



केन्द्रीय 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](http://www.cit.ac.in)

No: CITK/ADMISSION/COMM./2024-25/343

Date: 12/07/2024

**NOTICE FOR M.TECH. (ALL BRANCHES) COUNSELLING AND ADMISSION-2024**

The Counselling and Admission for M.Tech./M. Des programs offered by CIT Kokrajhar will be conducted on 18<sup>th</sup> July 2024 at 9:30 AM onwards

Venue: BKB Seminar Hall, CIT Kokrajhar.

**General Guidelines**

- All the candidates called for attending the Counselling and Admission process must report by 9.00AM on the day of counselling.
- If a candidate fails to report at the time of his/her name being called, the candidate may have to forfeit his/her seat.
- 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".

**List of Documents to be submitted.**

- Age proof certificate
- Class X Mark sheet
- Class X Pass Certificate
- Class XII Mark sheet
- Class XII Pass Certificate
- B.E/B. Tech/equivalent Mark sheet and Pass Certificate.
- PRC /Domicile certificate
- Reservation Category Certificate if applicable
- Migration Certificate
- Character Certificate from the Institution last attended (original copy)
- Medical Fitness Certificate (from a Govt. health centre) (original copy) (Annexure-I)
- Eye Fitness Certificate (from a Govt. health centre) (original copy) (Annexure-II)
- Gap certificate (if applicable) (original copy)
- Anti-ragging affidavit (original copy) – to fill online.
- Student Undertaking (as per Annexure-III)

**Admission Fee Details.**

Fee structure for All Programs-

| Program        | Academic Admission Fee |               | Hostel Admission Fee<br>For All categories |
|----------------|------------------------|---------------|--|
|                | GEN/OBC-NCL/EWS        | SC/ST/PWD     |  |
| M. Tech/M. Des | Rs. 28,000.00          | Rs. 20,000.00 | Rs. 8,500.00                               |

**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.



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For Hostel boarders, a separate Mess Fee of Rs. 12,500.00 for five months @Rs. 2500 per month shall have to be paid within 31<sup>st</sup> of July, 24 to the Hostel Management Committee.

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

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:

Signature of the Medical Practitioner

Place:

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:

Signature of the Eye Specialist

Place:

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