



**NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL
SRINIVASNAGAR , MANGALORE-575 025, INDIA**

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**MCA Admissions 2020-21 (Through NIMCET - 2020)
Online Reporting for admission at the Institute**

1. Name and Address of the Institute: National Institute of Technology Karnataka,
Surathkal, P.O.Srinivasnagar, Mangalore-575025
Phone: 0824- 2474000 -2474023; FAX: (0824)
2474033
2. Online Reporting to the Institute **24th – 29th December, 2020**
*Online reporting at NITK IRIS portal during the above
dates is mandatory*
3. Contact Details Dean (Academic), 0824-2473003, 2474040

Instructions to the candidates:

Due to the COVID-19 pandemic situation, the physical reporting of the candidates for reporting at the Institute is cancelled and online reporting would be done. An online Admission portal will be made live from December 24, 2020 (Friday) to fill-up Online Admission form for all those candidates who have been allotted MCA seats of the Institute after completion of the 3rd round of reporting and payment of the initial fee to the NIMCET Headquarters.

Candidates are advised to fill their details through the NITK IRIS portal on clicking the MIS link <https://iris.nitk.ac.in/admission/admissions/login> and upload the documents listed below for final reporting for admission to the institute. The online document verification by NITK officials will be carried out during 24-29, December 2020 and Provisional Admission Orders will be issued to the candidates online.

The scanned copies of the following Original documents are to be uploaded by the candidate at the time of online reporting for admission at the Institute

1. Provisional admission letter downloaded from the NIMCET portal
2. NIMCET -2020 Admit card
3. NIMCET-2020 Rank card/Score card
4. Photo ID proof as per Govt. of India norms (Copy of Aadhar Card is compulsory)
5. Original Certificate of Date of Birth issued by competent authority/Class X (High School) Board Certificate as proof of date of birth
6. Original Mark sheet of Class XII
7. Original Grade/Mark sheets of qualifying examination for all semesters
8. Original Degree / Provisional certificate, if degree is completed.
9. Original Course completion certificate from the Head of the University/Institute, if result is awaited (format enclosed)
10. An Undertaking by those candidates whose result is awaited (format enclosed)
11. Original Certificate of category (OBC-NCL/SC/ST), if applicable, as per Government of India, issued by the competent authority. In case of OBC category, the certificate must be issued on or after April 1, 2020
12. Original Income and Assets Certificate for EWS candidates, if applicable, as per Government of India, issued by the competent authority. The certificate must be issued on or after April 1, 2020.

13. Original Certificate for Persons with Disabilities (PWD), if applicable, issued by the competent authority.
14. Undertaking to be submitted by PWD candidate in the format provided (format enclosed)
15. Proof of payment of initial fee to NIMCET
16. Original Migration certificate of last institute/university attended
17. Passport size photograph.
18. Medical Fitness certificate
19. Original Conduct Certificate from head of the institution last attended
20. Original Transfer certificate from the head of the institution last attended

(If any certificate is in language other than Hindi or English or Kannada, translation of the same in English is to be produced certified by the competent authority)

Fee Details

| MCA First Semester Fee | | | |
|--------------------------|---------------------------------|--------------------------------------|---|
| Category | Total Fee first semester INR | Initial fee paid at NIMCET INR | Balance amount to be paid at NITK at the time of admission INR |
| OC/OBC/EWS/ SC/ST/PwD | 63,255 | 10,000 | 53,255 |

Hostel Facility

As this semester the classes are conducted online, hostel allotment will not be done now. Hostel facilities are available for all the students. Hostel Room Allotment will be done to the admitted students whenever they are physically present at the Institute and after payment of required hostel fees.

Important Note:

- (1) Candidates belonging to OBC –NCL or EWS category are required to submit the certificates in the prescribed format available in the NITK website (i.e. www.nitk.ac.in) and issued on or after April 1, 2020. The certificates issued earlier than the prescribed date are not acceptable and no affidavit or undertaking in this regard will be acceptable during the online reporting at the Institute. So all such candidates must arrange to get your valid certificates before the online reporting date.
- (2) Caste certificate (SC/ST/OBC-NCL) issued by Maharashtra State must be validated by Social Welfare department (in case of SC and OBC-NCL category) and Tribal Welfare department (in case of ST category) of Maharashtra Government. The SC/ST/OBC-NCL candidates of Maharashtra State have to produce their caste validity certificate at the time of online reporting at the Institute.
- (3) The candidates who belong to PWD category must submit the certificate issued from a competent authority in the prescribed format available in the NITK website (i.e. www.nitk.ac.in). They also need to submit an undertaking along with the certificate. The prescribed format for the undertaking may be downloaded from the NITK website.
- (4) The candidates whose examination for Bachelor's degree study has not been completed or who are awaiting for their result, must submit a Course completion certificate duly signed by the Head of their Institution in the prescribed format. The prescribed format is available in the NITK website. A self-declaration in this regard is not acceptable. Such candidates should also submit an undertaking in the prescribed format available in the NITK website along with the course completion certificate.

