(Students Copy)

# $\underline{\textbf{This form must be carried along with the admission form at the time of admission}}$

## **Steps In Admission Process**

Students Name	Mob. No	JEE Mains/CUI	ET Rank
Branch/Year	Appl	ication/Roll No	
Parents/ Guardian Name		Mob. No	

S. No.	Steps In Admission Process	Sign By	Signature
1	Entry in the Institute	-	-
2	Allotment Verification (Room No. 109)	Mr. Ramendra Kumar	
3	Fees Deposit/Verification (Room No. 106)	Account Office	
4	File Preparation(Room No. 109) By Respective Department	Faculty Advisor	
5	Seat Lock Process (Room No. 109)	Mr. Ramendra Kumar	
6	Hostel Allotment Process(Room No. 105)	Warden	

Signature Admission Coordinator

(Institute Copy)

#### This form must be carried along with the admission form at the time of admission

## **Steps In Admission Process**

Students Name	Mob. No	JEE Mains/CUET Rank	
Branch/Year	Applic	cation/Roll No	• • • •
Parents/Guardian Name	N	Moh No	

S. No.	Steps In Admission Process	Sign By	Signature
1	Entry in the Institute	-	-
2	Allotment Verification (Room No. 109)	Mr. Ramendra Kumar	
3	Fees Deposit/Verification (Room No. 106)	Account Office	
4	File Preparation(Room No. 109) By Respective Department	Faculty Advisor	
5	Seat Lock Process (Room No. 109)	Mr. Ramendra Kumar	
6	Hostel Allotment Process(Room No. 105)	Warden	

**Signature Admission Coordinator** 



#### 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**

(All students must attach this checklist along with all necessary documents to the application form)

Name (	(in Block letters):JEE Ma	JEE Mains/UPTAC Roll No		
Father'	s Name (in Block letters):	Student Mob. No		
Prograi	m: B.Tech	Department: CE/CS/I	EE/EL	
Reporting	g Date:	(Strike out the ones not appl	icable)	
S.No.	Details		Yes/No/ N.A.	
1	Counseling Fee Receipt			
2	Institute Fee Receipt			
3	Pass port size recent colour photographs (Five Copies)			
(Follow	ring 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. undertal	king Form		
Followi	ing 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 rank of Tehsildar), if applicable	the Revenue Authority not below		
10	Affidavit by the Student for Gap period (In Original)			
11	Provisional seat allotment letter			
12	Aadhar Card			
Self-Att	tested photocopies of the following. (Two sets)			
1	Character Certificate			
3	Medical Certificate			
3	Affidavit by Student on Anti –ragging			
4	Affidavit by Parent / Guardian on Anti- ragging			
4 5 6	JEE Admit Card			
6	Self-Declaration Letter			
Notes Di	loose bring all Original Contificates for Varification			

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

	For Office Use Only
<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\_\_\_\_)

1	C											)	/2020.	• • •
	Course Branch								• • • • • • • • • • • • • • • • • • • •			Г		$\neg$
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4.	(i) Cate	gory:		GEN		OBC	SC		ST					
										=				
	(ii) Sub	-Cates	gory:	GIRL	AF	FF	HAN	IDIC	APPED					
	` ′		•									L		
5.	State E	ntranc	e Examina	ation:										
	i) Yea	r						ii) R	Roll No					
	iii) Coi	mbine	d Merit Po	sition (JEI	E)*			iv) N	Merit Position	in Cate	gory (JEE)*			
6.	Educat	tional	Qualifica	tion:										
	EXA	M		BOA	RD/UNI	V.	ROLL N	O.	YEAR		NAME&ADDR		SUBJECTS	;
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7	Date of	Birth					7		8. SEX		MALE		FEMALE	
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	S.No.		Name		Rela	ationship	Age		Earning Stat	us			Organization &	
ŀ											Incon	ne Per	Month	4
L	* For no	on-ear	ning mem	bers who a	re stud	ying, deta	ils of their	pres	sent class & So	chool/I	nstitute be invaria	ıbly m	entioned.	
16.			y Income:		•	, 0,		1				,		
			n Rs.50,00		ii	Rs.50,00	00 to 1,00,	000/-	- 🗀 iii. l	Rs. 1,00	0,000/- to 2,00,00	0/- (		
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V	ii. Rs.	Abov	e Rs.5,00,	,000/-										

