

**PRO FORMA – I**  
**(FOR DSP-1, DSP -2, AND DSP -3 CANDIDATES)**

**(FOR SONS AND DAUGHTERS OF DEFENCE SERVICE PERSONNEL)**

Outward No.: .....

Date: ...../...../20.....

**CERTIFICATE**

This is to certify that Shri. / Smt .....  
*(Full Name of the Employee with Rank of the employee)*  
is/ has been a member of Armed forces of India. He/ She has put in .....  
years of service in Indian Army/ Indian Navy/ Indian Air Force from  
..... to ..... and is currently working/ retired from services on  
..... / Permanently disabled since ..... / killed in action on  
.....

This certificate is issued for the purpose of his/ her son/ daughter  
.....'s admission to First /Direct Second Year of Degree course in  
Engineering and Technology-B. Tech./ M. Tech./ Integrated B.Tech./ B. Pharm./  
Pharm. D./ Design for the academic year 20..... - 20.....

Place:

(Signature)  
Name and designation  
of the Authority not below the rank  
of Commandant or equivalent /  
District Sainik Welfare officer

*Seal of the Office*

**Note:**

1. This certificate is **not** to be issued for the Civilian Staff working in the Indian Army/Navy/Air force.
2. For DSP-1 and DSP-2 candidates, above pro forma is to be accompanied by attested copy of **Domicile certificate of parent who is in active service or ex-serviceman.**

**PRO FORMA – II**  
**(FOR DSP-3 CANDIDATES)**

**(FOR SONS AND DAUGHTERS OF ACTIVE DEFENCE SERVICE PERSONNEL NOT DOMICILED  
IN MAHARASHTRA STATE)**

Outward No.: .....

Date: ...../...../20.....

**CERTIFICATE**

This is to certify that Shri/ Smt. .... is a member of

*(Full Name of the Employee with Rank of the employee)*

Armed forces of India and is currently working in Indian Army/ Indian Navy/ Indian Air Force.

Shri / Smt. .... is transferred to ..... *(Place of posting)* in Maharashtra State vide transfer order No..... Dated..... He/ She has joined duty in Maharashtra on ..... *(Date of Joining)* and is currently working in the same post.

This certificate is issued for the purpose of his/ her son/ daughter .....’s admission to First /Direct Second Year of Degree course in Engineering and Technology-B. Tech./ M. Tech./ Integrated B.Tech./ B. Pharm./ Pharm. D./ Design for the academic year 20..... ~ 20.....

Place:

*Seal of the Office*

(Signature)  
Name & Designation  
of the Head of the office

**Note:** *This pro-forma is to be accompanied by attested copy of:*

- 1. Transfer order.*
- 2. Joining report.*

*This certificate is not to be issued for Civilian Staff working in the Indian Army/Navy/Air force.*

**PRO FORMA – III**  
**(FOR DSP - 3 CANDIDATES)**

**(FOR SONS AND DAUGHTERS OF ACTIVE DEFENCE SERVICE PERSONNEL NOT DOMICILED  
IN MAHARASHTRA STATE BUT RETAINED THEIR FAMILY ACCOMMODATION)**

Outward No.: .....

Date: ...../...../20.....

**CERTIFICATE**

This is to certify that Shri/ Smt. .... is a member of  
*(Full Name of the Employee with Rank of the employee)*  
Armed forces of India, and is currently working in Indian Army/ Indian Navy/ Indian  
Air Force.

Shri/ Smt. .... is presently posted at .....  
*(Place of posting)*

His/ Her previous posting was at .....in Maharashtra State.

He/ She has retained family accommodation in..... in  
Maharashtra State on account of posting in non-family station/ for education  
purpose of son/ daughter.

This certificate is issued for the purpose of his/ her son/ daughter  
.....'s admission to First /Direct Second Year of Degree course in First  
/Direct Second Year of Degree course in Engineering and Technology-B. Tech./ M.  
Tech./ Integrated B.Tech./ B. Pharm./ Pharm. D./ Design for the academic year  
20..... - 20.....

Place:

*Seal of the Office*

(Signature)  
Name & Designation  
of the Head of the office

**Note:** *This certificate is not to be issued for Civilian Staff working in the Indian Army/  
Navy/ Air force.*

**PRO FORMA –IV  
(FOR P-1, P-2, AND P-3 CANDIDATES)**

**(FOR PERSONS WITH DISABILITY CANDIDATES)**

Name and address of the Institute / Hospital

Certificate No.....

Date.....

