

प्राचार्य का कार्यालय
राजकीय महिला पोलिटेकनिक, राँची

पोलिटेकनिक प्रवेश प्रतियोगिता परीक्षा 2022 के आधार पर प्रथम सेमेस्टर डिप्लोमा शैक्षणिक सत्र 2022-23 एवं लेटरल इन्ट्री शैक्षणिक सत्र 2022-23 में नामांकन हेतु पत्र द्वारा अनुशंसित अभ्यर्थियों का जाँच पत्र।
शाखा का नाम जिसमें नामांकन लिया जाना है:-

1. नामांकन लेने वाली छात्रा का नाम:-
2. जन्म तिथि:-
3. पिता का नाम:-
4. माता का नाम:-
5. आधार संख्या:-

कोटि:-

लिंग:-

6. पी0सी0ई0सी0ई0 परीक्षा 2022 का रोल नं0:-
7. सी0एम0एल0 रैंक:-
8. कैटेगरी रैंक:-
9. किस कोटि में नामांकन हेतु अनुशांसा की गई है:-
10. मैट्रिक परीक्षा उत्तीर्ण होने का वर्ष:-
11. मैट्रिक परीक्षा का पूर्णांक / प्राप्तांक:-
12. मैट्रिक परीक्षा में प्राप्त प्रतिशत:-
13. अधिकतम शैक्षणिक योग्यता:-
14. नामांकन के समय जमा किये जाने वाले अंक पत्र/ प्रमाण पत्र आदि का विवरण:-
 - (क) मैट्रिक परीक्षा का अंक पत्र
 - (ख) मैट्रिक परीक्षा का प्रवेश पत्र/ प्रमाण पत्र
 - (ग) विद्यालय / कॉलेज परित्याग प्रमाण - पत्र
 - (घ) आवासीय प्रमाण- पत्र किस पदाधिकारी द्वारा निर्गत है:-
 - (ङ) जाति प्रमाण पत्र किस वर्ष तथा किस राज्य द्वारा निर्गत है।
 - (च) पी0सी0ई0सी0ई0 2022 परीक्षा का प्रवेश पत्र:-
 - (छ) वैध आय प्रमाण पत्र (जिस किसी पर लागू हो)
 - (ज) एण्टी रैगिंग (छात्र एवं अभिभावक) शपथ पत्र:-
 - (झ)एस0एम0क्यू0 / पी0एच0 प्रमाण पत्र (जिस किसी पर लागू हो)
 - (त) पासपोर्ट साईज का छाया चित्र पॉच पीस।
 - (थ) Migration प्रमाण-पत्र
 - (द) Registered चिकित्सक द्वारा निर्गत फोटोयुक्त स्वास्थ्य प्रमाण -पत्र (Fitness certificate)
 - (ध) EWS के तहत नामांकित छात्राओं का विहित प्रपत्र में अनुमण्डल/सीआं द्वारा निर्गत प्रमाण पत्र।
15. विद्यालय परित्याग प्रमाण पत्र यदि छः माह से अधिक समय का निर्गत हो तो पब्लिक नोटरी के समक्ष।
16. नामांकन के समय जमा किये जाने वाले प्रमाण पत्रों / अंक पत्रों के सही होने का शपथ पत्र / घोषणा -पत्र
17. बोर्ड कार्यालय में टयूशन शुल्क की राशि जमा कराने की विवरणी:-

बैंक डाफ्ट सं0..... तिथि..... राशि (रुपये में).....

अभ्यर्थियों का हस्ताक्षर

मो0 नं0-

स्थायी पत्राचार-

ग्राम-

पो0-

जिला-

प्रदेश-

ई-मेल-

जाँच करने वाले कर्मचारी का हस्ताक्षर

नामांकन हेतु अनुशांसा करने वाले पदाधिकारी का हस्ताक्षर

राजकीय महिला पोलिटेकनिक, राँची

घोषणा-पत्र

मैं.....पिता:- श्री.....

पता:-ग्राम:-.....पो0.....जिला.....

घोषणा करती हूँ कि संस्थान में नामांकन के समय लिये जाने वाले सभी प्रमाण-पत्रों में यदि भविष्य में किसी तरह की गड़बड़ी पायी जाती है तो मेरा नामांकन स्वतः रद्द कर दिया जायेगा, इसमें मुझे कोई पापत्ति नहीं होगी। मैं सभी मूल प्रमाण-पत्रों को Scan कराकर CD/ Electronics Mode में अपने पास संरक्षित कर ली हूँ ताकि भविष्य में आवश्यकतानुसार इसका प्रयोग कर सकूँ।

तिथि:-

छात्रा का हस्ताक्षर:-

छात्रा का नाम:-

शाखा:-

पर्षद क्रमांक:-

राजकीय महिला पोलिटेकनिक, राँची

घोषणा-पत्र

मैं.....पिता:- श्री.....