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-	/. E	ducationa	al <i>X</i> v. I	Protes	ราดทลา (	netails.	of Parei	าธรา

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 conceptor provided.  (b) In case of business as profession, complete address of place of busines provided.  (c) In case of Agriculture as profession, village address, name of tehsil at If engaged in a paying profession in addition to the above, give details	ess with telephone number etc. be invariably
in engaged in a paying profession in addition to the above, give details	
8. Fee Details: Institute fee SBI Collect reference No	Amount Rs(photo copy to
9. (i) Name of Local Guardian (if any, for those who are outstation student):	
(ii) Address and contact telephone no. of Local Guardian:	
Signature of Father/ Mother/Guardian (if Parents are not alive) Candidate Note: Please ensure that every entry is correct. Suppression of an information may lead to removal from the Institute.	Signature of the y information or providing incorrect
घोषणा पत्र	
संस्था का नाम	
छात्र/छात्रा का नाम	
पिता / अभिवावक का नाम	
पाठ्यक्रम का नाम	
सत्र	
<ol> <li>मै रैगिंग जैसे घृणित कार्य मे कभी भी सम्मिलित नहीं होऊगा/होऊगी।</li> </ol>	
<ol> <li>मै कैम्पस में छात्र / छात्राओं के साथ ऐसा कोई व्यवहार नहीं करूंगा / करूंगी जिससे कि उन्हें</li> </ol>	सानसिक अथवा भारीरिक पतादना मिले।
<ol> <li>मै किसी भी छात्र/ छात्राओं के साथ कोई भी ऐसी भाषा का प्रयोग नहीं करूंगा/ करूंगी जिस</li> </ol>	
<ol> <li>मै कैम्पस के अन्दर अथवा बाहर अनुशासित रहकर जूनियर छात्र/छात्राओं को भी अनुशासित</li> </ol>	•
ज. म कम्मर के वर अवसा बाहर अनुसारास रहकर जूनवर अत्र म जाजा का मा अनुसारास	(1 (e) 4/1 x(-1) 4(1) (g-1)/ (g-1)
मैं यह भी घोषणा करता / करती हूँ कि उपर्युक्त में से किसी भी अनुचित कार्य में मुझे लिप्त प मुझे संस्थान से निष्कासित कर दें, स्कालरशिप अथवा अन्य मिलने वाली सुविधाओं को रोक दें, से निष्कासित कर दें अथवा परीक्षाफल रोंक दें या किसी भी प्रकार की को दण्डात्मक कार्यवार्ह	ं, संस्थान के विशेष आयोजनों में भाग लेने से रोंक दें, हास्टल
	छात्र/छात्रा के हस्ताक्ष
छात्र / छात्राओं के माता / पिता / अभिभावक के	<u> द्वारा भरा जाना ह</u>
ं 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 ि	जो कि मेरा (अभिभावक से संबंध)

पिता / माता / अभिभावक के हस्ताक्षर

# ANNEXURE UNDERTAKING FORM FOR COLLEGE RULES

	(Name of Father/Mother/Guardian). (profession).	•
	being father/mother/g	` .
	admission in (course)	
	than MCA Course)	`
	of	and the student (Repeat
	name)	wear on oath:
1.	That we are fully conversant with Dr. A.P.J.A.K Technical University's (Formerly ordinance (s) for 100% attendance except for medical reasons that too not exceeding 2 programmers.	
2.	That we assure for 100% presence and participation in academic Mr./Ms(student name) for his./her stay in the Institute of the Institute o	
3.	That Mr./Ms(student name) will never let such a sask 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	e and hostel rule of the Institute.
	Mr./Ms (Student name) found provision of conduct rules, then we will have no objection whatsoever again	
	against him/her in accordance with conduct rules.	
	The above averments are made in full consciousness and knowledge of applicable ordi	nances and rules.
	C'anallan	G' 11
	Signed by Name of Father/Mother/Guardian (if Parents are not alive)	Signed by (Name of the Student)
	Full address with contact Phone no.	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:	Mobile No
Signed by	Singed by (Applicant)
Father's/Mother's/Guardian (if Parents are not alive)	(Applicant)

