

## SPECIMEN OF CERTIFICATES

### CHARACTER CERTIFICATE

(For Private Candidate Only)

Certified that Mr. / Miss.....  
..... Son /Daughter of  
Sh..... Resident  
of is known to me for the last three years.  
He / She bears a good moral character.

**Designation and Name of Gazeted Officer  
Official Stamp**

## **UNDERTAKING FOR SUBMISSION OF CHARACTER AND/OR MIGRATION CERTIFICATE**

I, daughter/son of Sh....., resident of ..... Do hereby solemnly affirm and declare as under:-

1. That I am seeking admission in \_\_\_\_\_course in the college Chandigarh.
2. That I will submit the following document(s) within one month from the date of admission. (Tick the relevant column)

<b>Character Certificate*</b>
<b>Migration Certificate**</b>

3. That in case I am unable to submit the above document(s) within the stipulated time, my admission automatically stands cancelled.

**Place:**

**Dated:**

**Signature of the Applicant**

\* Private candidates are required to submit the Character Certificate at the time of admission (Specimen given at the end of Online Joint Prospectus for Under Graduate Courses (2021-2022)).

\*\*Migration Certificate is required after the admission and only if the lower qualifying examination is from the University other than Panjab University, Chandigarh.

## AFFIDAVIT FOR GAP YEAR

I, ..... Son/Daughter of Sh. ...., Resident of ..... Do hereby solemnly affirm and declare as under:-

1. That I am seeking admission in....., Chandigarh.
2. That I passed my ..... examination during 20.....
3. That during my gap period from ..... to ..... I did not take part in any political activity.
4. That during my gap period from ..... to ..... there is no criminal case pending against me in Court or Police Station.
5. That due to ..... ,I had to drop my regular studies for ..... year/years.
6. That I was not disqualified by any board/body/ council/ university.
7. That I am not already registered with Panjab University, Chandigarh (wherever applicable).
8. That I bear a good moral character.

**Place:**

**Dated:**

**DEPONENT**

### Verification

Verified that the contents of the above affidavit are true and correct and that nothing has been concealed therein.

**Place:**

**Dated:**

**DEPONENT**

**Note:**

- i. Two original affidavits have to be submitted.
- ii. Photocopies of affidavit will not be accepted.

## **SCHEDULED CASTE/ SCHEDULED TRIBE CERTIFICATE**

The Caste/Tribe Certificate should necessarily contain the following information about:

- (a) Name of the person:
- (b) Father's name:
- (c) Permanent place of residence:
- (d) Name of the Caste/Tribe:
- (e) Constitutional order under which the caste/tribe has been notified
- (f) Signature of issuing authority along with the designation, seals and date

### **Authorities Empowered to issue SC/ST certificate**

1. District Magistrate/ Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/Deputy Collector/ 1st Class Stipendiary Magistrate/ Sub- Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/Extra Assistant Commissioner.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and/or his/her family normally resides.
5. Administrator/Secretary to Administrator/Development Officer (Lakshdweep Islands)

# CERTIFICATE FOR CHILDREN/GRAND CHILDREN OF FREEDOM FIGHTER

Dispatch No.....

Dated .....

Certified that Mr. /Ms./..... (Freedom fighter) son/daughter of Shri ..... of Village..... Post office ..... Tehsil ..... District ..... and Parent/ Grandparent of Mr. /Ms./ ..... (Name of the Candidate), a bonafide political Sufferer and has been drawing freedom fighter's pension from ..... Treasury or has been awarded Tamar Patra for his/her political suffering.

**Place:**

**Dated:**

**\*Deputy Commissioner (with Seal of the Court)**

\*Certificate from no other than Deputy Commissioner will be accepted.

**Note:**

In case the certificate is found to be false or incorrect; the candidate will be render himself/herself liable for criminal prosecution.

## **CERTIFICATE FOR ADMISSION UNDER DEFENCE CATEGORY**

Dispatch No..... Dated.....

Certified that..... Widow/Ward of..... Rank  
..... (if applicable)an applicant for admission to .....  
course(s) in the College ..... under Panjab University, is

1. Widow/ Ward of such Defence and Central Armed Police Force (CAPF)\*personnel who died in action on.....during ..... (Only those who are wholly dependent on such personnel shall be considered).
2. Ward of such Defence and Central Armed Police Force (CAPF)\*personnel who was disabled in action on ..... during..... and boarded out from service.
3. Widow/Ward of such Defence and CAPF personnel who died on ..... while in service with death attributable to military service.
4. Ward of such Defence and Central Armed Police Force (CAPF)\* personnel who was disabled in action on ..... during..... and boarded out with disability attributable to military service.
5. Ward of Ex-Serviceman and serving personnel who are in receipt of Gallantry Award .....
6. Ward of Ex-Serviceman .....
7. Wife of .....
  - (i) Defence personnel in action and bounded out from service
  - (ii) Defence personnel disabled in service and boarded out with disability attributable to military service
  - (iii) Ex-servicemen and serving personnel who are in receipt of Gallantry Awards
8. Ward of Serving Personnel .....
9. Wife of Serving Personnel .....

