

राष्ट्रीय फैशन प्रौद्योगिकी संस्थान

सांविधिक संस्थान निषट अधिनियम् 2006 वस्त्र मंत्रालय, भारत सरकार NATIONAL INSTITUTE OF FASHION TECHNOLOGY

A Statutory Institute under the NIFT Act, 2006 Ministry of Textiles, Government of India

27th July, 2021

NOTIFICATION

Admission 2021

Online Counselling of Domicile Candidates of Jammu & Kashmir / Ladakh

Candidates who have successfully cleared the admission process under the category of domicile of Jammu & Kashmir / Ladakh for admission in B.Des. programme at NIFT Campus Srinagar on the basis of the performance in the Special Test held on 12th June, 2021, have been shortlisted for online counselling which is scheduled to be held on 1st August, 2021.

The candidates are requested to send the following documents and submit academic fee latest by 30th July, 2021:

- i. Latest Photograph (1 Passport Size)
- ii. Marksheet / Certificate of 10th Class for confirmation of your date of birth
- iii. Self-Attested copy of 12th class mark sheet or Notarized Affidavit if result not declared by board as per Annexure-I
- iv. Self-Attested copy of 12th class School Leaving Certificate.
- v. Self-attested caste certificate, if applicable
- vi. Undertaking for Anti-ragging Annexure-II
- vii. Medical Fitness Certificate in prescribed format as per Annexure VI
- viii. Academic fee of Rs.1,67,250/-

The above documents may be sent to e-mail-Id admissions@nift.ac.in latest by 6.00 PM on 30th July, 2021. No extension of time will be given. In case of wrong format, incomplete or different documents, documents will be rejected and admission of the candidate will be cancelled. No representation will be accepted.

The Academic fee of Rs.1,67,250/- to be submitted through NEFT/ RTGS/ ONLINE NET BANKING Payment in favour of NIFT, Head Office, payable at New Delhi. The bank detail is appended below:

Account Name - NATIONAL INSTITUTE OF FASHION TECHNOLOGY NIFT HO

Admission A/C Account No - 340602050000020

IFSC Code - UBIN0534064

UBI Branch Name - UBI, Yusuf Sarai, New Delhi Branch

Address - C-1, Green Park Extension, Near Green Park Gurudwara, New Delhi -110016

Email - yusufsarai@unionbankofindia.com

The details of the Academic Fee submitted may be filled as per the enclosed Appendix I.

and.

After verification of the documents / fee a Zoom link will be sent to your registered e-mail.

The availability of seat of B.Des. programmes (i.e. Fashion Design and Fashion Communication) at NIFT Srinagar for counselling is available at www.nift.ac.in and will be displayed during counselling.

No withdrawal will be permitted once seat is accepted during the counselling. If candidate withdraws full fee will be forfeited.

Dy. Director (Admissions)

ACADEMIC FEE DETAILS:

Particulars of the NEFT/ RTGS/ ONLINE NET BANKING Payment

| Online Transaction No.: | |
|-------------------------|--|
| Payment Date: | |
| ARN Ref. No | |
| Name of the Bank: | |
| Branch | |
| Amount (Rs.) | |

FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES

| 1. This is to certify that | | | |
|---|---|-------------------------------|---------------------------------------|
| | District/Division* neduled Caste/Scheduled Tribe* und | Of State/Union Territory | y*belongs to |
| * The Constitution (Sched | | ier: | |
| * The Constitution (Sched | | | |
| | | | |
| | uled Castes)(Union Territories)Order,1951 | | |
| | uled Tribes)(Union Territories)Order,1951 | | |
| Punjab Reorganisation A | duled Castes and Scheduled Tribes Lists ct,1966, the State of Himachal Pradesh cheduled Tribes Orders (Amendment) [02] | Act,1970, the North Eastern A | Areas (Reorganisation) Act, 1971, the |
| * The Constitution(Jam | mu and Kashmir)Scheduled Castes O | rder,1956; | |
| * The Constitution (And Scheduled Tribes O | aman and Nicobar Islands) Scheduled Tr rder (Amendment)Act,1976; | ribes Order, 1959, as amende | d by the Scheduled Castes and |
| * The Constitution (Dadar | a and Nagar Haveli) Scheduled Castes Ord | er,1962; | |
| * The Constitution (Dadar | a and Nagar Haveli) Scheduled Tribes Orde | er, 1962; | |
| * The Constitution (Por | dicherry) Scheduled Castes Order, 19 | 964; | |
| * The Constitution (Utt | ar Pradesh) Scheduled Tribes Order,1 | 967; | |
| * The Constitution (Goa, | DamanandDiu) Scheduled Castes Orde | r,1968; | |
| * The Constitution (Goa, | DamanandDiu) Scheduled Tribes Order | r,1968; | |
| * The Constitution (Nag | galand) Scheduled Tribes Order, 1970 | ; | |
| * The Constitution (Sikkim |) Scheduled Castes Order, 1978; | | |
| * The Constitution (Sikkim |) Scheduled Tribes Order, 1978; | | |
| * The Constitution (Jan | nmu and Kashmir) Scheduled Tribes O | order, 1989; | |
| * The Constitution (Sch | eduled Castes) Order (Amendment) A | Act, 1990; | |
| * The Constitution (Sch | eduled Tribes) Order (Amendment) A | ct, 1991; | |
| * The Constitution (Sch | eduled Tribes) Order (Second Amend | ment) Act, 1991. | |
| 2. # This certificate is isfather / m | ssued on the basis of the Scheduled other* of Shri/Shrimati / Kumari* | Castes / Scheduled Tribes* (| Certificate issued to Shri/ Shrimati* |
| | Of Village/Town* | j | in District/Division* |
| Tribe* which is recognis | Of the State / Union Territory*_ sed as a Scheduled Caste / Scheduled | Tribe* in the State / Union | who belong to the Caste , |
| the | dated | | issued by |

| 3. Shri/Shrimati/Kumari* | and/or*his/her*family ordinarily reside(s) | **in village/Town* |
|--------------------------|--|--------------------|
| of | District/Division*of the State Union Territory | * of |
| | | |
| | Signature: | |
| | Designation | |
| | (Seal of the | Office) |
| Place: | State / Union Territory* | |
| Date: | | |
| 1 1 1 1 1 1 1 1 1 1 | | |

Applicable in the case of SC / ST Persons who have migrated from another State / UT.

IMPORTANT NOTES

The term "ordinarily reside(s)**" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste /Tribe certificates:

- District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / ISt Class Stipendiary Magistrate / City Magistrate / Sub- Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
- 2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate .
- 3. Revenue Officers not below the rank of Tehsildar.
- 4. Sub-divisional Officer of the area where the candidate and / or his family normally reside(s).
- 5. Administrator / Secretary to Administrator / Development Officer (Lakshadweep Island).
- 6. Certificate issued by any other authority will be rejected.

^{*} Please delete the word(s) which are not applicable.



III.

document.

राष्ट्रीय फैशन प्रौद्योगिकी संस्थान

सांविधिक संस्थान निफट अधिनियम 2006 वस्त्र मंत्रालय, भारत सरकार

NATIONAL INSTITUTE OF FASHION TECHNOLOGY

A Statutory Institute under the NIFT Act, 2006 Ministry of Textiles, Government of India

(ONLY FOR THE CANDIDATES SEEKING PROVISIONAL ADMISSION) To be submitted at the Time of Counselling (On Non-Judicial Stamp Paper of Rs. 10/-)

| I/my | ward | 500 | the candidate) |
|--------|---|---------------------------|------------------------|
| 9 5 | laughter/wife of | | 's name) resident of |
| | | Permanent | address) |
| seekin | ng admissions to | (na | me of the course) of |
| NIFT, | hereby solemnly affirm and declare: | | |
| 1. | That I have / My ward has appeared in the 12 of the qualifying (Board/university), the resu | | |
| | I have / My ward has compartment / supplemeand I have/my ward has ap | | |
| | not yet been declared. | | |
| 2. | | gree) examination othe | |
| 3. | year/ final semester examination (For PG car I undertake to submit the qualifying the provisional admission shall stand cancell ward. | g mark sheets/certifi | |
| 4. | That I have /my ward has carefully gone through I fully understand that in the event of failure the provisional admission to the said coundeposited fee will be forfeited. | o submit the documents | as in above provision, |
| 5. | I certify that all documents submitted by me a submitted by me will be verified as deemed is proven to be false, fabricated or fraudulent fee paid by me will be forfeited. | fit by NIFT. If any docum | ents claim statement |
| | | | Deponent |
| Verifi | ication: | | |
| Verifi | ied aton this | day of | 2021 that the |
| Conte | ent of the above affidavit are true and correct t | to the best of my knowle | edge and belief. |
| | | | Deponent |
| Notes | s: | | |
| l | In case the candidate is minor i.e. below 18 his/her parent/guardian. | years of age; the affiday | it shall be signed by |
| II. | Submission of false affidavit is a punishable affidavit was submitted, admission shall be initiated, for which candidate/parent/guardi | pe cancelled and legal | |