Recent Photograph  
of the candidate  
showing the  
Disability duly  
attested by the  
chairperson of the

**DISABILITY CERTIFICATE**

This is certified that Shri/Smt./Km..... son/ wife/ daughter of  
Shri ..... age..... sex..... identification mark  
(s)..... is suffering from permanent disability of following category :-

**A. Locomotors or cerebral palsy:**

(i)	BL-both legs affected but not arms.			
(ii)	BA-Both arms affected	(a) Impaired reach	(b) Weakness of grip	
(iii)	BLA-Both legs and both arms affected			
(iv)	OL-One leg affected (right or left)	(a) impaired reach	(b) Weakness of grip	(c) Ataxic
(v)	OA-One arm affected	(a) impaired reach	(b) Weakness of grip	(c) Ataxic
(vi)	BH-Stiff back and hips (Cannot sit or stoop)			
(vii)	MW-Muscular weakness and limited physical endurance			

**B. Blindness or low vision**

(i) B-Blind

(ii) PB-Partially Blind

**C. Hearing impairment**

(i) D-Deaf

(ii) PD-Partially Deaf

*(Delete the category, whichever is not applicable)*

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case of not recommended/is recommended after a period of .....years .....months\*.

3. **Percentage of disability in his/her ..... percent**

**case is** meets the following physical requirements for discharge :

4. Sh./Smt./Kum..... discharge..... of his/her duties.

(i)	F-can perform work by manipulating with fingers	Yes/No
(ii)	PP-can perform work by pulling and pushing	Yes/No
(iii)	L-can perform work by lifting	Yes/No
(iv)	KC-can perform work by lifting	Yes/No
(v)	B-can perform work by bending	Yes/No
(vi)	S-can perform work by sitting	Yes/No
(vii)	ST-can perform work by standing	Yes/No
(viii)	W-can perform work by walking	Yes/No
(ix)	SE-can perform work by seeing	Yes/No
(x)	H-can perform work by hearing/speaking	Yes/No
(xi)	RW-can perform work by reading and writing	Yes/No

(Dr..... )

(Dr..... )

(Dr..... )

Member, medical Board

Member, medical Board

Member, medical Board

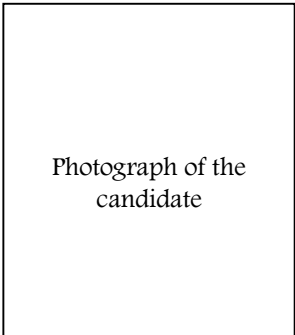
Countersigned by the Medical  
Superintendent/CMO/ Head of Hospital  
(with seal)

\* *Strike out which is not applicable*

**PRO FORMA-V  
(FOR PERSON WITH DISABILITY CANDIDATES)**

**P3 (LEARNING DISABILITY) CANDIDATES**

Outward No.: ..... Date: ...../...../20.....



**CERTIFICATE**

Name : .....

Age : .....

Date of Birth : .....

Date of Registration: ..... L.D. No.: .....

Father's Name : .....

Std.: ..... School Name: .....

Physical & Neurologic Assessment (Date: .....) )

Psychologic Assessment (Date: .....) )

WISC (R) Verbal IQ : .....

Performance IQ : .....

Global IQ : .....

Interpretation: .....

Educational Assessment (Date: .....) WRAT: R: .....

S: .....

A: .....

Certified that:

1. The percentage of Challenged is not less than 40% and is equal to .....%.
2. The disability is permanent in nature.
3. The candidate is capable of carrying out all activities related to theory and practical works as applicable to degree course in Engineering/Technology without any special concessions and exemptions.
4. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments.

This certificate is issued for the purpose of his/ her admission to First /Direct Second Year of Degree course in Engineering and Technology / B. Pharmacy /Pharm. D./B. Tech (Integrated)/M.Techfor the academic year 20..... - 20.....

Recommendations: .....

(Name and Signature of Issuing Authority)

*Seal of the Office*

**PRO FORMA – VI**

**(FOR SONS AND DAUGHTERS OF DEFENCE/ PARAMILITARY FORCE/ I.A.S./ I.P.S./ I.F.S./ J& K POLICE OFFICIALS POSTED IN JAMMU/ KASHMIR TO COMBAT TERRORIST ACTIVITIES)**

Outward No.: .....

Date: ...../...../20.....

**CERTIFICATE**

This is to certify that Shri/ Smt. .... is an official belonging to Defence/ Paramilitary force/ I.A.S./ I.P.S./ I.F.S./ J& K Police presently posted and working at..... which is treated as disturbed area in Jammu & Kashmir.

This certificate is issued for the purpose of his/her son/daughter .....’s admission to First /Direct Second Year of Degree course in First /Direct Second Year of Degree course in Engineering and Technology-B. Tech./ M. Tech./ Integrated B.Tech./ B. Pharm./ Pharm. D./ Design for the academic year 20.....- 20.....

