


**NOTICE**

It is hereby notified for information of all 1<sup>st</sup> semester students who have been provisionally admitted in this institute that physical document verification will be held from 16/10/2021 to 19/10/2021 in this institute. In this regards, students are to bring the following documents.

1. Original as well as photocopy of all relevant documents already submitted and any pending document.
2. Minimum 5 copies of recent pass port photo.
3. Downloaded Admission slip.
4. Anti- Ragging court affidavit of both student and parents ( format attached)
5. Medical Fitness certificate from registered Medical officer (format attached).
6. Student Data (format attached).

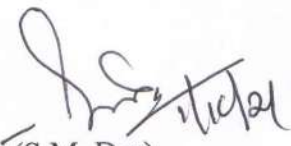

Students have to pay Rs. 6750/- (approx) for admission fees and for Fee Waver Scheme students have to pay Rs.2100/- (approx.).

Further, it is to be informed that the regular classes of 1<sup>st</sup> semester will start from 21/10/2021.

  
(S.M. Das)  
For Principal  
Silchar Polytechnic, Meherpur  
Date:- 01/10/2021

Memo.No.PTS.Gen-3/18/4491-4507  
Copy to:-

1. Institute website/institute notice board.
2. The HOD CE/ME i/c, EE Deptt.i.c/ETC Deptt.i.c, Silchar Polytechnic for information and necessary action.
3. Dr. P.Goswami, Lect(SG) Chem & Admission Co-ordinator PAT-2021, Silchar Polytechnic for information and necessary action.
4. Concerned Verification Officers PAT-2021, Silchar Polytechnic for information and necessary action.
5. Sr.Most Lect. Phy/Chem/Math/Hum,Silchar Polytechnic for information and action.
6. Exam Supdt. /Workhop Supdt.Silchar Polytechnic for information for information.
7. The Hostel Superintendent Boys & Girls Hostel, Silchar Polytechnic for information and necessary action.
8. Circulation.

  
(S.M. Das)  
For Principal  
Silchar Polytechnic, Meherpur  


News

**AFFIDAVIT**

**(BY STUDENT)**

I, Mr./Ms. .... S/o D/o .....  
Roll No: Silchar Branch: Silchar having been admitted  
in Bongaigaon Polytechnic, Bongaigaon, Assam, have carefully read and fully understood the Regulations  
on Curbing the Menace of Ragging in AICTE Approved Technical Institutions, which has been notified  
by AICTE vide F.No.37.3/Legal/AICTE/2009, dt. July 1, 2009 (available at <http://www.seti.edu.in/AICTE>  
anti-ragging-notification) (hereinafter called the "Regulations") and the directives of the Hon'ble Supreme  
Court of India.

- 1) I have, in particular, persued clause 4 of the Regulations and am aware as to what constitutes ragging and know that the ragging in any forms is a punishable offence and the same is banned by the Court of Law.
- 2) That I have not been found or charged for my involvement in any kind of ragging in the past. However, undertake to face disciplinary action/legal proceedings including expulsion from the Institute if the above statement is found to be untrue or the facts are concealed, at any stage in future.
- 3) That I shall not resort to ragging in any form at any place and shall abide by the rules/laws prescribed by the Courts, Govt. of India and the Institute authorities for the purpose from time to time.
- 4) I have also, in particular, persued clause 8, sub-clause 4 (a) 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 at any stage and any place inside and outside of the institute.

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 the 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.

# AFFIDAVIT

(BY PARENT/GUARDIAN)

I, Mr./Mrs./Ms. ....(full name of parent/guardian) father/mother/guardian of  
..... Roll No. Silchar Branch Silchar .....(full name of  
student with roll number, having been admitted to Bongaigaon Polytechnic, Bongaigaon, Assam; have carefully  
read and fully understood the Regulation on Curbing the Menace of Ragging in AICTE Approved Technical  
Institutions, which has been notification by AICTE vide F.No.37.3/Legal/AICTE/2009, dt. July 1, 2009 (available  
at [http://www.seti.edu.in/AICTE\\_anti-ragging-notification](http://www.seti.edu.in/AICTE_anti-ragging-notification)) (hereinafter called the "Regulations") and the directives  
of the Hon'ble Supreme Court of India.

- 2) I have, in particular, persued clause 4 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, persued clause 8, sub-clause 4 (a) 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 of 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 4 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 4 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 8, sub-clause 4 (a) 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 the 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**



## CERTIFICATE OF PHYSICAL FITNESS

To be filled in by the institute Medical Officer of Government Medical Officer appointed by the Institute for Medical Examination.

Certified that I have personally examine the applicant Sri/Ms \_\_\_\_\_ and found him/her free from any infection. His/her height weight etc are found to be as given below. I consider him/her physically and mental fit for all kinds of activities of the Institute both indoor & outdoor

### DETAIL PHYSICAL FITNESS

1. General appearance : \_\_\_\_\_
2. Height : \_\_\_\_\_
3. Weight : \_\_\_\_\_
4. Chest Measurement : \_\_\_\_\_
  - a. With exhalation : \_\_\_\_\_
  - b. Right Eye : \_\_\_\_\_
  - c. Left Eye : \_\_\_\_\_
5. Hearing : \_\_\_\_\_
6. Identification mark if any : \_\_\_\_\_
7. System : \_\_\_\_\_
  - a) C.V.S : \_\_\_\_\_
  - b) R.S : \_\_\_\_\_
  - c) C.N.S : \_\_\_\_\_

Date :-

Place :-

Signature of M.O

STUDENT DATA



ROLL NO.....BRANCH.....

FIRST NAME .....

MIDDLE NAME .....

LAST NAME .....

GENDER ..... DATE OF BIRTH.....

FATHER'S NAME .....

MOTHER'S NAME .....

CATEGORY/CASTE..... RELIGION.....

PERSON WITH DISABILITY..... (YES/NO) MAIL ID.....

PHONE NUMBER..... WhatApps No.....

FATHER'S CONTACT NO.....WhatApps No.....

MOTHER'S CONTACT NO.....

OCCUPATION OF FATHER.....

OCCUPATION OF MOTHER.....

DATE OF PASSING HSLC ..... DIVISION..... PERCENTAGE.....

BOARD..... MEDIUM OF EDUCATION.....

DATE OF PASSING HS..... DIVISION..... PERCENTAGE.....

BOARD..... MEDIUM OF EDUCATION..... STREAM.....

PERMANENT ADDRESS (IF PERMANENT AND COMMUNICATION ADDRESS IS SAME PLESAE TICK THE BOX)

VILL/TOWN..... HOUSE NO.....

PO..... PS.....

DISTRICT..... STATE.....

PIN.....

COMMUNICATION ADDRESS (IF PERMANENT AND COMMUNICATION ADDRESS IS NOT SAME)

VILL/TOWN..... HOUSE NO.....

PO..... PS.....

DISTRICT..... STATE.....

PIN.....

DATE: -

SIGNATURE OF THE STUDENT IN FULL