



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):.....JEE Roll No.....

Father's Name (in Block letters):.....Student Mob.No.....

Program: **B.Tech**

Department: **CE/CS/EE/EL**

Reporting Date:

(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)	
(Following 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	
Following 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-Attested 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	JEE Admit Card	
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.

Date

Signature of Student

<u>For Office Use Only</u>	
<u>Deficiencies</u>	Name of Faculty Advisor
	Signature of Faculty Advisor
	Date:



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__-20__)

S.R. No...../20....-20....

1. Course.....
 2. Branch.....
 3. Student Name.....

4. (i) Category :

GEN	OBC	SC	ST

(ii) Sub-Category:

GIRL	AF	FF	HANDICAPPED

5. State Entrance Examination:

- i) Year..... ii) Roll No.....
 iii) Combined Merit Position (JEE)*..... iv) Merit Position in Category (JEE)*.....

6. Educational Qualification:

EXAM	BOARD/UNIV.	ROLL NO.	YEAR	NAME&ADDRESS OF INSTITUTE STUDIED	SUBJECTS
1. HIGH SCHOOL					
2. INTERMEDIATE					
3. 3/4 YEAR ENGG. DIPLOMA					
4. GRADUATION					

7. Date of Birth:

D	D	M	M	Y	Y	Y	Y

8. SEX :

MALE	FEMALE

8. Religion:

HINDU	MUSLIM	SIKH	CHRISTIAN	OTHERS

09. Permanent Address:
 (With Residential Telephone No. If any) Pin

10. Present Address:
 (With Residential Telephone No. If any) Pin

11. Nearest Railway Station to the place of permanent residence:

12. Father's Name: Mr. (Alive/Not Alive)

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	Relationship	Age	Earning Status	Present Occupation Organization & Income Per 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/-

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 (Pl. 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. (b) In case of business as profession, complete address of place of business with telephone number etc. be invariably provided. (c) In case of Agriculture as profession, village address, name of tehsil and district be invariably provided.		
If engaged in a paying profession in addition to the above, give details		

18. Fee Details:

Institute fee SBI Collect reference No.....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/अभिभावक का नाम.....
पाठ्यक्रम का नाम.....
सत्र.....

1. मैं घोषणा करता/करती हूँ कि:
2. मैं रैगिंग जैसे घृणित कार्य में कभी भी सम्मिलित नहीं होऊंगा/होऊंगी।
3. मैं कैम्पस में छात्र/छात्राओं के साथ ऐसा कोई व्यवहार नहीं करूंगा/करूंगी जिससे कि उन्हें मानसिक अथवा शारीरिक प्रताड़ना मिले।
4. मैं किसी भी छात्र/छात्राओं के साथ कोई भी ऐसी भाषा का प्रयोग नहीं करूंगा/करूंगी जिससे कि उन्हें लज्जा एवं अपमान महसूस हो।
5. मैं कैम्पस के अन्दर अथवा बाहर अनुशासित रहकर जूनियर छात्र/छात्राओं को भी अनुशासित रहने की प्रेरणा देता रहूंगा/रहूंगी।

मैं 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 रोक 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)..... जो कि मेरा (अभिभावक से संबंध) 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 कोई आपत्ति नहीं होगी।

पिता/माता/अभिभावक के हस्ताक्षर

ANNEXURE
UNDERTAKING FORM FOR COLLEGE RULES

(Name of Father/Mother/Guardian).....Presently working as
(profession).....at (place)
.....being father/mother/guardian (if parents are not alive) of
..... who has been selected for
admission in (course).....(Branch for other
than MCA Course).....resident
of.....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



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OFFICE OF THE DEAN, ACADEMIC AFFAIRS

Academic Session -20 ---- 20 ____

ACKNOWLEDGEMENT RECEIPT

SR. No...../20....-20....

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

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)

I _____ Roll. No. _____ student of _____
programme batch _____ hereby undertake that I am fully aware that my appearing in the
internal and external examination is subject to **75% class/lab attendance** during the semester to be
eligible for exams and UP Samaj Kalyan Vibhag Scholarship & Fee Reimbursement 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

I.....S/o/D/o.....

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.....
Board in the year.....with PCM.....% & English..... %
3. 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 certify that Sri / Km. _____

Has been a bonafide student of

From _____ To _____

has passes/ appeared at the

examination in the year _____

Proctorial reports:

- | | |
|--|----------|
| 1. Has he/ she involved himself / herself if any act of indiscipline? | Yes / No |
| 2. Has he/ she been warned, Fined or punished for any act of indiscipline? | Yes / No |
| 3. Has he/ she been restricted or expelled from Hostel of College from any reason? | Yes / No |
| 4. 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 drugs or intoxicants? | Yes / No |

General remarks (Please state your assessment of the student)

Date:

Signature _____

Name _____

Designation _____

CERTIFICATE – 9 (प्रमाण पत्र-9)

***FORMAT FOR MEDICAL CERRIFICATE**

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

Name of Candidate:		Age:		Sex:		
JEE-2024 Roll No.:		Category:		Subcategory & Weighatge:		
State Rank Position:		Father's Name:				
(To be filled in by the Candidate)						
L.T.	M.I.	Chest	Abdomen	VISION	Color Vision:	
Height	Weight				Without Glass:	
					With Glass:	
History		Operation	Kockh's	Colics	B.P.	
		Seizures	Asthma	Piles	Diabetes	
EXAMINATION	Pulse	Tonsil	DNS	Hernia		
	Pallor	L. Nodes	CSOM	Hydrocele		
	Cardiovascular		CNS			
	Respiratory		GIT			
Genitourinary		Others				
Is the candidate physically handicapped/ Disabled:			<input type="checkbox"/>	(Please tick) Yes/ No		
If yes, type of handicap/ disability:			<input type="checkbox"/>	Type-I: Minimum 40% permanent Visual impairment Type-II: Minimum 40% permanent Locomoter disability Type-III: Minimum 40% permanent speech and Hearing impairment		
(Please tick the type of handicap/ disability)			<input type="checkbox"/>			
Any other finding:						
Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies						

Signature of Candidate

Signature of the issuing Medical Officer (with Official 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 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 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 _____ (day) of _____ (month) _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

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 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 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 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 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 _____ (day) of _____ (month) _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

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

घोषणा पत्र

मैं.....पुत्र/पुत्री/श्री/श्रीमती.....

ब्रान्च.....वर्ष.....

जन्मतिथि.....मूल निवास 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 हैं। मैंने उसमें कुछ भी छिपाया नहीं है। मैं मिथ्या विवरणों/तथ्यों को देने के परिणामों से भली-भाँति अवगत हूँ। यदि आवेदन पत्र में दिये गये कोई विवरण/तथ्य मिथ्या पाये जाते हैं, तो मैं, मेरे विरुद्ध भा0द0वि0, 1960 की धारा-199 व 200 एवं प्रभावी किसी अन्य विधि के अंतर्गत अभियोजन एवं दण्ड के लिये, स्वयं 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 में 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 मैं स्वयं उत्तरदायी होऊँगा/होऊँगी।

स्थान.....

छात्र/छात्रा के हस्ताक्षर.....

दिनांक.....

छात्र/छात्रा का नाम.....