**Name of the Certifying Officer  
(with official seal)**

**Signature of authorized Military/  
Central Armed Police Forces Officer**

**Designation**

\*CAPF earlier known as Para-military forces, includes Assam Rifles (AR), Border Security Force (BSF), Central Industrial Security Force (CISF), Central Reserve Police Force (CRPF), Indo Tibetan Border Police (ITBP), National Security Guard (NSG), Sashastra Seema Bal (SSB)etc.

**CERTIFICATE IN RESPECT OF 1984 RIOT AFFECTED PERSON/  
DEPENDENT OF TERRORIST AFFECTED FAMILY OF PUNJAB**

Dispatch No..... Dated.....

This is to certify that Mr. /Ms./..... is a Son/  
Daughter/ Husband/ Wife/Brothers/Sisters of Shri .....  
(Terrorist/Riot affected person) of ..... Village..... post  
office ..... Tehsil ..... District .....  
who was (killed / incapacitated in November, 1984 riots) / (Killed /  
incapacitated in terrorist violence in Punjab and Chandigarh)

**Place:**

**Date:**

**\*Deputy Commissioner  
(with Seal of the Court)**

\*Certificate from no other than Deputy Commissioner/District  
Magistrate will be accepted.

**Note:**

In case the certificates found to be false or incorrect, the candidate  
will be render himself/herself liable for criminal prosecution.

## **CERTIFICATE FOR ONLY GIRL CHILD/ ONE OUT OF TWO GIRL CHILDREN**

I/We ....., (father) and .....  
(mother) of Miss..... (full address to be given) resident of  
House No. .... Street/Sector ..... Town/City/Village  
..... District/State ..... do hereby  
solemnly declare and affirm as under:–

1. That I am/we are citizens of India.
2. That Miss ..... born on..... Is our  
girl child.
3. That we have no male child.
4. That we have the following only two girls and none else:
  - i) Name
  - ii) Date of Birth
  - i) Name
  - ii) Date of Birth
5. That none of the above mentioned two girl children has  
obtained/availed the benefit granted under this category, in  
this University/Institute including its affiliated colleges.

**Signature  
(Father)**

**Signature  
(Mother)**

**Place:**

**Dated:**

**CERTIFICATE FOR CANDIDATES APPLYING UNDER  
THE RESERVED CATEGORY FOR CANCER/THALASSEMIA/AIDS**

**DETAILED ADDRESS OF ISSUING PHYSICIAN AND HOSPITAL  
(Mention serial number and date with phone number and address)**

This is to certify that Ms./Mr..... (Name of the student),  
..... Date of Birth:..... C.R./OPD No. ....  
D/o / S/o ..... (Mother's/Father's Name), resident  
Of ..... (complete address), is a diagnosed case of  
..... (Cancer/Thalassemia/AIDS)\*. She/ he is  
undergoing treatment for the same under my care.

**(Signature of the Patient)**

**Atested**

**(Signature of the Physician)**

**Name and address of the Physician**

**Stamp of the Physician**

**\*Strike out whichever is not applicable.**

## **CERTIFICATE BY THE CANDIDATE FROM RURAL AREA SCHOOL\***

Certified that Mr./Ms/..... son/ daughter of Sh.  
..... And from Rural School(s) that does not fall in  
the area of the Municipal Corporation/ Municipal Committee/ Small  
Town/ Notified Area/ Cantonment Area. The date of joining and  
leaving school is given below:-

	<b>Name of School</b>	<b>Date of joining</b>	<b>Date of leaving</b>
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....

**Place:**

**Date:**

**Seal and Signature  
(Tehsildar/Principal/Headmaster)**

\*This certificate is only for those students who have passed their Matric and +2 examination from Rural Area School(s).

## **CERTIFICATE BY THE CANDIDATE FROM BORDER AREA SCHOOL\***

Certified that Mr./Ms. .... son/daughter of Sh. and Smt. .... Resident of ..... has passed the Matriculation from ..... A school situated in border area. It is further certified that Mr./Ms./ ..... has studied In the institution(s) that is situated within 20 kms from the International Border, as per date of joining and leaving school is given below:-

	<b>Name of School</b>	<b>Date of joining</b>	<b>Date of leaving</b>
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....

**Place:**

**Date:**

**Seal and Signature  
(Tehsildar/Principal/Headmaster)**

\*This certificate is only for those students who have passed their Matric from school situated in Border Area and +2 from school situated in any other area.

# EWS CERTIFICATE

Government of.....  
(Name & Address of the authority issuing the certificate)

## INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No:..... Date: .....  
VALID FOR THE YEAR .....

This is to certify that Shri/Smt./Kumari ..... son/ daughter/  
wife of ....., permanent resident of,..... Village/Street  
..... Post Office ..... District ..... in the State/Union Territory  
..... Pin Code ..... whose photograph is attested below belongs to  
Economically Weaker Sections, since the gross annual income\* of his/her  
“family”\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial  
year ..... His/her family does not own or possess any of the following  
assets\*\*\*:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities. Shri/Smt./Kumari..... belongs to ..... the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Recent  
Passport  
size attested  
photograph  
of the  
applicant

Signature with seal of Office

Name

Designation

**Note:**

\*Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\* The term “Family” for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*The property held by a “Family” in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.