

NRI CERTIFICATE OF THE CANDIDATE / PARENTS
(Format for Certificate from Embassy in the Letter Head)

No.

Date:

This is to certify that Mr. /Ms....., holder of Indian Passport
No.....dated.....issued at..... (Place of
issue) is residing in (Name of the Country) since
....., he / she is a Non-Resident Indian.

(Signature, Designation & Seal of the issuing authority)

ANNEXURE-II

Documentary Proof of Citizenship (OCI/PIO Candidates)

Scanned copy of the first and last page of the Passport wherein the Citizenship/Nationality of the Candidate, as well as the date of issue, Validity Period, place of Issue, and Issuing Authority of the Passport, are clearly mentioned.

OR

Citizenship Certificate issued by the Competent Authority in the Country of Nationality of the Candidate, wherein the Citizenship /Nationality of the Candidate, date of issue, Validity Period, place of issue, and Issuing Authority, are clearly mentioned.

OR

Any other Document issued by a Government Authority in the Country of Nationality of the Candidate (including OCI/PIO Card issued by the MHA or concerned Indian Diplomatic Mission in case of OCI/PIO Candidate only), wherein the Citizenship/Nationality of the Candidate, date of issue, Validity Period, place of issue and Issuing Authority of the Document, are clearly mentioned.

NRI or OCI or PIO CERTIFICATE OF THE SPONSORER
(Format for Certificate from Embassy in the Letter Head)

No.

Date:

This is to certify that Mr./Ms.(Sponsorer's Name)
holder of Indian Passport / Citizenship No.....datedissued at
.....(Place of issue) is residing in (Name of the country)
since....., he/she is a Non-Resident Indian.

(Signature, Designation & Seal of the issuing authority)

EMPLOYER'S CERTIFICATE
(In the Letter Head of the Company / Organization)

No.

Date:

This is to certify that Mr. / Ms. (Parent / Sponsorer's name), holder of Indian Passport / Citizenship No..... dated.....issued at (Place of issue) is an employee of this Company / Organization since (Date of joining) in the position of (Designation) and drawing a monthly salary of.....

(Signature, Designation & Seal of the issuing authority)

DECLARATION BY THE CANDIDATE

I, _____, hereby declare that all the particulars stated in this application and enclosures are true to the best of my knowledge and belief. I have read the Prospectus / guidelines and I shall abide by the terms and conditions therein. I am aware that my admission will be provisional and in the event of me being found ineligible at the time of reporting, my admission shall be denied and if I am already admitted, my admission shall be cancelled. I am also aware that in all matters concerning admission, the decision of the Karnataka Veterinary, Animal and Fisheries Science University, Bidar is final and I shall abide by it.

Place : _____ Signature of the Candidate

Date : _____ Name:

DECLARATION BY THE PARENT/ GUARDIAN

I, _____, hereby declare that all facts given in the application by the candidate, (Name) who is my son/ daughter/ ward are true and correct. In case, any particulars furnished in the application are found incorrect at a later stage, I agree to forfeit the admission of my son/daughter/blood relative, no matter, at whatever stage of the course the candidate is at that time. I hereby give an undertaking to pay regularly all his/her dues to the University/Hostel till the completion of his/her course of study. I also undertake the responsibility for his/her good conduct. I am also aware that in all matters concerning admission of my son/daughter/blood relative, the decision of the Karnataka Veterinary, Animal and Fisheries Science University, Bidar is final and I shall abide by it.

Place : _____ Signature of the Parent/Guardian

Date: _____ Name:

NOTARY AFFIDAVIT OF THE UNDERTAKING BY SPONSORER

(On 100 Rupees STAMP PAPER- First party will be sponsorer and second party will be Registrar, KVAFSU, Bidar)

Sponsorship letter for admission (B.V.Sc. & A.H., B.Tech (D.Tech) and B.F.Sc.):

To:

The Registrar
KVAFSU
BIDAR
Pin-585 226.

