

RAJKIYA ENGINEERING COLLEGE, KANNAUJ

Kannauj (UP)-209732 (AICTE Approved Government Engineering College) E-Mail: director@reck.ac.in, Ph: 08052057770 Website: http://www.reck.ac.in/

Checklist for New Students Registration

Name (in Block letters):	Upsee/JEE Roll No
Father's Name (in Block letters)	Student Mob.No.

Program: B.Tech

Reporting Date:

Department: CE/CS/EE/EL

(Strike out the ones not applicable)

S.No.	Details	Yes/No/ N.A.
1	Check List	
2	Counseling Fee Receipt	
3	Institute Fee Receipt	
4	Pass port size recent colour photographs (Five Copies)	
(Follow	ing forms to be filled/signed/counter signed in original)	
1	Registration Form	
2	Anti-ragging undertaking Form	
3	75% Attendance undertaking Form	
4	UP Samaj Kalyan Vibhag Scholarship & Fee Reimbursement. undertaking Form	
Followi	ng Certificate to be submitted in original and one set of self attested photocopies.	
1	Class X marks sheet and Certificate	
2	Class XII (or equivalent) marks sheet and Certificate	
3	Diploma Mark sheet and Certificate (For Lateral Entry)	
4	B. Sc Mark sheet all year (For Lateral Entry)	
5	Category Certificate (OBC-NCL/SC/ST), if applicable	
6	Sub- Category Certificate(PH/AF/FF), if applicable	
7	Domicile Certificate	
8	Transfer Certificate / Migration Certificate (In Original)	
9	Income Certificate(s) of Parent(s)/Guardian (Certificate to be issued by the Revenue Authority not below the rank of Tehsildar), if applicable	
10	Affidavit by the Student for Gap period (In Original)	
11	Provisional seat allotment letter	
12	Aadhar Card	
Self-At	tested photocopies of the following. (Two sets)	
1	Character Certificate	
2	Medical Certificate	
3	Affidavit by Student on Anti-ragging	
4	Affidavit by Parent / Guardian on Anti- ragging	
5	Admit card of UPSEE 2020	
6	Self-Declaration Letter	

Note:- Please bring all Original Certificates for Verification.

Declaration by Student

I hereby declare that the documents attached as per the checklist above are true, correct and complete to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I will be held liable for it.

For Office Use Only

Date

Signature of Student

Deficiencies

Name of Faculty Advisor

Signature of Faculty Advisor Date:

-1- RAJKIYA ENGINEERING COLLEGE, TIRWA ROAD, KANNAUJ (839) AICTE APPROVED GOVERNMENT ENGINEERING COLLEGE OFFICE OF THE DEAN, ACADEMIC AFFAIRS Registration form for new admissions (Academic Session -20)										
1. Course										/2020
 Course Branch Student Name 										
 Student Name (i) Category : 	GEN		зс	SC		ST]	••••••		6 U
4. (I) Category .										
(ii) Sub-Category:	GIRL	AF	FF	HAN	DICA	APPED				
 State Entrance Examina Year Combined Merit Po Educational Qualification 	sition (UPC									
EXAM		RD/UNIV		ROLL N	ю.	YEAR		NAME&ADDI OF INSTITU STUDIED	TE	SUBJECTS
1. HIGH SCHOOL 2. INTERMEDIATE										
 3. 3/4 YEAR ENGG. DIPLOMA 4. GRADUATION 										
7. Date of Birth:	D M M	Y Y	Y Y			8. SEX	: [MALE		FEMALE
8. Religion: HIN	NDU	1	MUSLIM			SIKH		CHRISTIAN		OTHERS
09. Permanent Address: (With Residential Telephone No. If any) 10. Present Address: (With Residential Telephone No. If any) 11. Nearest Railway Station to the place of permanent residence: 12. Father's Name: Mr. 13. Mother's Name: Mrs. (Alive/Not Alive) 14. (A) Guardian' s Name (If both the parents are not alive): Mr./Mrs (B) Relationship with the Guardian :										
15. Family background: S.No. Name			ionship	Age		Earning Stat		Present Occu	pation	Organization &
* For non-earning mem	bers who a	re study	ring, detai	ls of thei	r pres	ent class & S	School/			Month
* For non-earning members who are studying, details of their present class & School/Institute be invariably mentioned. 16. Annual Family Income: i. Less than Rs.50,000/- ii. Rs.50,000 to 1,00,000/- iii. Rs. 1,00,000/- to 2,00,000/- iv. Rs. 2,00,000/- to 3,00,000/- v. Rs.3,00,000/- to 4,00,000/- vi. Rs. 4,00,000/- to 5,00,000/- vii. Rs. Above Rs.5,00,000/-										

