGING

(Details given at Section 17 of the brochure)

I,, the father/mother of
....., Registration No.,
Programme/Discipline,
National Institute of Pharmaceutical Education and Research, (NIPER) do hereby
fully endorse the undertaking made by my son/daughter/ward and also endorse the
following:-

- a. That I will be responsible for the conduct of my ward during his /her study in the Institute.
- b. That I shall visit the Institute at regular intervals to enquire about my ward's progress and conduct.
- c. That I know that ragging in any form is a punishable offence and the same is banned by the Court of Law.
- d. That my son/daughter/ward has not been found or charged for his/her involvement in any kind of ragging in the past. However, my son/daughter/ward shall 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.
- e. That my son/my daughter shall abide by the rules/laws prescribed by the Courts, Govt. of India and the Institute authorities for the purpose from time to time.

Date:

Signature of Mother/Father and or Guardian

UNDERTAKING BY PARENT / GUARDIAN

I, Mr/Mrs.....am parent/guardian of
Candidate.....(Appl. No.....),
of Department.....studying at NIPER
Raebareli do hereby undertake and confirm: -

1. The basic health details are as follows:
Height (ft/in) Weight (Kgs)
Birthmark
2. I solemnly declare that my ward is physically as well as mentally fit to be enrolled in the respective programme. I understand that the Institute shall not be responsible for any mishappening arising due to the medical unfitness of my ward. Nothing related to his/her physical or mental fitness has been concealed by me in any way. In case it is found concealed in any way, necessary disciplinary action may be taken without assigning any reason thereof.
3. That all information/certificates submitted by me/us are true and to the best of my/our knowledge and nothing has been concealed.
4. That I/we hereby accept unambiguously all the terms and conditions of the institute and undertake to fully abide by them.
5. That the institute authorities shall not be in any way responsible/liable for any damage/expense on account of any loss/injury which may be sustained by the student at any time in the institute or while commuting to and from the institute or while taking part in sports, during excursion, during sight-seeing, or any other extra-curricular activities, or during training, conference symposium, workshop etc. or due to accident or natural calamity or on account of any other reason whatsoever causing directly or indirectly loss/injury.
6. That I/we hereby undertake that in case of expulsion of my ward due to disciplinary action, misconduct or other grounds, I/we shall not claim refund/compensation of the fact that my ward has attended the institute for the full session or not. The decision of the college authorities shall be final and binding in this regard.
7. That during the stay of my ward in the institute, if he/she is sent home owing to medical reasons, then the institute holds no responsibility. That the above undertaking is voluntary and with our free will and consent.

Thus, I fully understand the risk involved and we the parents/guardians are willingly and without any sort of coercion allowing our ward, whose details are mentioned above, to join NIPER-Raebareli for (M.S. Pharm/ i-Ph.D /Ph.D) Programme.

Date: _____
Place: _____

Signature of Parent/Guardian
Name of Parent/Guardian
Address:

Contact No. of Parent/Guardian
Email ID of Parent/Guardian

OBC Undertaking

Declaration/undertaking - for OBC Candidates only

I, _____ son/daughter of Shri _____
resident of village/town/city _____ district _____ State hereby
declare that I belong to the _____ community which is
recognised as a backward class by the Government of India for the purpose of reservation in services as
per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93-
Estt. (SCT), dated 8/9/1993. 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, 2023.

Place:

Signature of the Candidate*

Date:

***Declaration/ Undertaking not signed by Candidate will be rejected**