# INSTITUTE'S FORMS AND UNDERTAKINGS

<u>UNDERTAKING BY THE STUDENT</u>
(As per UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009)

1.	I,	, (full name of student with JEE Mains / DASA / ICCR / MEA / GATE ,							
	JAM / (	CAT / NIMCET / Ph.D. Application No.) Son / Daughter of Mr. / Mrs. ,							
	Ms, having admitted to								
	(Name	of the Institution) received a copy of the UGC Regulations on Curbing the Menace o							
	Raggin	g in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully							
	read ar	nd 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	Ţ.							
3.	I have a	also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware o							
	the per	nal and administrative action that is liable to be taken against me in case I am found guilty							
	of or al	petting ragging, actively or passively, or being part of a conspiracy to promote ragging.							
4.	I hereb	y solemnly aware and undertake that:							
	(a)	I will not indulge in any behaviour or act that maybe constituted as ragging under							
		clause 3 of the Regulations, during the course.							
	(b)	I will not participate in or abettor propagates through any act of commission or omission							
		that may be constituted as ragging under clause 3 of the Regulations, during the course.							
5.	I hereb	y affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.3							
	of the l	Regulations, without prejudice to any other criminal actions that may be taken against me							
	under a	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.								
	Declare	ed this day of Month ofyear.							
	200141								
Signati	ire of do	eponent							
Name		:							
Progra	mme	:							
Addres	SS	:							
Mobile	No.	:							

<u>UNDERTAKING BY THE PARENT / GUARDIAN</u>
(As per UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009)

1.		I, Mr. / Mrs. / Ms, (full name of the parent / guardian) father / mother / guardian of Mr. / Ms,								
				•						
	(full n	(full name of student with JEE Mains / DASA / ICCR / MEA / GATE / JAM / CAT / NIMCET/ Ph.D.								
	Application No.) having been admitted to (name of the institute), have									
	receiv	received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational								
	Institu	utions, 2009, (here in aft	er called the "Reg	ulations") carefully r	ead and fully understood the					
	provis	sions contained in the sai	id Regulations.							
2.	I have	e, in particular, perused	clause 3 of the R	egulations and am a	ware as to what constitutes					
	raggir	ng.								
3.	I have	I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of								
	st my ward in case he/she is									
	found	found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote								
	raggir			<i>,</i> 31						
4.		eby solemnly aware and u	ındertake that:							
	(a)			viour or act that m	aybe constituted as ragging					
	()	under clause 3 of the l								
	(b)		_		igh any act of commission or					
	(5)	-	-		3 of the Regulations, during					
		and till completion of		igging under clause	5 of the Regulations, during					
_	Lhous	-		Mer around in linkle	ion munichment according to					
5.					for punishment according to					
		_		-	al actions that may be taken					
	_	st me under any penal la	-	_						
6.				_	red from admission in any					
	institı	ution in the country or	account of beir	g found guilty of,	abetting or being part of a					
	consp	iracy to promote, raggin	ng; and further af	firm that, in case th	e declaration is found to be					
	untru	e, I am aware that my wa	ard admission is li	able to be cancelled.						
	Dogla	red this	day of	Month of	war					
	Decia	ı cu alıs	uay 01	141011111 01	year.					

#### Signature of deponent

Name

Address

Mobile No.



#### मोतीलाल नेहरु राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद, प्रयागराज-211004, उत्तर प्रदेश, भारत Motilal Nehru National Institute of Technology Allahabad, Prayagraj-211004, UP, INDIA

# <u>UNDERTAKING BY THE STUDENT FOR NOT KEEPING / USING MOTORISED VEHICLE IN THE CAMPUS</u> (Effective from Session 2019-20)