Place:

*Seal of the Office*

Head of the Office

**PRO FORMA – VII**

**(FOR JAMMU/ KASHMIR MIGRANT CANDIDATES)  
(MIGRANTS STAYING IN REFUGEE CAMPS)**

Outward No.: .....

Date: ...../...../20.....

**CERTIFICATE**

This is to certify that Mr./ Miss. .... belongs to a family residing in this refugee camp after being displaced after 1990 due to terrorist activities in Jammu and Kashmir. The detail of refugee status is as under.

Ration card Number:.....

Name of the members on the ration card:.....

This certificate is issued for the purpose of his / her admission to First /Direct Second Year of Degree course in First /Direct Second Year of Degree course in Engineering and Technology-B. Tech./ M. Tech./ Integrated B.Tech./ B. Pharm./ Pharm. D./ Design for the academic year 20.....~ 20.....

Place:

Name & Signature of Head of the  
Office Migrant/Refugee Camp

*Seal of the Office*

**PRO FORMA – XIII**  
**(FOR REFUGEES STAYING WITH RELATIVES)**

**(DISPLACED JAMMU/ KASHMIR CANDIDATES STAYING WITH RELATIVES/  
FRIENDS IN INDIA OTHER THAN MIGRANT/ REFUGEE CAMP)**

Outward No.: .....

Date: ...../...../20.....

**CERTIFICATE**

This is to certify that Mr./ Miss. .... is a displaced person from Jammu & Kashmir after 1990 due to terrorist activities in Jammu and Kashmir. He/ She is staying with .....

*(Name and complete address of the Person with whom the candidate is staying at present)*  
since past .....years.

This certificate is issued for the purpose of his/ her admission to First /Direct Second Year of Degree course in First /Direct Second Year of Degree course in Engineering and Technology-B. Tech./ M. Tech./ Integrated B.Tech./ B. Pharm./ Pharm. D./ Design for the academic year 20.....~ 20.....

Place:

Name & Signature of District Collector

*Seal of the Office*



**(PRO FORMA – IX)**

Format of Certificate by the Employer/Management for Sponsored Candidates  
on the firms/ organizations/Company Letter Head

Ref. No.:

Date: / /20

**TO WHOM SOEVER IT MAY CONCERN**

This is to certify that *Shri./Smt.* \_\_\_\_\_  
is working in this firm/ organization as a \_\_\_\_\_  
since \_\_\_\_\_ and he/she has completed \_\_\_\_\_ **year[s]** of service in  
our organization as an employee. He/she is permitted to study for the ***M. Tech.***  
***program at Dr Vishwanath Karad MIT-World Peace University, Pune.***

If he/she is admitted to the said program/University, he/she will be permitted to  
attend the course as a full-time student during the working hours of the University  
till completion of his/her program.

Signature of Employer/Management

Seal of the farm/ organization/ Institute

**PRO FORMA – X- हमीपत्र**

मी/ माझा पाल्य, \_\_\_\_\_ (विद्यार्थ्यांचे नाव) असे हमीपत्र देतो की, आम्हाला डॉ. विश्वनाथ कराड एम.आय.टी. विश्वशांती विद्यापीठ, पुणे या विद्यापीठात राखीव प्रवर्गाच्या कोट्यातून प्रवेश मिळण्यासाठी जात/ जमात वैधता पडताळणी प्रमाणपत्राची, नॉन क्रिमेलीअर प्रमाणपत्राची (Caste/ Tribe Validity Certificate, Non-Creamy Layer Certificate) आवश्यकता आहे, तथापि जात/ जमात वैधता पडताळणी प्रमाणपत्राची, नॉन क्रिमेलीअर प्रमाणपत्राची (Caste/ Tribe Validity Certificate, Non-Creamy Layer Certificate) सध्या आमच्याकडे उपलब्ध नाही, ते प्राप्त करण्यासाठी संबंधीत विभागाकडे अर्ज दाखल केलेला असून त्याची पावती सोबत जोडलेली आहे. जर मला/ माझ्या पाल्याला डॉ. विश्वनाथ कराड एमआयटी विश्वशांती विद्यापीठ, पुणे येथे **प्रथम वर्ष पदवी अभियांत्रिकी/ थेट द्वितीय वर्ष पदवी अभियांत्रिकी/ प्रथम वर्ष पदव्युत्तर पदवी अभियांत्रिकी** या अभ्यासक्रमासाठी विद्यापीठाच्या प्रवेश प्रक्रियेमधून प्रवेश मिळाला तर जात/ जमात वैधता पडताळणी प्रमाणपत्र, नॉन क्रिमेलीअर प्रमाणपत्र (Caste/ Tribe Validity Certificate, Non-Creamy Layer Certificate) आम्ही, प्रवेश झालेल्या डॉ. विश्वनाथ कराड एमआयटी-विश्वशांती विद्यापीठ, पुणे यांचेकडे प्रवेश झाल्या पासून एक महिन्याच्या आत म्हणजेच **दिनांक \_\_\_\_\_ किंवा येत्या ३० ऑगस्ट २०२४** पूर्वी सादर करू.