Sd/-
Dean (Academic)

FORMAT OF COURSE COMPLETION CERIFICATE

[TO BE ISSUED IN THE OFFICIAL LETTER HEAD OF THE INSTITUTE/UNIVERSITY]

This is to certify that

1. Mr. /Ms. _____ (full name) bearing
Roll No. _____ is a bonafide student of _____ (course /
program) in our institute/university.
2. He / She has completed all requirements of the course / program and all of his/her
examinations will be / has been completed by January 15, 2021.
3. His / Her final result is awaited and will be published on or before January 31, 2021.

**Signature (with Seal) of the
Authorised Signatory of the
Institute/University**

Date - _____

**Undertaking by candidates who have appeared for qualifying
degree examination or awaiting for results**

I, _____ (NIMCET Hall Ticket No. _____),
Son/daughter of Shri-----, resident of
village/town/city district of State/UT _____do hereby declare as under:

1. That I have appeared for final year /semester examination and my Institute/University has not yet declared the results

or

My university/Institute has not conducted final year /semester examination yet
(tick as applicable).

2. That, I would submit my final year/semester marks card and Provisional degree certificate on or before _____

3. I am aware that for admission to MCA programmes at NITK, I must satisfy the following criteria

“Candidates should have passed the prescribed qualifying examination with CGPA of at least 6.5 in the 0-10 scale grading system, OR not less than 60% marks in the aggregate (taking into account the marks scored in all the subjects of all the public/university examinations conducted during the entire prescribed period for the degree programme). However, this prescribed minimum shall be a CGPA of 6.0 OR 55% marks in the aggregate for SC/ST/PWD candidates.”

4. I am also aware that after the announcement of my Bachelor’s degree results, if I am found not to satisfy the above eligibility criteria, my admission would be cancelled and I will not be entitled for refund of the fee paid to the Institute

Name and Signature of the candidate with date

FORM-GEN-EWS

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 _____

1. 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 in 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.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer _____

Name _____

Designation _____

Recent Passport size
attested photograph
of the applicant

**The income and assets of the families as mentioned
would be required to be certified by an officer not
below the rank of Tehsildar in the States/UTs.**

* **Note1:** Income covered all sources i.e. salary, agricultural, business, profession, etc.

** **Note2:** The term “Family” for this purpose include the person, who seeks benefit of reservation, his/her parents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*** **Note3:** 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.

DISABILITY CERTIFICATE FORMAT - II

{In cases of amputation or complete permanent paralysis of limbs and in cases of blindness}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport size
photograph
of the
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[Age - _____ years], male/female, Registration No. _____ permanent resident of

House No. - _____, Ward/Village/Street _____ Post Office

_____ District _____ State _____, whose

photograph is affixed above, and am satisfied that

1. he/she is a case of (Please tick as applicable):

a. locomotor disability

b. blindness

2. The diagnosis in his/her case is _____.

3. He / She has _____% (in figure) _____ percent (in words)

permanent physical impairment/blindness in relation to his/her _____

(part of body) as per guidelines (to be specified).

4. The applicant has submitted the following document as proof of residence:-

| Nature of Document | Date of Issue | Details of authority issuing the certificate |
|--------------------|---------------|--|
| | | |

Official Seal:

[Authorized Signatory of notified Medical Authority] Name:

DISABILITY CERTIFICATE FORMAT - III

{In cases of multiple disabilities}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport size
photograph
of the
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[Age - _____ years], male/female, Registration No. _____ permanent resident of

House No. - _____, Ward/Village/Street _____ Post Office

_____ District _____ State _____, whose

photograph is affixed above, and am satisfied that

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

| S. No. | Disability | Affected Part of Body | Diagnosis | Permanent physical impairment/mental disability (in %) |
|--------|----------------------|-----------------------|-----------|--|
| 1 | Locomotor disability | @ | | |
| 2 | Low vision | # | | |
| 3 | Blindness | Both Eyes | | |
| 4 | Hearing impairment | £ | | |
| 5 | Mental retardation | X | | |
| 6 | Mental-illness | X | | |

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____%

In words: _____percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

(i) Not Necessary[or]

(ii) Is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY)_____.

