

## केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, under the MoE, Govt. of India Kokrajhar, BTAD, Assam 783370

www.cit.ac.in

Date: 25<sup>th</sup> June 2025

No: CITK/ADMISSION/COMM./2025-26/367

# NOTICE FOR SECOND ROUND OF COUNSELLING FOR DIPLOMA (DIRECT ENTRY)

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# SEAT STATUS OF DIPLOMA (DIRECT ENTRY) AFTER FIRST ROUND OF COUNSELING HELD ON 24th JUNE 2025

CATEGORY	Course	OPEN	OBC	ST	SC	Total filled
BTR (90)	DIPLOMA	01	6	0	0	84
NE (30)	(DIRECT	0	3	0	1	27
	ENTRY)					

All candidates who have been **shortlisted** for the **Second Round of Counselling** and also the Candidates from **All India Region shortlisted for Second Round of Counselling** for the **DIPLOMA** (Direct Entry) program, as per the result declared on 20<sup>th</sup> June 2025 through our official admission portal (www.admission.cit.ac.in), are hereby instructed to attend the Counselling and Admission Process as per the schedule mentioned below:

#### A. Schedule of Second Round Counselling

• **Date:** 01<sup>st</sup> July 2025

Time: 9:00 AM-5:00 PM

Venue: CIVIL ENGINEERING DRAWING HALL, CITK

#### **B.** General Guidelines

- i) All the candidates called for attending the Counselling and Admission process must report by 8.45 AM on the day of counselling.
- ii) If a candidate fails to report at the time of his/her name being called, the candidate may have to forfeit his/her seat.
- iii) It is to be noted that "Attending the Counselling and Admission process does not entitle or ensure a seat in any program or branch to any candidate and the same is subject to successful scrutiny of the required documents".



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#### C. List of Documents to be submitted.

- 1. CITKEE/JEE/UCEED/GATE Scorecard
- 2. Age proof certificate
- 3. Class X Mark sheet
- 4. Class X Pass Certificate
- 5. Class XII Mark sheet (Not required for Diploma program)
- 6. Class XII Pass Certificate (Not required for Diploma program)
- 7. Diploma Mark sheet and Pass Certificate (For B. Tech/B. Des Lateral Entry programs only)
- 8. Bachelor and Master Degree Mark sheet and Pass Certificate (For Higher studies only)
- 9. PRC for BTR candidates (Domicile certificate for other regions)
- 10. Reservation Category Certificate if applicable
- 11. Migration Certificate
- 12. Character Certificate from the Institution last attended (original copy)
- 13. Medical Fitness Certificate (from a Govt. health centre) (original copy) (Annexure-I)
- 14. Eye Fitness Certificate (from a Govt. health centre) (original copy) (Annexure-II)
- 15. Gap certificate (if applicable) (original copy)
- 16. Anti-ragging affidavit (original copy)
- 17. Student Undertaking (as per Annexure-III)



### केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

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#### D. Admission Fee Details.

Fee structure for All Programs-

Program	Academic Adı	Hostel Admission Fee	
	GEN/OBC-	SC/ST/PWD	ree
	NCL/EWS		For All categories
Diploma (Engg. and AMT)	Rs. 19,000.00	Rs. 13,000.00	Rs. 8,000.00
B. Tech/B. Des (All programs)	Rs. 30,500.00	Rs. 18,500.00	Rs. 8,000.00
M. Tech/M. Des	Rs. 28,000.00	Rs. 20,000.00	Rs. 8,500.00
Ph. D.	Rs. 21,500.00	Rs. 19,000.00	Rs. 11,000.00

#### Mode of Payment-

The only mode of payment of Admission Fee for Academic and Hostel will be online (internet banking, debit card, UPI etc.). The link for payment shall be notified on the day of Admission. No cash payment shall be accepted. For Hostel boarders, a separate Mess Fee of Rs. 6,600.00 for five months @Rs. 1,320 per month shall have to be paid within 31<sup>st</sup> of July, 25 to the Hostel Management Committee.

For any queries related to the above information, please write to us at citadmission@cit.ac.in or contact the Admission cell at 9365031406/8822441610 during office hours only (10:00AM to 3:30PM).

Member Secretary, Admission Committee, CIT Kokrajhar



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#### **ANNEXURE-I**

#### **Certificate from a registered Medical Practitioner**

Name of Program applied to-	
This is to certify that I have examined Mr /M	S
·	of
	, of district
state	, or district
state	
The result of his/her physical examination is a	as follows-
1. His/her lungs and heart appear to be _	(normal/irregular).
2. His/her weight is	
3. His/her height is	
4. His/her blood pressure is	
5. Unique Identification mark	
As a result of his/her examination, I certify the	nat nothing adverse has been found in him/her in above-mentioned program in CIT Kokrajhar.
Date:	Signature of the Medical Practioner
Place:	Registration No.



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#### **ANNEXURE-II**

#### **Certificate from Eye Specialist**

This	is	to	certify	that	I	have	examined the eyesight of Mr./Ms son/daughter of Mr./Ms		
				,	d	istrict	of village/town		
The co			his/her ey		belo	)W-			
	Left Eye Specifications					Right Eye Specifications			
He/sh	e has	none	of the disc	qualifyi	ng d	efects lis	ted below-		
1.	Def	ective	vision fr	om aris	ing	nebula (	f the cornea or any pathological indication of		
		•	r structure						
			indness (a		_				
3.	Para	alysis	of the exte	erior mi	iscle	es of the	eye.		
						•	nat nothing adverse related to his/her eyes has		
been		d whi	ch may a	affect h	is/h	er studi	s for the above-mentioned program in CIT		
Kokra	ijhar.								
Kokra Date:	jhar.						Signature of the Eye Specialist		



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#### **ANNEXURE-III**

### STUDENT UNDERTAKING

I, Mr./Ms, of Village/				
District:, State:  Program: Department:	hav	ving bee	en admitt	ed to
Phone No: (Give telephone no), do hereby undertake on the (Month) (Year), as under: -	e permanent	home	address	with
1. I hereby declare that the entries made by me in the Appl to the best of my knowledge, belief and information.	ication Form	are con	nplete and	d true
2. I hereby undertake to present the original documents demand by the concerned authorities of the Institute.	for verificat	ion imn	nediately	upon
3. I hereby promise to abide by the rules and regulations discipline etc. of the Institute.	concerning a	admissic	on, attend	ance,
4. I understand that <b>75% attendance</b> in classes is compuls to the same.	ory and I co	mmit m	yself to a	dhere
5. I hereby declare that I will not indulge in nor tolerate ragintentions, and I accept to give an undertaking in the prescri				rds or
7. I hereby declare that I shall be solely responsible for unlawful activities whether inside or outside the campus, at per the law of the land.	•		-	
8. I hereby acknowledge that I shall be liable for expulsibeing found involved in or committing any offence cog Narcotic Drugs and Psychotropic Substances Act, 1985.				
9. I also declare that I am not suffering from any serio psychiatric / psychological disorder.	ous/contagiou	ıs ailme	ent and/or	r any
10. I further declare that my admission may be cancelled, a and/or the information provided by me are found to be incompared to the incomp		f I am fo	ound ineli	igible
Place:				
Date:	Sign	ature of	Student	