I JEE M	Iains / DASA / ICCR / MEA / GATE / JAM / CAT / NIMCET								
/ Ph.D. Application No	programme of the								
Institute, hereby undertake that I will not keep	p / use any type of motorised vehicle in the campus of								
the Institute (including academic and hostel pr	remises) during my study period in the Institute.								
I know that keeping / using motorised vehicle	know that keeping / using <b>motorised vehicle</b> in the campus (including academic and hostel premises)								
is strictly prohibited. If I am found in posse	ession of or using any type of motorized vehicle, strict								
disciplinary action may be initiated against me	which may lead to expulsion from the Institute also.								
Name of the Student:	(Signature of the Student)								
rame of the statent.	(orginature of the students)								
Mobile No. of the Student:									
UNDERTAKING BY	Y THE PARENT / GUARDIAN								
I, Mr. / Mrs. / Ms	, (full name of the parent / guardian) father /								
mother / guardian of Mr. / Ms	JEE Mains / DASA / ICCR / MEA /								
GATE / JAM / CAT / NIMCET / Ph.D. Ap	oplication No, a student of								
programme of the Ins	stitute, will ensure that my ward will not keep / use any								
type of motorised vehicle in the campus of	the Institute (including academic and hostel premises)								
during his / her study period in the Institute.	If he / she is found in possession of or using any type of								
motorised vehicle, strict disciplinary action r	may be initiated against him / her which may lead to								
expulsion of my ward from the Institute also.									
Name of the Parent / Guardian:	(Signature of the Parent / Guardian)								
,									
Relation with the student:									
Mobile No. of Parent / Guardian:									
Email ID of Parent / Guardian:									
Address of Parent / Guardian:									

### ANTI-DRUG DECLARATION FORM TO BE SIGNED BY THE STUDENT

I	(name) son / daughter / ward of
Mr./M	Irs./Ms. (name) admitted to
	(Course and year) in(institution) during
the ye	ar, hereby agree to the following terms:
1.	I am aware that the possession, use, sale and distribution of alcohol / tobacco / $$
	any psychoactive substances are wrong and harmful.
2.	I shall refrain from using, being under the influence of, possessing, furnishing
	distributing, selling or conspiring to sell or possess, or being in the chain of sale
	or distribution of alcohol / tobacco / any psychoactive substances within the
	premises of the Institute / University or during any sponsored activities by the
	Institute / University.
3.	I shall report to the authorities of the institution any irregular behaviour that I $\!$
	observe in relation to the possession, use, sale and distribution of alcohol /
	tobacco / any psychoactive substances which may have occurred at the
	institution or during any activities conducted by any students or institution.
4.	I shall support and actively participate in any substance use prevention
	education programmes which may be organized by the institution/government
	which would enable me to be a better student and citizen of India.
5.	I shall co-operate with the authorities of the Institution and other relevant
	authorities in their investigation of any substance-related incident of which I
	may have information, and to prevent the possession, use, sale and distribution
	of any psychoactive substances in or around my institution.
Date:	
Signa	ture:Name of the student:
	Name of the Student.

### ANTI-DRUG DECLARATION FORM TO BE SIGNED BY THE PARENT

I	
guardi	an of Mr./Mrs./Ms (name) admitted
to	(Course and year) in(institution) during
the yea	ar, hereby agree to the following terms:
1.	My son / daughter / ward aware that the possession, use, sale and distribution of alcohol / tobacco / any psychoactive substances are wrong and harmful.
2.	My son / daughter / ward shall refrain from using, being under the influence of, possessing, furnishing distributing, selling or conspiring to sell or possess, or being in the chain of sale or distribution of alcohol / tobacco / any psychoactive substances within the premises of the Institute / University or during any sponsored activities by the Institute / University.
3.	My son / daughter / ward shall report to the authorities of the institution any irregular behaviour that he/she observe in relation to the possession, use, sale and distribution of alcohol / tobacco / any psychoactive substances which may have occurred at the institution or during any activities conducted by any students or institution.
4.	My son / daughter / ward shall support and actively participate in any substance use prevention education programmes which may be organized by the institution/government which would enable me to be a better student and citizen of India.
5.	My son / daughter / ward shall co-operate with the authorities of the Institution and other relevant authorities in their investigation of any substance-related incident of which I may have information, and to prevent the possession, use, sale and distribution of any psychoactive substances in or around my institution.
Date: .	
Signat	ure:Name of the Parent/Guardian:

## मोतीलाल नेहरु राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद, प्रयागराज-211004, उत्तर प्रदेश, भारत Motilal Nehru National Institute of Technology Allahabad, Prayagraj-211004, UP, INDIA

#### **UNDERTAKING**

(A duly filled and signed copy of this undertaking must be uploaded along with other documents)

