

प्राचार्य का कार्यालय
राजकीय पोलिटेकनिक कैमूर

Website- www.gpkaimur.org

Bihar Combined Entrance Competitive Examination Board के डिप्लोमा प्रवेश प्रतियोगिता-2023 द्वारा चयनित छात्र-छात्राओं का सत्र 2023-24 के डिप्लोमा अभियंत्रण (PE) के विभिन्न पाठ्यक्रमों के प्रथम वर्ष में नामांकन हेतु :-

जाँच पर्ची

- (01) छात्र/छात्रा का नाम (हिन्दी में)–
(अंग्रेजी में)–
- (02) जन्म तिथि–
- (03) छात्र/छात्रा का मोबाइल सं०–(1) (2)
- (04) ई-मेल–
- (05) पिता का नाम–
- (06) माता का नाम–
- (07) माता-पिता/अभिभावक का मोबाइल सं०–(1) (2)
- (08) मेरिट क्रमांक–
- (09) मूल कोटि (Original Category)–..... Allotted Category
- (10) शाखा–
- (11) स्थायी पता–
-पिन कोड–
- (12) पत्राचार का पता–
-पिन कोड–

साक्षात्कार समिति के उपयोग हेतु

1. शैक्षणिक योग्यता

संलग्न मूल दस्तावेज		अभियुक्ति	पदाधिकारी का हस्ताक्षर
1	Part A and Part B of online filled Application form		
2	Rank Card		
3	Allotment Letter		
4	Qualifying Examination "PASS" Status		
5	Marksheet of 10 th		
6	Passing Certificate of 10 th		
7	Proof of Age (Birth/10th board/Matrix/ equivalent) Certificate		
8	Gender		
9	Caste Certificate (Define Category)		
10	Disabled Quota Certificate (DQ)		
11	Residential Certificate		
12	Character Certificate		
13	Admit Card of Entrance Exam		
14	School/College Leaving Certificate		
15	Income Certificate		
16	Wish to apply for auto upgradation		

2. पहचान का सत्यापन

- छात्र का हस्ताक्षर (हिन्दी में)–
(अंग्रेजी में)–

3. अन्य दस्तावेज

संलग्न मूल दस्तावेज		अभियुक्ति	पदाधिकारी का हस्ताक्षर
1	Medical Certificate		
2	Undertaking by Student for Ragging & Attendance		
3	Undertaking by Guardian		

GOVERNMENT OF BIHAR
DEPARTMENT OF SCIENCE, TECHNOLOGY AND TECHNICAL EDUCATION
(GOVT. POLYTECHNIC KAIMUR - 821109)

FORM FOR MEDICAL EXAMINATION

Space for
Photograph
Must be Self
Attested

- (01) Merit Serial No- Original Category-
- (02) Name of Candidate-
- (03) Father's Name-
- (04) Mother's Name-
- (05) Date Of Birth- Day- Month- Year-
- (06) Sex-
- (07) Permanent Address-
- Pin Code-
- (08) Correspondence Address-.....
- Pin Code-
- (09) Height (in cm)- :..... Weight (in kg)-
- (10) Chest- (a) Expanded- cm (b) Normal- cm
- (11) Complexion-
- (12) Eye Sight (a) without spectacles- L R
- (b) with spectacles- L R
- (13) Two visible marks of identification-
- (a).....
- (b).....
- (14) Weather suffering from any disease/abnormality-
-
- (15) Remarks- Sri/Smt./Miss. has been examined and found
medically **FIT/UNFIT**

Signature of candidate

In Hindi.....

In English.....

(Must be done in front of Medical Officer)

Thumb impression of candidate

(Must be done in front of Medical Officer)

Signature of Medical Officer

Regd. No.....

Stamp

UNDER TAKING/DISCLAIMER

I, hereby declare that I will fulfill minimum 75% attendance necessarily in all classes as well as Biometric Attendance Machine; otherwise I will not be liable for filling of SBTE Examination form.