जात/ जमात वैधता पडताळणी प्रमाणपत्र, नॉन क्रिमेलीअर प्रमाणपत्र (Caste/ Tribe Validity Certificate, Non-Creamy Layer Certificate), वर निर्देशीत केलेल्या मुदतीत मिळविण्याची सर्वस्वी जबाबदारी माझी असेल, विद्यापीठाची नव्हे.

जात/ जमात वैधता पडताळणी प्रमाणपत्र, नॉन क्रिमेलीअर प्रमाणपत्र (Caste/ Tribe Validity Certificate, Non-Creamy Layer Certificate), प्रवेश मिळालेल्या डॉ. विश्वनाथ कराड एमआयटी विश्वशांती विद्यापीठातील प्रवेश विभागात दिनांक **दिनांक \_\_\_\_\_ किंवा येत्या ३० ऑगस्ट २०२४** पूर्वी सादर न केल्यास किंवा माझे प्रमाणपत्र कोणत्याही कारणास्तव मिळण्यास उशीर झाल्यास पर्यायाने **प्रथम वर्ष पदवी अभियांत्रिकी/ थेट द्वितीय वर्ष पदवी अभियांत्रिकी/ प्रथम वर्ष पदव्युत्तर पदवी अभियांत्रिकी** अभ्यासक्रमासाठी राखीव प्रवर्गाच्या कोट्यातून मिळालेला प्रवेश रद्दबातल झाल्यास त्याची जबाबदारी डॉ. विश्वनाथ कराड एमआयटी विश्वशांती विद्यापीठ, पुणे यांची नसून, सदर जबाबदारी सर्वस्वी आमची राहिल.

विद्यार्थ्याची स्वाक्षरी : \_\_\_\_\_ दिनांक: \_\_\_\_\_

विद्यार्थ्याचे नाव : \_\_\_\_\_

जातीचा प्रवर्ग/ जातीचे नाव: \_\_\_\_\_

पालकाची स्वाक्षरी : \_\_\_\_\_ दिनांक: \_\_\_\_\_

पालकांचे नाव : \_\_\_\_\_

**Important note:** As mentioned in the offer guide, the candidate who does not have any original certificate must submit the following undertaking.

- Process:** 1. Print undertaking  
2. Fill-up information in undertaking  
3. Signature on the undertaking  
4. Upload the said undertaking at the time of self-registration

## Annexure - A

### UNDERTAKING FROM APPLICANTS & PARENTS REGARDING ELIGIBILITY & PENDING DOCUMENTS, PHOTOCOPIE[S]

I, Ms/ Mr. \_\_\_\_\_, S/o or D/o. \_\_\_\_\_  
\_\_\_\_\_ have applied for admission to First Year or Direct Second Year- First /Direct Second Year of Degree course in Engineering and Technology-B. Tech./ M. Tech./ Integrated B.Tech./ B. Pharm./ Pharm. D./ Design, Branch: \_\_\_\_\_ and provisionally admitted under OPEN or General/ SC/ ST/ VJ-NT/ OBC/ SBC/ DSP/ J & K/ PH/Other category to Dr. Vishwanath Karad MIT World Peace University, Kothrud, Pune - 38.

I/We undertake that the following original documents/ scanned copy of the original document[s] are pending for submission at the time of self-registration process, and I/We will submit the same **within the 07 days after declaration of result**. It is necessary that the process of fulfilling the eligibility criteria should be completed by us within the stipulated time prescribed by the University until further my admission remains provisional and it will not be confirmed due to non-completion of admission process.

I/We know and fully understand, agree to the eligibility criteria of the program in which taking the provisional admission, If I/we fail to fulfill the eligibility criteria, I/we know our provisional admission stands cancelled, and the university will not be responsible for the same.

1. \_\_\_\_\_ . 2. \_\_\_\_\_ .  
3. \_\_\_\_\_ . 4. \_\_\_\_\_ .  
5. \_\_\_\_\_ . 6. \_\_\_\_\_ .

In case I/ We fail to submit the required pending original documents/certificates by above-mentioned deadline or if documents are found ineligible or information provided herein or in application form is found incorrect at any stage; then the university reserves the right to cancel our admission and can take any other disciplinary action as deemed appropriate without any notice to me/ my ward and We shall have no claim for refund of fee or other charges already paid or whatsoever, against the University. Further, Fee and other charges as already paid by us shall stand forfeited.

Signature of the Applicant with date

Signature of Parent with date

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_