-2-17. Educational & Professional details of Parents: Father or Guardian (if Parents are alive) Mother (if Parents are alive) Educational & Professional Qualification : Profession : a) Service b) Business c) Agriculture d) Other (PI. Specify) Complete Address of Place of: Note: (a) In case of employment as profession, name of employer along with contact telephone number etc. be invariably provided. In case of business as profession, complete address of place of business with telephone number etc. be invariably (b) provided. In case of Agriculture as profession, village address, name of tehsil and district be invariably provided. (c) If engaged in a paying profession in addition to the above, give details 18. Fee Details: Institute fee SBI Collect reference No......Date.....Date.....Amount Rs.....(photo copy to be attached) 19. (i) Name of Local Guardian (if any, for those who are outstation student): (ii) Address and contact telephone no. of Local Guardian: 20. Student's "Blood Group": 21. Identification Mark: Signature of Father/ Mother/Guardian (if Parents are not alive) Signature of the Candidate Note: Please ensure that every entry is correct. Suppression of any information or providing incorrect information may lead to removal from the Institute. घोषणा पत्र संस्था का नाम... छात्र/छात्रा का नाम..... पिता / अभिवावक का नाम..... पाट्यक्रम का नाम..... सत्र.. 1. मैं घोषणा करता/करती हूँ किः 2. मै रैगिंग जैसे घृणित कार्य में कभी भी सम्मिलित नहीं होऊगा / होऊगी। मै कैम्पस में छात्र / छात्राओं के साथ ऐसा कोई व्यवहार नहीं करूंगा / करूंगी जिससे कि उन्हें मानसिक अथवा शारीरिक प्रताडना मिले। 4. मै किसी भी छात्र/छात्राओं के साथ कोई भी ऐसी भाषा का प्रयोग नहीं करूंगा/करूंगी जिससे कि उन्हें लज्जा एवं अपमान महसूस हो। मै कैम्पस के अन्दर अथवा बाहर अनुशासित रहकर जुनियर छात्र / छात्राओं को भी अनुशासित रहने की प्रेरणा देता रहगा / रहंगी। में यह भी घोषणा करता ⁄ करती हूँ कि उपर्युक्त में से किसी भी अनुचित कार्य में मुझे लिप्त पाया जाए जो संस्थान के निदेशक को यह अधिकार होगा कि वे मुझे संस्थान से निष्कासित कर दें, स्कालरशिप अथवा अन्य मिलने वाली सुविधाओं को रोक दें, संस्थान के विशेष आयोजनों में भाग लेने से रोक दें, हास्टल से निष्कासित कर दें अथवा परीक्षाफल रोंक दें या किसी भी प्रकार की को दण्डात्मक कार्यवाही किये जाने में मुझे कोई आपत्ति नहीं होगी।

छात्र/छात्रा के हस्ताक्षर

छात्र/छात्राओं के माता/पिता/अभिभावक के द्वारा भरा जाना है

मैं यह भी घोषणा करता⁄करती हूँ कि यदि (छात्र⁄छात्रा का नाम)....... .. है संस्थान के अन्दर रैगिंग करने या अनुचित एवं अशोभनीय व्यवहार करने के कारण उसके विरुद्ध किसी भी प्रकार की दण्डात्मक⁄अनुशासनात्मक कार्यवाही की जाती है, तो मुझे कोइ आपत्ति नहीं होगी।

पिता / माता / अभिभावक के हस्ताक्षर

A<u>NNEXURE</u> UNDERTAKING FORM FOR COLLEGE RULES

	Presently working as at (place)
	being father/mother/guardian (if parents are not alive) of
	who has been selected for
	(Branch for other
than MCA Course)	
·	and the student (Repeat
name)	do hereby jointly swear on oath:

- 1. That we are fully conversant with Dr. A.P.J.A.K Technical University's (Formerly known as U.P. Technical University) ordinance (s) for 100% attendance except for medical reasons that too not exceeding 25% on Semester basis to pure academic programmers.
- 2. That we assure for 100% presence and participation in academic and extracurricular activities of Mr./Ms......(student name) for his./her stay in the Institute except for any medical exigencies.
- 3. That Mr./Ms(student name) will never let such a situation arise where he/she will have to ask for waiver of relaxation in attendance during his/her stay in the Institute .
- 4. That we are truly conversant with detailed provisions of student conduct rule and hostel rule of the Institute. If Mr./Ms..... (student name) found guilty of any misconduct as per provision of conduct rules, then we will have no objection whatsoever against the administrative action taken against him/her in accordance with conduct rules.

The above averments are made in full consciousness and knowledge of applicable ordinances and rules.

Signed by Name of Father/Mother/Guardian (if Parents are not alive) Full address with contact Phone no. Signed by (Name of the Student) Year, Course & Branch.....

Name & Signature of Faculty Advisor

Head of Department

Director/Dean

RAJKIYA ENGINEERING COLLEGE, TIRWA ROAD, KANNAUJ (839) AICTE APPROVED GOVERNMENT ENGINEERING COLLEGE OFFICE OF THE DEAN, ACADEMIC AFFAIRS Academic Session -20----- 20

ACKNOWLEDGEMENT RECEIPT

	SR. NO/2020
1.	Name of Applicant: Mobile No
2.	Date of Birth: Course with year & Branch :
3.	Father's Name:

Signed by

Father's/Mother's/Guardian (if Parents are not alive)

Singed by (Applicant)

Signature (Signature of Faculty Advisor)



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B. Tech (CS/EC/EE/CE)

UNDERTAKING FOR CLASS ATTENDANCE AND SAMAJKALYAN

(Submitted at the time of registration at REC Kannauj)

Ι	Roll. No	student	of
programme batch	hereby undertake that I am fully awar	e that my	appearing in the
internal and external examinatio	n is subject to 75% class/lab attendanc	e during t	the semester to be
eligible for exams and UP Sama	j Kalyan Vibhag Scholarship & Fee Rein	nburseme	nt and others.

Date: _____

Signature of Student_____ Signature of Parent/Guardian_____

 Name of the Student_____
 Name of Parent/Guardian _____

On stamp paper of Rs. 100 Draft of Gap Certificate AFFIDAVIT

R/O.....

Do hereby solemnly and state as under:

- 1. That my above name and address is correct.
- 2. That I have passed......class from.....% & English.....%
- That there is a gap of.....year between passing of.....class and now seeking admission in the Rajkiya Engineering College, Kannauj (UP).
- 4. That during this gap period I was doing.....
 -
- 5. That during this gap period, I was neither studying anywhere nor passed any other examination.
- 6. That I was not involved in any criminal offence whatsoever and I was not punished for any offence Court of law during this gap period.

DEPONENT VERIFICATION

That the above statement is true to the best of my knowledge and belief and nothing has been concealed there from.

DEPONENT

CERTIFICATE – 8 (प्रमाण पत्र-8)

CHARACTER CERTIFICATE FROM THE HEAD OF THE INSTITUTION LAST ATTESTED

This is to c	ertify that Sri / Kn	n			
Has	been	а	bonafide	student	of
 From			То		
has	passes/		appeared	at	the
examinatio	on in the year				
Proctorial	reports:				
	she involved himself				Yes / No
			d for any act of indiscipline?	maaaan	Yes / No Yes / No
 Has he/ she been restricted or expelled from Hostel of College from any reason? Has he/ she been involved in any act of indisiple outside the college campus like group clashes or fraction fights etc. 				Yes / No	
5. Has he/	she been addicted to	•			Yes / No
General re	marks (Please state	your assess	ment of the student)		
Date:					
Sig	nature		_		
Nai	me		_ Design	ation	

CERTIFICATE - 9 (प्रमाण पत्र-9)

* FORMAT FOR MEDICAL CERTIFICATE (To be obtained from a Chief Medical Officer or Medical Officer of a participating U.P. State Funded Engg. Institute) This certificate has to be submitted at the time of admission in the college allotted.