I hereby declare that in compliance to instruction given by honorable Director, DST, Bihar, I will purchase/ arrange a laptop for the academic purpose within 30 days from the date of admission in this Institute.

I hereby also declare that all the documents submitted by me for admission in Government Polytechnic, Kaimur is true to the best of my knowledge. In case of any discrepancy I will fully responsible for any adverse action taken by the competent authority.

Name of Student :
Branch :
Session :

Date- Signature of Student Signature of Parent/Guardian



GOVERNMENT POLYTECHNIC KAIMUR

IDENTITY CARD

(To be filled in English Capital Letters)

(For Students Copy)

(01) STUDENT NAME-

(02) FATHER'S NAME-

(03) DATE Of BIRTH- DAY- MONTH- YEAR-

(04) MOBILE NO.-

(05) AADHAAR NO.-

(06) BLOOD GROUP-

(07) IDENTIFICATION MARK-

(08) BRANCH- CLASS ROLL NO-

(09) PERMANENT ADDRESS-.....

 Pin Code-

(10) CORRESPONDENCE ADDRESS-.....

 Pin Code-

Space for
 Photograph
 Must be Self
 Attested

Students Signature

Valid up to 2026

Principal
Govt. Polytechnic Kaimur



GOVERNMENT POLYTECHNIC KAIMUR

IDENTITY CARD

(To be filled in English Capital Letters)

(For Office Copy)

(01) STUDENT NAME-

(02) FATHER'S NAME-

(03) DATE Of BIRTH- DAY- MONTH- YEAR-

(04) MOBILE NO.-

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(09) PERMANENT ADDRESS-.....

 Pin Code-

(10) CORRESPONDENCE ADDRESS-.....

 Pin Code-

Space for
 Photograph
 Must be Self
 Attested

Students Signature

Valid up to 2026

Principal
Govt. Polytechnic Kaimur

UNDER TAKING BY THE STUDENT

I, (Full Name of Student with admission/registration/enrolment number), S/o- having been admitted to **Govt. Polytechnic Kaimur, Bihar** have received a copy of the AICTE Regulation dated 1.7.2009 on curbing the Menace of ragging in Higher Educational Institutions, (hereinafter called the “Regulation”) carefully read and fully understood the provisions contained in the said Regulations.

- (01) I have, in particular, perused Clause 4 of the Regulation and am aware as to what constitutes ragging.
- (02) I have also, in particular, perused Clause 5 (3) and Clause 8 (4) of the Regulation 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.
- (03) I hereby solemnly aver and undertake that
 - A) I will not indulge in any behavior or act that may be constituted as ragging under Clause 4 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 4 of the Regulations.
- (04) I hereby solemnly affirm that, if found guilty of ragging, I am liable for punishment according to Clause 8 (4) (a) of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law of the time being in force.
- (05) 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 Student
(Must be signed in front of admission in-charge)

Full Name- Mobile No.-

UNDER TAKING BY THE PARENT/GUARDIAN

I, Mr./Mrs. (Full Name of Parent/Guardian)
Father/Mother/Guardian of Mr./Mrs./Miss- (Full Name
of Student with admission/registration/enrolment number) having been admitted to **Govt. Polytechnic
Kaimur, Bihar** have received a copy of the AICTE Regulation dated 1.7.2009 on curbing the Menace
of ragging in Higher Educational Institutions, (hereinafter called the “Regulation”) carefully read and
fully understood the provisions contained in the said Regulations.

- (01) I have, in particular, perused Clause 4 of the Regulation and am aware as to what constitutes ragging.
- (02) I have also, in particular, perused Clause 5 (3) and Clause 8 (4) of the Regulation 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.
- (03) I hereby solemnly aver and undertake that
 - A) I will not indulge in any behavior or act that may be constituted as ragging under Clause 4 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 4 of the Regulations.
- (04) I hereby solemnly affirm that, if found guilty of ragging, I am liable for punishment according to Clause 8 (4) (a) of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law of the time being in force.
- (05) 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 Parent/ Guardian
(Must be signed in front of admission in-charge)

Full Name- Mobile No.-