

**ROOM Allotment & Schedule for Physical Verification of Documents (Phase – II) (Mop-Up)**

4-YEAR / 3-YEAR _B.A / B.Sc./ B.COM. : SEMESTER - 1 [Under CCF, 2022]

MORNING / DAY / EVENING SECTION

Verification Date	Time	Section	Course Name	Application Number	Room No.
10-10-2025 (Friday)	12.00 noon. to 3.00 pm.	Morning	3 - Year B.A. Multidisciplinary	ALL	45
		Day	3 - Year B.A./B.Sc. Multidisciplinary	ALL	46
			4 - Year B.A./B.Sc. (H/H. & R.)		
		Day	4 - Year B.Com. (H/H. & R.)	ALL	47
			3 - Year B.Com. Multidisciplinary		
		Evening	4 - Year B.Com. (H/H. & R.)	ALL	48
			3 - Year B.Com. Multidisciplinary		

ORIGINAL & Photocopy of the following Documents must be Produced by the concerned applicant at the time of Verification



LIST- A		LIST- B	
Original Documents to be produced at the time of Physical Verification		Self-Attested Photocopies of the following documents to be submitted at the time of Physical Verification	
Name of Original Documents		Name of Self-Attested Documents	
1	System Generated Application	1	Copy of System Generated Application
2	System Generated Provisional Admission Certificate	2	Copy of System Generated Provisional Admission Certificate
3	10+2 level Mark sheet	3	Copy of 10+2 level Mark sheet
4	10 level Mark sheet	4	Copy of 10 level Mark sheet
5	Age Proof Certificate (Admit Card/Birth Certificate etc.)	5	Copy Age Proof Certificate (Admit Card/Birth Certificate etc)
6	SC/ST/OBC Certificate, if applicable	6	Copy of the SC/ST/OBC Certificate, if applicable
7	PWD Certificate, if applicable	7	Copy of the PWD Certificate, if applicable
8	EWS Certificate, if applicable	8	Copy of the EWS Certificate, if applicable
9	AADHAAR and ABC ID if available	9	AADHAAR and ABC ID, if applicable
10	Registration Certificate, if applicable	10	Copy of the Registration Certificate, if applicable
11	Migration certificate, if applicable	11	Copy of the Migration certificate, if applicable
		12	Anti-ragging Declaration duly signed by the STUDENT (BLANK Format attached herewith this notice. Take a print-out and sign)
		13	Anti-ragging Declaration duly signed by the PARENT/GUARDIAN (BLANK Format attached herewith this notice. Take a print-out and sign)

Manidip Chakraborty
Principal
SHIBPUR DINOBUHNDHOO INSTITUTION COLLEGE

BLANK Format of Anti-ragging Declaration

SECTION-18

Anti- Ragging Declaration

ANNEXURE I AFFIDAVIT BY THE STUDENT

I,S/D of..... , having been admitted to , have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (here in after called the “Regulations”) carefully read and fully understood 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 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 constituted 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 of the 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 on the...day of , 2025.

Signature of deponent

Name:

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 , 2025.

Signature of deponent

Solemnly affirmed and signed in my presence on this the day of , 2025, after reading the contents of this affidavit.

OATH COMMISSIONER

Anti- Ragging Declaration

ANNEXURE II

AFFIDAVIT BY PARENT/ GUARDIAN

I, father of....., having been admitted to....., have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (here in after called the “Regulations”) carefully read and fully understood 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 behaviour 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 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 on the.....day of, 2025.

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, 2025.

Signature of deponent

Solemnly affirmed and signed in my presence on this the.....day of, 2025, after reading the contents of this affidavit.

OATH COMMISSIONER