पता:-ग्राम:-.....पो0.....जिला.....

घोषणा करती हूँ कि संस्थान में नामांकन के समय लिये जाने वाले सभी प्रमाण-पत्रों में यदि भविष्य में किसी तरह की गड़बड़ी पायी जाती है तो मेरा नामांकन स्वतः रद्द कर दिया जायेगा, इसमें मुझे कोई पापत्ति नहीं होगी। मैं सभी मूल प्रमाण-पत्रों को Scan कराकर CD/ Electronics Mode में अपने पास संरक्षित कर ली हूँ ताकि भविष्य में आवश्यकतानुसार इसका प्रयोग कर सकूँ।

तिथि:-

छात्रा का हस्ताक्षर:-

छात्रा का नाम:-

शाखा:-

पर्षद क्रमांक:-



Govt. of Jharkhand
Govt. Women's Polytechnic, Ranchi
(Dept. of Higher & Technical Education, Ranchi)
Tharpakhna, Ranchi 834001 (Jharkhand)

www.gwpranchi.com, tharpakhnapolYTECHNIC@gmail.com

Ph 0651 – 2212123, 2212815, 9431108911

MEDICAL CERTIFICATE

Strike out which are not applicable

- 1- Name :-
- 2- Father's Name :-
- 3- Age :-
- 4- Permanent Address :-
- 5- Marks of identification :-

Physical & Clinical Examination

- | | |
|---|------------------------------|
| 1. Height :- | 2. Weight :- |
| 3. Eye :- | 4. Colour Blindness:- Yes/ N |
| 5. Pulse :- | 6. B.P. :- |
| 7. Heart :- | 8. Chest :- |
| 9. Abdomen Normal/ Abnormal (Specify if abnormal) ----- | |

Miss.....Was

Examined today and was found physically and mentally FIT/ UNFIT for
admission to the diploma course in engineering.

Date

Seal

Signature of the Medical Officer

Name:- Dr.

AFFIDAVIT BY THE STUDENT

I _____ (full name of student with University Roll Number)
s/o d/o Mr./Mrs./Ms. _____, having been admitted to
_____ (name of the institution), have
received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions,
2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said
Regulations.

- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the
penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting
ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the
Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be
constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against me under any penal
law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the
country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and
further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be
cancelled.

Declared this _ day of _____ month of _____ year.

Signature of deponent

Name:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false
and nothing has been concealed or misstated therein.

Verified at ----- (place) on this the ----- (day) of ----- (month), ----- (year) .

Signature of deponent

Solemnly affirmed and signed in my presence on this the ----- (day) of ----- (month),
----- (year) after reading the contents of this affidavit.

OATH COMMISSIONER

*Note : It is mandatory to submit this affidavit in the above format, if you desire to register for the
forthcoming academic session.*

AFFIDAVIT BY PARENT/GUARDIAN ON ANTI-RAGGING

I, Mr./Mrs./Ms.....(full name of parent/guardian),
father/mother/guardian of.....(full name of student),
with admission/registration/enrolment number....., having been admitted to
.....(name of the institution)....., have received a copy of the
UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009,
(hereinafter called the "Regulations"), carefully read and fully understood the provisions
contained in the said Regulations.

2). I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes
ragging.

3). I have also, in particular, perused clause 7 and clause 9.1 Regulations and am fully aware of
the penal and administrative action that is liable to be taken against may ward in case he/she is
found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to
promote ragging.

4). I hereby solemnly aver and undertake that

a) My ward will not indulge in any behaviour or act that may be constituted as ragging
under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or
omission that may be constituted as ragging under clause 3 of the Regulations.

5). I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to
clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken
against my ward under any penal law or any law for the time being in force.

6). I hereby declare that my ward has not been expelled or debarred from admission in any
institution in the country on account of being found guilty of, abetting or being part of a
conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be
untrue, the admission of my ward is liable to be cancelled.

Declared thisday ofmonth of.....year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the
affidavit is false and nothing has been concealed or misstated therein.

Verified at.....(place).....on this the(day).....of.....(month).....(year).....

Signature of deponent