**Fee Details**

**Fee details for Ph.D. candidates**

Fee to be paid before MIS registration

<table>
<thead>
<tr>
<th>Category</th>
<th>Institute Fee In Rs.</th>
<th>Hostel Fee In Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC/GEN-EWS/OBC-NCL</td>
<td>58,075/-</td>
<td>53,800/-</td>
</tr>
<tr>
<td>SC/ST</td>
<td>50,575/-</td>
<td>53,800/-</td>
</tr>
</tbody>
</table>

For more details about hostel fees:

https://www.nitt.edu/home/students/facilitiesnservices/hostelsn

mess/MS-PHD-HOSTEL-FEES-EVEN-SEMESTER-2023-24.pdf

**Fee payment through SBI collect:**

https://www.onlinesbi.sbi/sbicollect/

**Follow the below sequences for fee payment**

*TAMIL NADU → EDUCATIONAL INSTITUTIONS → NIT TRICHY INSTITUTION FEES → Ph.D. ADMISSION FEE JAN 2024 (OC/OBC-NCL/OC-EWS)*

*Ph.D. ADMISSION FEE JAN 2024 (SC/ST)*
ANNEXURE-I

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEEKER SECTIONS

Government of ……………………………………….

(Name & Address of the authority issuing the certificate)

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 is 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 2022-2023. 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 Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Recent Passport size attested photograph of the applicant

Signature with seal of Office ______________________

Name ______________________

Designation ______________________

Note:

* Income covered all sources i.e. salary, agriculture, business, profession, etc.
** The term 'Family' for this purpose includes the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.
*** 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.
FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE GOVERNMENT OF INDIA

“This certificate MUST have been issued on or after 1st April 2023”

This is to certify that Shri/Smt./Kum. ________________________ Son/Daughter of Shri/Smt. ________________________ of Village/Town ________________________ District/Division ________________________ the ______________ in the ______________ State belongs to the ________________________ Community which is recognized as a backward class under:

(i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
(ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
(iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 58 dated 25/05/95.
(iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
(vi) Resolution No. 12011/13/97-BCC dated 03/12/97.

Shri/Smt./Kum. ________________________ and/or his family ordinarily reside(s) in the ________________________ District/Division of ________________________ State. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004.

Dated: ________________________ District Magistrate/ Deputy Commissioner, etc.

Seal

NOTE:

(a) The term ‘Ordinarily’ used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
(b) The authorities competent to issue Caste Certificates are indicated below:
   (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
   (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
   (iii) Revenue Officer not below the rank of Tehsildar and
   (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

OBC Certificate issued from Maharashtra State must be validated by social welfare Department of Maharashtra Government
OBC UNDERTAKING

Declaration/undertaking - for OBC Candidates only

I, ___________________________ son / daughter of Shri ___________________________
residing in village/town/city ___________________________ district ___________________________
State/UT hereby declare that I belong to the ___________________________ community which is recognised as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. Also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2023.

Signature of the Candidate

Place: ___________________________
Date: ___________________________
SC/ST Certificate Format -I

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE

This is to certify that Shri/Smt./Kum._________________________ Son/Daughter of Shri/Smt./Kum._________________________ of village/Town_________________________ in District/Division_________________________ of the State/Union Territory_________________________ belongs to the ___________________________ caste/Tribe, which is recognized as a Schedule Caste/Scheduled Tribe under.

The Constitution (Scheduled Castes) order, 1950.
The Constitution (Scheduled Tribes) order, 1950.
The Constitution (Scheduled Castes)/(Union Territory) order, 1951.
The Constitution (Scheduled Tribes) (Union Territory) order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.)

*The constitution (Jammu & Kashmir) Scheduled Caste Order, 1956;
The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976;
The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order 1962;
The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962;
The Constitution (Pondicherry) Scheduled Castes Order, 1964;
The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
The Constitution (Goa, Daman & Dieu) Scheduled Castes Order, 1968;
The Constitution (Goa, Daman & Dieu) Scheduled Tribes Order, 1968;
The Constitution (Nagaland) Scheduled Tribes Order, 1970;
The Constitution (Sikkim) Scheduled Castes Order, 1978;
The Constitution (Sikkim) Scheduled Tribes Order, 1978;
The Constitution (Scheduled Tribes) Ordinance, 1996

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issue to Shri/Smt./Kum._________________________ Father of Shri/Smt./Kum._________________________ of village/Town_________________________ in District/Division_________________________ of the State/UT_________________________ who belongs to the ___________________________ caste/Tribe which is recognized as a SC/ST in the State/Union Territory_________________________ issued by the ___________________________ (name of the prescribed issuing authority) vide their No._________________________ dated_________________________ or Shri/Smt./Kum._________________________ and or his/her family ordinarily reside(s) in Village/Town_________________________ of District/Division of the State/Union Territory of_________________________.

Place_________________________ Date_________________________ Signature_________________________ Designation_________________________ (With seal of Office)

NOTE: - The terms ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

SC Certificate issued from Maharashtra State must be validated by Social Welfare Department and ST Caste certificate must be validated by Tribal Development Department of Maharashtra Government

LIST OF AUTHORITIES EMPowered TO ISSUE CASTE/TRIBE CERTIFICATE:


3. Revenue Officers not below the rank of Tahsildar.

4. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.
PWD Certificate Format

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

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:

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing the certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Official Seal: [Authorised 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:

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

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:

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6. Signature and seal of the Medical Authority:

<table>
<thead>
<tr>
<th>Name and Seal of Member</th>
<th>Name and Seal of Member</th>
<th>Name and Seal of the Chairperson</th>
</tr>
</thead>
</table>
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

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 I 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:

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   In words: ____________________________________ percent

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</table>

Official Seal:

[Authorised 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.