



राष्ट्रीय प्रौद्योगिकी संस्थान आंध्र प्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH
TADEPALLIGUDEM

Near National Highway No. 16, Kondrupolu,
 TADEPALLIGUDEM – 534101 West Godavari District, Andhra Pradesh

Ph. D PROGRAMME PART-TIME ADMISSION DATA 2019- 2020

REGISTRATION DATA							
Name of Student					Passport Size Photo		
Roll No		Category					
PWD	% Disability	Type of Disability					
Gender		Date of Birth					
GATE/NET Rank		Category Rank					
Gate Score		Year		Signature of the Student			
Course	(FT/PT)	Department		Thumb Impression Boys (LEFT) Girls (RIGHT)			
Year of Admission	Admission Batch		I SEM			II SEM	
Nationality		Country					
FEE PAYMENT DATA							
Category of Fee Payment		OPEN/OBC/SC/ST/EWS/PWD		Mode of Payment		e-challan/Net Banking	
Institute Fee				Institute Fee Bank Reference No			
PERSONAL DATA							
Height in CMs				Weight in Kgs			
Identification Marks					Blood Group		
Any Major Disease							
Father's Name				Mother's Name			
Father's Occupation				Mother's Occupation			
Emergency Contact Phone Numbers							
Student's Mobile No.				Parent's Mobile No.			
Student's email id				Parent's email id			
PERMANENT ADDRESS							
Address 1				Address			
City				State			
Country				PIN / ZIP			
Details about their current position							
Name of the Institute/Company		Address	Contact Number	Current Salary	Experience Years		



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Ph. D Programme Part-Time 2019-20

UNDERTAKING BY STUDENT

I, _____ taking admission into I Year of Ph.D Programme Part-Time for the Academic Year 2019-20 in National Institute of Technology, Andhra Pradesh do hereby undertake to abide by all the rules and regulations of Institute relating to Institute academic, conduct and hostels etc., available in the website of the Institute www.nitandhra.ac.in.

I further agree that if I am found in violation of rules and regulations of the Institute at any time during my course, I am liable for disciplinary action as per the Institute rules.

SIGNATURE OF THE STUDENT

My Contact details:

e-mail: _____

Mobile No: _____

SIGNATURE OF THE PARENT

Complete Postal Address:

e-mail: _____

Mobile No: _____

Ph. D Programme Part-Time 2019-2020

ANNEXURE I

AFFIDAVIT BY THE STUDENT

I, (full name of the student with admission number) _____

_____ S/O, D/O Mr./Ms./ Mrs. _____,

having been admitted to **National Institute of Technology, Andhra Pradesh**, have received a copy of the UGC regulations of Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provision contained in the said Regulations.

2) I have, in particular, perused clause 3 of Regulations and am aware as to what constitute ragging

3) I have also, in particular, perused clause 7 and 9.1 of the Regulations and am fully aware of the penal 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 behavior or act that may be contributed 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 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 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, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent(Student):

Name:

VERIFICATION

Verification that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this the _____ of _____,

Signature of deponent:

Name:

Solemnly affirmed and signed in my presence on this the _____ of _____, _____
after reading the content of this affidavit

OATH COMMISSIONER

Ph. D Programme Part-Time 2019-2020

ANNEXURE – II

AFFIDAVIT BY PARENT / GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of Parent/ guardian) father/mother/guardian of, _____, (full name of the student with admission number) having been admitted to **National Institute of Technology, Andhra Pradesh**, 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 understand 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 behavior or act that may be constituted 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 the Deponent (Parent/Guardian):

Name:

Address:

Telephone/ Mobile No.:

E-mail:

VERIFICATION

Verified that the content of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at (place) _____ On this the _____ (day) _____ of _____ (Month) _____, (year) _____.

Signature of the Deponent:

Solemnly affirmed and signed in my presence on this the _____ of _____, _____ after reading the contents of this affidavit.

OATH COMMISSIONER