To,	
The Director	6T 1 1 4N 1 1
Motilal Nehru National Institute o <u>Prayagraj - 211004, UP, INDIA</u>	of Technology Allahabad
11ayag1aj - 21100+, 01, 1NDIA	
I,son	/ daughter of,
	, having JEE Mains / DASA / ICCR / MEA /
	Application No have
been selected to the B.Tech. / M.Tech. / is not applicable) programme of MNNIT	Ph.D. / M.Sc. / MCA / MBA (strikeout whichever Allahabad, Prayagraj.
I undertake that I have read and unders fully meet all the eligibility criteria.	stood the advertised criteria and ascertain that I
	as, mark sheets / grade sheets, caste/category e in support of my eligibility to this programme
•	ts uploaded by me in support of my eligibility in tion of the documents whenever asked to do so
produce/submit any document(s) whi during physical verification, or during t any of the documents (related to my elig programme will be cancelled by the responsibility. I hereby undertake to be	ot be verified from the originals OR if I fail to ich is/are required to establish my eligibility the course of study, at any stage it is found that gibility) is not correct, then my admission to this is institute for which I shall bear the sole abided by the decision of the Institute (MNNIT entuality, MNNIT Allahabad will NOT be held in free to initiate legal action as per law.
(Signature of the parents/guardian)	(Signature of the candidate)
Name:	Name:
Date:	Date:
Contact No. :	Contact No. :



#### मोतीलाल नेहरु राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद, प्रयागराज-211004, उत्तर प्रदेश, भारत Motilal Nehru National Institute of Technology Allahabad, Prayagraj-211004, UP, INDIA

 $\underline{UNDERTAKING}$  (A duly filled and signed copy of this undertaking must be submitted along with other documents)

I, <nam< th=""><th>son / da</th><th>aughter of</th><th></th></nam<>	son / da	aughter of			
resident of		, having JEE Mains	/ DASA / ICCR / MEA /		
GATE / JAM / CAT	T / NIMCET/ Ph.D. App	lication No	have		
been selected to the	e B.Tech. / M.Tech. / Ph.I	D. / M.Sc. / MCA / ME	BA (strikeout whichever		
is not applicable) pr	rogramme of MNNIT Alla	ahabad, Prayagraj.			
drive, engagement undertake that it w	that I will not indulge in in physical fight, verlowill solely be my responed and/or others, both in	bal spat, damaging sibility if I indulge in	property, etc). Also, I n any activity that may		
(Signature of the p	arents/guardian)	(Signature of the candidate)			
Name:		Name:			
Date:		Date:			
Contact No. :		Contact No.:			

#### **UNDERTAKING BY THE STUDENT REGARDING THE CORRECT INFORMATION**

I,	having JEE Mains / DASA / ICCR / MEA / GATE / JAM
/ CAT / NIMCET	7 / Ph.D. Application No, have been selected to the B.Tech.
/ M.Tech. / MCA	A / MBA / M.Sc. / Ph.D. programme of your Institute.
I hereby unde	rtake that if at any stage during the course of study it is found that any of the
documents (re	elated to eligibility for the above mentioned programme) is not correct, then my
admission sha	ll be cancelled and I will be solely responsible for the same. Further, the Institute
reserves all the	rights to take any legal action in accordance with the law.
Regards,	
(Name & Signati	ure of the Student with date)
Father's Name	:
Mother's Name	:
Date	:
Place	:
Address	:
Mobile No.	:
Email ID	:



#### छात्र क्रियाकलाप केन्द्र मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद इलाहाबाद–211004 (भारत)

MMMY

# Students Activity Center Motilal Nehru National Institute of Technology Allahabad Allahabad-211004 (India)

#### REGISTRATION FORM FOR SPORTS ACTIVITIES

	CHOICE OF GAMES/SPORTS FOR THE SESSION 20 -20										
	Please tick $f \setminus I$ the games which you want to opt (MAX. 3)										
1.	ATHLETICS	1	Ï		9.	KABADDI		Ĺ	1		
2.	BADMINTON	ı	1		10.	LAWN-TENNIS		1	1		
3.	BASKETBALL	ſ	1			SKATING		ſ	1		
4.	CAROM	1	1		12.	TABLE-TENNIS		1	1		
5.	CHESS (	1	1		13.	MARTIAL ARTS		ſ	1		
6.	CRICKET	1	1		14.	VOLLEYBALL		1	1		
7.	FOOTBALL	1	1		15.	YOGA		ī	1		
8.	GYM. ACTIVITY	1	1			кно-кно		ī	1		
					17.	HOCKEY			1		
STUDENT DETAIL											
1	NAME -			2	MOTHER/	FATHER,S NAME					
3	REG.NO.			4	DEPARTM	4ENT					
5	COURSE			6	BRANCH						
7	DOB			8	GENDER						
9	HEIGHT			10	WEIGHT						
11	BLOOD GROUP			12	CONTACT	NO. & EMAIL					
13	PERMANENT ADDRESS	i									
14	LOCAL ADDRESS										
15	CHOICE OF GAME (Maximum three)	I)			П)		Ш)				
16	YOUR PREVIOUS ACHI	EVE	MENTS :-		(Please tick f	Your Achievement)					
	A) School State [ ]	E	3) Regional	Level [	J C) Sta	ate Level[ ]	D) National Level [	1			
	E) S.G.F.I. [ ]										
17.	MENTION ALLERGY	/DIS	EASE (IF	ANY)							

DATE :-\_\_\_\_\_ FULL SIGNATURE OF THE STUDENT



#### छात्र क्रियाकलाप केन्द्र मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद इलाहाबाद—211004 (भारत)

Students Activity Center

#### Motilal Nehru National Institute of Technology Allahabad Allahabad-211004 (India)

Recent P.P size photographs

#### REGISTRATION FORM FOR VARIOUS ACTIVITIES

CHOICE OF EVENTS FOR THE SESSION 20 -20

#### PLEASE TICK MARK ( ) WHICH YOU WANT TO JOIN MAX (3)

1.	LITERARY	I	1	2. PHOTOGRAPH	Y [	1				
3.	ROBOTICS	1	1	4. MEDIA	1	ì				
5.	AEROMODELLING	1	1	6. MOVIE	1	1				
7.	MUSIC	1	1	8. PAINTING	1	1				
9,	DRAMATICS	1	1	10. QUIZ	1	1				
11	. DESIGN & WEB DEVELOPMENT	[	1	12. DANCE	1	1				
		ST	UDI	ENT DETAIL						
1 NAME - 2 MOTHER/FATHER,S NAME										
3	REG.NO.		4	DEPARTMENT						
5	COURSE		6	BRANCH						
7	DOB		8	GENDER	(M/F)					
9	HEIGHT		10	WEIGHT						
11	BLOOD GROUP		12	EMAIL & CONTACT	NO.					
13	PERMANENT ADDRESS									
14	LOCAL ADDRESS									
15	CHOICE OF GAME I) (Maximum three)			11)		Ш)				
16	YOUR PREVIOUS ACHIEVEMENTS :-			(Please tick [V] Your Achie	evement)					
	A) School State [ ] B) Regional	l Level	! [	] C) State Level [	1	D) National Level [ ]				
	E) S.G.F.I. [ ]									
17.	MENTION ALLERGY/DISEASE (IF	ANY)								
D / P**					, aras	A TRAINE ON THAN CONTRACTOR				
DATE	S:•			FUL	L SIGN.	ATURE OF THE STUDENT				

## NSS/NCC\*



#### मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद प्रयागराज—211004 (भारत) Motilal Nehru National Institute of Technology Allahabad,

Motilal Nehru National Institute of Technology Allahabad Prayagraj-211004 (India)

	<b>4</b> 02000 p	W	<u> </u>	ı Form					
ote: - (To Be Filled In Blo	ock Letters)	- i - i					- 3	Photo	
Name (In English)	V - 3 - 3				3 3	444	-9	Filoto	
नाम (हिन्दी में)	·								
Date of Birth									
Reg. No.	:		Branch			Group	)		
Aadhaar No.					Ĭ.				
Permanent Address (In English)									
स्थायी पता (डिन्दी में)									
Present Address (Room	Liji di			7		111	4 4 4	-83	
No. & Hostel Name)								_82 	
Mobile No.		1	F	1	Ï		Ť	1	
0. E-mail		1 1	101	- 3			9 9 9	_	
ı ci cı i		100 00 11			l Nicco	* 22 / 4		-	
1. Give your Choice	I N	ISS (National S	Service Sch	Scheme) NCC (			(National Cadet Corps)		
<ol> <li>Father's Name (In English)</li> </ol>		+ +			4 4	+++		107	
3. पिता का नाम (हिन्दी में)				27.00.20.00.00.00.00.00					
4. Occupation/व्यवसाय									
[If in govt. Job, mention the		nt and contact r							
Post				Con	stact No				
5. Blood Group of the Stu									
6. Nationality/राष्ट्रीयताः									
m dayan a dada ana da mada <del>a ya</del> i kasa i i <del>i dada</del> i ina banna da da wasa da									
7. NSS/NCC Group No. :				.[To be allotte	d by office	कार्यालय झारा व	आवंटित होगा]		
(22222222222222222222222222222222222222	535330				500,500,50		77.777		
Signature of the Office	r In-charge	e			Signatur	e of the S	Student		
(प्रभारी अधिकारी का	7.5			(छात्र / छात्रा का हस्ताक्षर)					

