

**शैक्षिक अनुभाग / ACADEMIC SECTION**  
**NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR**

**सूचना / NOTICE**

Acad-10

Date: 02.07.2025

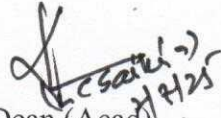
The physical reporting of the students admitted to the **MBA programme 2025-27** will be from **July 17<sup>th</sup> to July 18<sup>th</sup>, 2025**. The candidates must produce the following documents in original, along with one set of photocopies of each documents duly-self attested to be submitted at the time of physical reporting:

- 1 Photo ID Proof (PAN/AADHAR/VOTER ID)
- 2 CAT/MAT/CMAT score cards (as applicable)
- 3 Proof of Date of Birth (HSLC Certificate/ Birth Certificate)
- 4 Grade Cards/ Mark Sheets of qualifying examination for all semesters
- 5 Degree/ Provisional Certificate
- 6 Migration/ Transfer Certificate from the last University/ Institute attended. (Original only)
- 7 Three colour passport size photographs.
- 8 Conduct Certificate from the Head of the Institution last attended.
- 9 Medical Fitness Certificate as per enclosed format duly issued by Registered Medical Practitioner.
- 10 Anti-Ragging Affidavit (a) by the student and (b) by Parent/ Guardian on a Non-Judicial Stamp Paper of Rs. 10.00(Ten) or above, as per the format given in the Institute Website: [http://www.nits.ac.in/anti\\_ragging/anti\\_ragging.php](http://www.nits.ac.in/anti_ragging/anti_ragging.php)
- 11 Copy of Payment Receipt for the 1<sup>st</sup> semester fees paid
- 12 Copy of balance Payment Receipt for the 1<sup>st</sup> semester fees paid (wherever applicable)

**Information regarding Hostel allotment**

Hostel allotment will be done on the day of physical reporting. However, the mess services will start from **21<sup>st</sup> July 2025**.

**Note:** The Orientation Program for the MBA 1<sup>st</sup> semester students will be held on **23<sup>rd</sup> July, 2025**. The classes will commence from **24<sup>th</sup> July 2025**

  
Dean (Acad)  
(i/c)  
02/07/25

## NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR

<b>MEDICAL CERTIFICATE</b> (to be issued by a Registered Medical Practitioner)					
1.	Name of the candidate:				
2.	Identification Mark (a mole, scar or birthmark), if any				
3.	Major illness/operation, if any (specify nature of illness/operation)				
4.	Height in cm:	Weight in kg:	Blood Group:		
5.	Past History	(a) Mental illness (b) Epileptic Fit			
6.	Chest (a) Inspiration in cm		(b) Expiration in cm		
7.	Hearing				
8.	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Unocular vision <small>(having vision in only one eye)</small>
9.	Respiratory System				
10.	Nervous System				
11.	Heart	(a) Sounds		(b) Murmur	
12.	Abdomen (a) Liver (b) Spleen	Hernia		Hydrocele	
13.	Any other defects:				
<b>Certificate of Medical Fitness</b>					
<input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceuticals/ Science Course					
<input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:					
_____		_____		_____	
Signature		Registration number		Seal	