Name	of Candidate:				Age:	Sex:
- 2 -	EE-2017 Roll No.		Category:			gory & Weighatge:
State	Rank Position:	(To be fille	Father's d in by the Cand			
L.T. Heigh	M.I. t Weight	Chest	Abdomen	VISION	Colour V Without g With glas	glass:
Histor	гу	Operation	Kockh's		Colics	B.P.
		Seizures	Asthma		Piles	Diabetes
E X	Pulse	Tons	il	DNS		Hernia
A M	Pallor	L.No	des	CSOM		Hydrocele
N	Cardiovascular			CNS		
A T I	Respiratory			GIT		
O N	Genitourinary			Others		3.
	candidate physical		ed/Disabl		se tick)	Yes / No
	type of handicap/	disability:		Тур	e -I: Minin	num 40% permanent Visual
impair (Please disabil	e trick 🗸 the type	of handicap/d	lisabilty)	Type-II	: Minimum	40% permanent Locomoter
and	,	•		Type-II		n 40% permanent speech ing impairment
Any ot	her finding:					
Certifie	ed that the candida	ate is physical	lly fit/unfit/tempor	ally disqu	alified to pu	ursue engineering studies
~ .	CO 111.		0. 1	C .1		1-1000-14.000-1

Signature of Candidate Signature of the issuing Medical Officer (with Offical stamp)

AFFIDAVIT BY THE STUDENT

I, (Full Name of student with admission / registration / enrolment number)

S/o D/o	Mr./Mrs./Ms.		, having been
admitted 1	to	(name of the institution)	, have received a copy
of the UC	GC Regulations	on curbing the menace of Ragging in Higher	r Educational Institutions, 2009,
(hereinaft	er called the "R	egulations") carefully read and fully understood	d the provisions contained in the
said regul	ations.		

- (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 constitutes 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 of 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 in 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 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 <u>(day) of (month)</u>, (year) after reading the contents of this affidavit.

AFFIDAVIT BY PARENT/GURDIAN

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 :Regulation"), carefully read and fully understood th	ne provisions contained in the said
Regulations.	
(2) I have, in Particular, perused clause 3 of the regulations and am awa	re 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 my 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 constitutes 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 of 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 this _____ day of _____ month 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 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 <u>(day) of (month)</u>, (year) after reading the contents of this affidavit.

शासनादेश संख्या:- सी0एम0-109/तीन-2014 दिनांक: जून 2014 का संलग्नक घोषणा पत्र

मे	पुत्र⁄पुत्री∕श्री∕श्रीमती
ब्रान्च	वर्षवर्ष.
जन्मतिथिमूल निवा	स स्थान

प्रमाणित करते हुए घोषणा करता/करती हूँ कि आवेदन पत्र में दिये गये विवरण/तथ्य मेरी व्यक्तिगत जानकारी एवं विश्वास में शुद्ध एवं सत्य है। मैने उसमें कुछ भी छिपाया नहीं है। मै मिथ्या विवरणों/तथ्यों को देने के परिणामों से भली-भॉति अवगत हूँ। यदि आवेदन पत्र में दिये गये कोई विवरण/तथ्य मिथ्या पाये जाते हैं, तो मै, मेरे विरूद्ध भा0द0वि0, 1960 की धारा-199 व 200 एवं प्रभावी किसी अन्य विधि के अंतर्गत अभियोजन एवं दण्ड के लिये, स्वंय उत्तरदायी होऊँगा/होऊँगी।

मैं यह भी घोषणा करता/करती हूँ कि मेरे द्वारा दिये गये दस्तावेजों का स्व-प्रमाणीकरण या घोषणा गलत पायी जाती है या मेरे द्वारा गलत दस्तावेजों का स्व-प्रमाणीकरण किया जाता है एवं संस्थान मे दाखिला लेने के उपरान्त यदि मैं 12th /डिप्लोमा में अनुत्तीर्ण अथवा दिये गये समय के अन्दर अंकपत्र/डिप्लोमा प्रमाण पत्र संस्थान को उपलब्ध नहीं कराया जाता है, तो मेरा दाखिला निरस्त कर दिया जाये एवं मेरे द्वारा संस्थान में जमा शुल्क को वापस न किया जाये। जिसके लिए मै स्वंय उत्तरदायी होऊँगा/होऊँगी।

स्थान	ত্তার⁄ ত্তারা	के	हस्ताक्षर
दिनांक	ত্তার∕ ত্তারা	का	नाम