@ - e.g. Left/Right/both arms/legs

- e.g. single eye/both eyes

£- e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:

| Nature of Document | Date of Issue | Details of authority issuing the certificate |
|--------------------|---------------|--|
| | | |

6. Signature and seal of the Medical Authority:

| | | |
|--------------------------------|-------------------------------|---|
| | | |
| Name and Seal of Member | Name of Seal of Member | Name and Seal of the Chairperson |

DISABILITY CERTIFICATE FORMAT - IV

{In cases of any other case not covered in Format – II & III}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport size
photograph
of the
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[Age - _____ years], male/female, Registration No. _____ permanent resident of

House No. - _____, Ward/Village/Street _____ Post Office

_____ District _____ State _____, whose

photograph is affixed above, and am satisfied that

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

| S. No. | Disability | Affected Part of Body | Diagnosis | Permanent physical impairment/mental disability (in %) |
|--------|----------------------|-----------------------|-----------|--|
| 1 | Locomotor disability | @ | | |
| 2 | Low vision | # | | |
| 3 | Blindness | Both Eyes | | |
| 4 | Hearing impairment | £ | | |
| 5 | Mental retardation | X | | |
| 6 | Mental-illness | X | | |

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____%

In words: _____percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

(i) Not Necessary[or]

(ii) Is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____.

@ - e.g. Left/Right/both arms/legs

- e.g. single eye/both eyes

£- e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:

| Nature of Document | Date of Issue | Details of authority issuing the certificate |
|--------------------|---------------|--|
| | | |

Official Seal:

[Authorized Signatory of notified Medical Authority*]

Name: _____

* In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

Countersigned

Official Seal:

[CMO/Medical Superintendent/Head of Govt. Hospital]

Name: _____

^ Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in case the certificate is issued by a medical authority who is not a government servant.

Format of Undertaking for PwD Candidates

I, _____ (Name of candidate)

NIMCET Registration no. _____,

S/D/O _____ resident of _____

_____ do hereby solemnly affirm and state as follows:

1. That, I am reporting online for the MCA 2020 Admission at NITK Surathkal.
2. That, I know that after online reporting, document verification will be done Online by the official of the Institute based on documents uploaded by me and based on the online document verification, a provisional admission letter will be issued to me by NITK Surathkal.
3. That, I know that physical examination is required to judge the percentage of disability, which is not being done during Online Document Verification.
4. That, my physical examination will be done by the Medical Board of the Institute at the time of physical reporting at the Institute.
5. That, at the time of physical reporting, if the Medical Board at the Institute finds that percentage of my disability is below the required level, my admission will be cancelled and I will not have any claim on my admission at NITK Surathkal.
6. That, if my seat is cancelled at the time of physical reporting, the refund, if any, will be dealt as per Refund Rules of the Institute.

Deponent

Verification

I above named Deponent do hereby abide by the above Undertaking and verify on oath that the contents of this Undertaking are true and correct to the best of my knowledge and belief and nothing has been concealed therein and no part of it is false.

Deponent

Place: _____

Date: _____

CERTIFICATE OF MEDICAL FITNESS

[To be obtained only from Gazetted Government Medical Officer / Medical Officer of a Government Undertaking. (Please note that Medical Certificate issued by Private Practitioners will not be accepted)]

Name (In Block Letters)

Parent / Guardian Name

Sex Male / Female

Blood Group (Optional)

Heightcm

Weightkg

Chest: Exp.....cm

Insp..cm

Heart

Lungs

Vision

Hearing

Hernia / Hydrocele / Varicocele/Piles, etc:

Any Other Disease Diagnosed in the Past:

Allergies, if any

Personal Marks of Identification:

1.

2.

I do hereby certify that I have examined Sri/Kum/Smt.....,

A candidateforand whose signature is given below

and that I could not notice that he/she has any disease, constitutional affection, bodily infirmity or

mental unsoundness.His/Her age according to his/her statement is

year and by appearance about years.

Signature of the Candidate

Place

Signature:of the Medical Officer

Date

Name:

Office Seal

Designation:

Registration No.