Should be stamped and notarized. All pages should be uploaded as a single PDF



I Mr./Ms./Mx.__

राष्ट्रीय फैशन प्रौद्योगिकी संस्थान

सांविधिक संस्थान निष्ट अधिनियम् 2006 वस्त्र मंत्रालय, भारत सरकार

NATIONAL INSTITUTE OF FASHION TECHNOLOGY

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__Roll No_____Merit Rank_

Undertaking from the students, as per provisions of anti-ragging verdict by the Hon'ble Supreme Court

| 1. | That I have read and understood the directives of the Hon'ble Supreme Court of India on anti- ragging and the measures proposed to be taken in the above reference. |
|--------|--|
| 2. | That I understand the meaning of ragging and know that ragging in any form is a punishable offence and the same is punishable with imprisonment and/or, fine and is prohibited by the Directives of the Court of Law. |
| 3. | I understand that if any information is brought to the notice of NIFT authorities regarding my participation in any ragging activities, the NIFT authorities are bound by law to report the same to the concerned Police Authorities for investigation and prosecution. |
| 4. | That I have not been found or charged for any involvement in any kind of ragging in the past. However, I 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. |
| 5. | That I shall not resort to ragging in any form at any place and shall abide by the rules/laws prescribed by the Courts, Government of India and the NIFT authorities for the purpose from time to time. |
| Date: | Signature of the candidate |
| I here | by fully endorse the undertaking made by my child/ward. |
| Signa | Signature of the Mother/Father/Guardian ature of the Witness: |
| 1 | |
| 2 | |

CANDIDATE'S STATEMENT OF DECLARATION

Candidate must fill the details of the Form A before a medical examination by medical officer in any Government hospital. Form B is to be filled by the medical officer. The officer will also certify the fitness of the candidate and attest the photograph of the candidate.

FORM A

| 1. | Name in full (Block letters) | |
|----|---|--|
| 2. | Age and place of birth | |
| 3. | Present Residential Address | |
| 4. | Permanent Residential Address | |
| 5. | | |
| | Any skin related problem | |
| | Enlargement or suppression of gland | |
| | Asthma | |
| | Heart disease | |
| | Lung disease | |
| | Fainting attacks/Epilepsy | |
| | Rheumatism | |
| | Appendicitis? (Give details) | |
| | b) Any other disease or accident requiring confinement to bed and medical for | |
| | surgical treatment? (Give details) | |
| 6. | | |
| | b) Have you been vaccinated for Covid-19? | |
| 7. | | |
| | Rheumatism/Arthritis, Asthma Epilepsy or mental illness of any kind? | |
| 8. | | |
| | details. | |
| 9. | | |
| | Father's age and state of health | |
| 10 | | |
| 11 | | |
| 12 | If not alive, Mother's age at the time of her death and cause. | |

I declare that the above information is the best of my belief, true and correct. I also affirm that I have not received a disability certificate on account of any disease or other condition.

Signed in my presence Signature of Medical Officer with stamp (CANDIDATE'S SIGNATURE) (in presence of Medical Officer)

FORM B

| 1. | Candidate's Eyesight | |
|----|--|--|
| 2. | Any known Allergies (details) | |
| 3. | Last Surgical Intervention (if any) with cause/reason | |
| 4. | Any chronic medical condition | |
| 5. | Any congenital medical condition | |
| 6. | Any Disability (orthopedic) Muscular, nerve etc.) | |

MEDICAL CERTIFICATE OF FITNESS

| 1 | hereby | certify | that I | have | medically | examined | Ms./Mr. | | | | for |
|-----|---|---------|--------|------|-----------|-------------|--------------|------------|---------|---------------|---------|
| | | | | | | | | | | disease(comn | |
| 10 | r oth | erwise) | or | any | constitu | utional | weakness | or | bodily | infirmity | except |
| ••• | | | | | I fu | ırther cert | ify that I a | m not rela | ated to | the candidate | and not |
| kr | known to any member of his/ her family. | | | | | | | | | | |

Photograph of the candidate attested by the Medical Officer

Signature of Medical Officer with stamp