Signature (Signature of Faculty Advisor)



#### 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/

#### B. Tech (CE/CS/EE/EL)

#### UNDERTAKING FOR CLASS ATTENDANCE AND SAMAJKALYAN

(Submitted at the time of registration at REC Kannauj)

I	Roll. No	st	udent of	
programme batch ł	nereby undertake that	I am fully aware th	hat my appear	ing in the
internal and external examination	is subject to 75% cla	ss/lab attendance d	luring the sem	ester to be
eligible for exams and UP Samaj l	Kalyan Vibhag Schol	arship & Fee Reimbu	arsement and o	others.
Date:				
Signature of Student	Signature o	of Parent/Guardian		
Name of the Student	Name of I	Parent/Guardian		

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

I.	S/o/D/o
R	/O
D	o hereby solemnly and state as under:
1.	That my above name and address is correct.
2.	That I have passedclass from
3.	Board in the yearwith PCM% & English% That there is a gap ofyear between passing ofclass and now seeking admission in the <b>Rajkiya Engineering College, Kannauj</b>
	(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
	al reports:	harcalf if any	y act of indiscipling?		Yes / No
	Has he/ she involved himself / herself if any act of indiscipline?  Has he/ she been warned, Fined or punished for any act of indiscipline?				Yes / No Yes / No
	* * * * * * * * * * * * * * * * * * * *				
4. Has he/ she been involved in any act of indisiple outside the college campus like group					Yes / No
clashes or fraction fights etc.  Has he/ she been addicted to drugs or intoxicants?					Yes / No
	remarks (Please state	-			
Date:					
S	ignature		_		
N	Jame		Design	nation	

#### 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.

N. ACC. W.L.						
Nam	e of Candidate:			Age	:	Sex:
JEE-2024 Roll No.:		Cate	Category:		Subcategory & Weighatge:	
State	Rank Position:		Father's Nan	ne:		
			(To be filled i	in by the	Candi	
L.T.	M.I.				Z	Color Vision:
Heigl	ht Weight Ches	t Chest	Abdomen	VISION	SIO]	Without Glass:
					\Z	With Glass:
Histo	ory	Operation	Kockh's	Colics		B.P.
		Seizures	Asthma	Piles		Diabetes
	Pulse	Tonsil	DNS	Her	nia	
EXAMINATION	Pallor	L. Nodes	CSOM	Нус	lrocel	e
Z	Cardiovascular		CNS			
EXAM	Respiratory		GIT			
	Genitourinary		Others			
Is the	candidate physi	cally handicapped/ D	isabled:	(Please t	ick)	Yes/ No
If yes, type of handicap/ disability:  (Please tick the type of handicap/ disability)				Type-I: Minimum 40% permanent Visual impairment Type-II: Minimum 40% permanent Locomoter disability Type-III: Minimum 40% permanent speech and Hearing impairment		
Any other finding:						
Certi	fied that the cand	didate is physically fit	/unfit/temporall	y disqual	ified t	o pursue engineering studies