Sir,

Subject: Sponsorship of (Name of the Candidate) applying for admission in through NRI-S quota at KVAFSU, Bidar.

Ref: Your Notification No.dated.....

I,.....Son/Daughter of Mr./Mrs.aged aboutyears, do here by declare that I am a Non-Resident Indian and I am herewith enclosing the certified photocopy of my valid passport. That my present address is

.....

Phone No:..... Country:.....

Email:.....

That I have taken Mr./Ms.....Son/Daughter ofAddress.....

.....

as my ward and I am willing to sponsor him/her as a candidate in the NRI sponsored category for admission to B.V.Sc. & A.H. / B.Tech (D.Tech) / B.F.Sc. at KVAFSU, Bidar. I shall pay the prescribed fee in dollars / rupees at the time of admission to the course and on regular basis till the candidate completes his / her course, from time to time, otherwise candidate's admission may be cancelled.

I assure that all the prescribed fee and expenses towards tuition fee, boarding, lodging, books and Journals, Medical, travelling and all associated costs will be borne by me till the completion of the course.

I assure that my relationship with the candidate is :, which comes under blood relation or **do not come under blood relation (strike**

off whichever is not applicable) and that I undertake to bear the entire expenditure of Mr./Msstudy in the KVAFSU, Bidar, till he/she successfully complete the course.

I request you to kindly accept my sponsorship letter and grant admission to (Name of the candidate) for (degree programme) at your university.

I will not claim the refund of Institutional Economic Fee and other fee paid to University, if my candidate cancels the admission.

Declared on this Day of.....2024

Signature of the Deponent

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and belief and no part of this affidavit is false and nothing has been concealed or misstated therein.

Verified at (Place) on this the (day) of (month), (year)

Signature of the Deponent

Name:

Solemnly affirmed and signed in my presence on this day of 2024

Place:

Date:

NOTARY PUBLIC

Place:

Signature of the Sponsorer
(Name and address)

Date:

MEDICAL CERTIFICATE

Certified that I, Dr.(Reg.No.....))
 have this Day of2024 examined the candidate whose
 particulars are given below:

1. Name of the candidate :
2. Name of the parent/ guardian :
3. Sex : Male ☐ Female ☐ Transgender ☐

Date Month Year

4. Date of Birth :
- Age (in years) :

5. Identification Marks :1.
- 2.

6. Whether the candidate fulfills the: Normal standards? If no, specify the defect following

a) General Fitness consists of

Complete Blood Test including HIV Test Yes/No

Complete Urine Test Yes/No

Chest X-ray Yes/No

ECG Yes/No

Mental Retardness Test and Yes/No

Other General Tests

b) Vision Yes/No

c) Auditory functions Yes/No

d) Speech functions Yes/No

7. Whether Differently disabled (Physically Handicapped) : Yes/No
(Strike off whichever is not applicable), **If Yes specify the defect and the extent of disability**

(i) Vision

(ii) Speech

(iii) Hearing

(iv) Limbs(% disability)

a. Upper limbs:

b. Lower limbs:

c. Disability of total body
including disability of
chest or spine:

d. Whether candidate is **Yes/No**
suffering with progressive
diseases like myopathies
etc.,

e. Disabilities which
otherwise would interfere
in the performance of the
duties of a veterinarian.

The disability shall be certified by a duly constituted and Government authorized Medical Board comprising of at least three specialists out of which two shall be of the specialty concerned and the candidate has to present himself/ herself before the Medical Board. The last valid disability certificate of the candidate from a Medical Board shall not be more than three months old from the date of submitting his or her certificate (last date of application for admission).

8. OPINION: with the above clinical details
Please specify, Whether the candidate is Physically
eligible to be considered for admission in Karnataka
Veterinary Animal and Fisheries
Sciences University, Bidar
(if No specify the reasons)

Yes/No

Signature of the Candidate

Signature of Regd. Medical Practitioner

Place :

Registration No.:

Date :

Full Address: