



केंद्रीय प्रौद्योगिकी संस्थान कोकराझार
CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

(Deemed to be University under MoE, Govt. of India)
BODOLAND TERRITORIAL REGION :: KOKRAJHAR :: ASSAM :: 783370
Website: www.cit.ac.in

No: CITK/ADMISSION/COMM./2024-25/339

Date: 25/06/2024

NOTICE REGARDING ONLINE REGISTRATION FOR M. TECH/M. DES ADMISSION-2024

It is notified to all concerned that the Online Registration Process for CITKEE-2024 for M. **TECH/M. DES** Programme shall remain active till 30th June 2024. The Entrance Examination will be conducted on 7th July 2024 (Sunday) only at CIT Kokrajhar (9:00AM -12:00N). The interested candidates may apply.

S/d
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./Ms. _____, son/daughter of Mr./Ms. _____ of village/town _____, of district _____, state _____.

The result of his/her physical examination is 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 that nothing adverse has been found in him/her in general that may affect his/her studies for the above-mentioned program in CIT Kokrajhar.

Date:
Place:

Signature of the Medical Practitioner
Registration No. _____



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ANNEXURE-II

Certificate from Eye Specialist

Name of Program applied to-

This is to certify that I have examined the eyesight of Mr./Ms. _____,
son/daughter of Mr./Ms. _____ of village/town
_____, district _____ state _____.

The condition of his/her eyes is as below-

Left Eye Specifications	Right Eye Specifications

He/she has none of the disqualifying defects listed below-

1. Defective vision from arising nebula of the cornea or any pathological indication of the deeper structures.
2. Colour blindness (achromatopsia)
3. Paralysis of the exterior muscles of the eye.

As a result of his/her examination, I certify that nothing adverse related to his/her eyes has been found which may affect his/her studies for the above-mentioned program in CIT Kokrajhar.

Date:
Place:

Signature of the Eye Specialist
Registration No. _____



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ANNEXURE-III

STUDENT UNDERTAKING

I, Mr./Ms....., s/o or d/o or w/o....., of
village/town:, district:, state:

having been admitted to Program: Department:

Phone No: (Give permanent home address with telephone no.), do

hereby undertake on this (Day), of..... (Month)..... (Year), as under:-

1. I hereby declare that the entries made by me in the Application Form are complete and true to the best of my knowledge, belief and information.
2. I hereby undertake to present the original documents for verification immediately upon demand by the concerned authorities of the Institute.
3. I hereby promise to abide by the rules and regulations concerning admission, attendance, discipline etc. of the Institute.
4. I understand that 75% attendance in classes is compulsory and I commit myself to adhere to the same.
5. I hereby declare that I will not indulge in nor tolerate ragging in any form, even in words or intentions, and I accept to give an undertaking in the prescribed format for the same.
7. I hereby declare that I shall be solely responsible for my involvement in any kind of unlawful activities whether inside or outside the campus, and shall be liable for punishment as per the law of the land.
8. I hereby acknowledge that I shall be liable for expulsion forthwith from the Institute on being found involved in or committing any offence cognizable and punishable under the Narcotic Drugs and Psychotropic Substances Act, 1985.
9. I also declare that I am not suffering from any serious/contagious ailment and/or any psychiatric / psychological disorder.
10. I further declare that my admission may be cancelled, at any stage, if I am found ineligible and/or the information provided by me are found to be incorrect.

Place:

Date:

Signature of Student