**Signature of Candidate** 

**Signature of the issuing Medical Officer (with Official Stamp)** 

#### **AFFIDAVIT BY THE STUDENT**

I,	(	Full Name of	student wit	h admission	/ registration /	enrolment numbe	<u>:r)</u>
S/o D/o Mr.	Mrs./Ms.					, having be	en
admitted to		(name of the	institution)		, ha	ve received a co	ру
of the UGC R	Regulations on o	curbing the mer	nace of Rag	gging in Hig	her Educationa	I Institutions, 200 ons contained in	09,
(2) I have, in P	Particular, perus	ed clause 3 of th	e regulation	s and am aw	are as to what c	onstitutes ragging	ŗ.
penal and	administrative		able to be to	aken against	me in case I an	m fully aware of to m found guilty of agging.	
(4) I hereby so	lemnly aver and	l undertake that					
	I will not indulg of the Regulation		our or act ti	hat may be c	onstitutes as raș	gging under claus	e 3
` '	-	cipate in or abe stituted as raggi		_	•	mission or omissi	on
the Regulat	ions, without pr		ther crimina	•		ding to clause 9.1 gainst me under a	
country on ragging; an	account of be	ing found guilt that, in case t	y of, abetti	ng or being	part of a con	ny institution in t spiracy to promo I am aware that i	te,
Declared this _	day of_	month	of	Year.			
					Signatu	are of Deponent	
				1	Name:		
		V	ERIFICAT	ION			
		nis affidavit are acealed or missta		-	nowledge and n	o part of affidavi	i is
Verified at	(place)	on this the	(day)	of	(month),	(year)	
					Signatu	ire of Deponent	
Solemnly affir the contents of	_	in my presence	on this the	(day) of	(month)	,(year) after readi	ng

#### AFFIDAVIT BY PARENT/GURDIAN

I, Mr./Mrs.Ms					(Full
Name of parent/guar	dian) father/moth	er/guardian of, _		<u>(</u> fi	ıll name of student
with admission / reg	istration / enrolm	ent number)		<u>,</u> having b	been admitted to
					eived a copy of the
UGC Regulations o (hereinafter called :R Regulations.	_	-			
(2) I have, in Particul	ar, perused clause	3 of the regulation	ons and am awa	re as to what con	nstitutes ragging.
	nistrative action the	hat is liable to b	e taken against	my ward in ca	a fully aware of the se he/she is found promote ragging.
(4) I hereby solemnly	aver and underta	ke that			
` ' •	ard will not indulg 3 of the Regulation	•	our or act that m	ay be constitute	es as ragging under
· · · · ·	ard will not partion that may be con	-			of commission or ions.
(5) I hereby affirm the 9.1 of the Regular ward under any pe	tions, without pre	ejudice to any otl	ner criminal act		e taken against my
=	count of being for ner affirm that, in	ound guilty of, al	betting or being	g part of a consp	n any institution in piracy to promote, e admission of my
Declared this	_day of	_month of	Year.		
				Signature	e of Deponent
					<sub>1</sub>
				ame:	
		T		dress:	
		VERIFICA	elephone/Mobil TION	e No:	
Verified that the cont false and nothing has			-	owledge and no	part of affidavit is
Verified at(plac	e) on this	the (day)	of	(month),	(year)
				Signature	e of Deponent
Solemnly affirmed ar the contents of this af		resence on this tl	ne (day) of	(month) ,(	year) after reading

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

मैंपुत्र/पुत्री	/श्री/श्रीमती
ब्रान्च	वर्ष
जन्मतिथिमूल निवास स्थान	•••••
	•••••
प्रमाणित करते हुए घोषणा करता/करती हूँ कि	आवेदन पत्र में दिये गये विवरण/तथ्य
मेंरी व्यक्तिगत जानकारी एवं विश्वास में शुद्ध एवं स	नत्य हैं। मैने उसमें कुछ भी छिपाया
नहीं है। मै मिथ्या विवरणों/तथ्यों को देने के परिणा	मों से भली-भॉति अवगत हूँ। यदि
आवेदन पत्र में दिये गये कोई विवरण/तथ्य मिथ्या	पाये जाते हैं, तो मैं, मेरे विरूद्ध
भा0द0वि0, 1960 की धारा-199 व 200 एवं प्रभ	ावी किसी अन्य विधि के अंतर्गत
अभियोजन एवं दण्ड के लिये, स्वंय उत्तरदायी होऊँगा/ह	<u> होऊ</u> ंगी।
मै 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 दाखि	बला लेने के उपरान्त यदि मैं 12 <sup>th</sup>
/डिप्लोमा में अनुत्तीर्ण अथवा दिये गये समय के अन्दर	र 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 छात्र	/छात्रा के हस्ताक्षर
टिनांक लाग	∕ळात्रा का नाम