Note: - \* Student who opted NCC will undergo another selection procedure. Student, who will not qualify for NCC will be registered for NSS

Note: Leave the field requiring the information unknown to you blank.

## **OBC-NCL Undertaking**

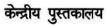
## <u>Declaration/undertaking to be submitted by OBC-NCL Candidates</u>

I,			son/	'daughte	er of Shi	ri				res	iden	t of
village/t	own/ci	ty		distri	ct			Sta	te/U'	T hereby	decla	are
that I bel	long to	the			_comm	unity	whic	h is	re	cognised	as	a
backwar	d class	by the Go	vernme	nt of Inc	dia for t	he pu	rpose o	f rese	rvat	ion in ser	vices	as
per orders contained in Department of Personnel and Training Office Memorandum No.												
36012/2	2/93-E	stt. (SCT)	, dated	8/9/19	93. It i	s also	declar	ed th	at I o	do not be	elong	to
persons,	section/	s (Cream	y Layer	) menti	oned in	Colu	nn 3 of	the S	chec	lule to th	e abo	ove
referred	Office	Memoran	dum, da	ated 8/9	9/1993,	whic	h is mo	difie	d vid	e Depart	ment	of
Personn	el and	Training	Office	Memor	andum	No.	36033,	/3/20	04 l	Estt.(Res.)	) da	ted
9/3/200	4. I also	declare	that the	conditi	on of st	atus/	annual	incom	ie fo	r creamy	layer	of
my pare	ents/gu	ardian is	within	presci	ribed li	mits	as on	finan	cial	year end	ling	on
March 3	1, 2025.											
Place	:											
Date	:					Sig	gnatur	e of th	ie Ca	ındidate		
						21						



#### **UNDERTAKING FOR MISSING DOCUMENTS**

				Date:	DD/MM/YYYY
		having J			
		D. Application No _ B.Tech. / M.Tech			
MNNIT Allal		_ b.recn. / M.recr	I. / MDA / MCA / F	VI.3C. / FII.D.	. programme or
		o produce the foll	owing document(	(s) required	l for admission
1) < <u><miss< u=""></miss<></u>	sing Document	Name>			
2) < <u>Miss</u>	sing Document	Name>			
3) < <u><miss< u=""></miss<></u>	sing Document	Name>			
The reason f	or not produc	ing the document	(s) is as follows:		
		ssure you that I shon date, failing wh	•	•	
admission, 1		if I am unable to will stand cance		_	-
Thanks and	regards				
<signature></signature>					
<name></name>					
S/D/O, < <i>Mod</i>	ther's Name>				
S/D/0, < <i>Fat</i>	her's Name>				
Date	:				
Place	: <add< td=""><td>ress&gt;</td><td></td><td></td><td></td></add<>	ress>			
Mobile No.	:				
Email ID	:				





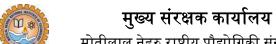
## मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद, प्रयागराज

#### **CENTRAL LIBRARY**

Motilal Nehru National Institute of Technology Allahabad, Prayagraj

#### INSTITUTE IDENTITY CARD FORM FOR STUDENTS

Note	(A) Fill this form in <b>CAPITAL LETTERS</b> (in English). Use one leave one box after every word.  (B) It is responsibility of the students to fill this correctly.	oox for each letter and
1-	Registration No.	
2-	Name	Recent Passport Size Photograph
3-	Address (Local) Room No. Hostel Name	
4-	Mobile No. (In Emergency)	
5-	Email ID	
6-	Permanent Address: C/o	
100		
1004	Distt.	PIN
7-	Programme (Please Tick ✓) B.Tech. / M.Tech. / MCA / MBA / M.	
8-	Category (Please Tick ✓) Gen. / OBC / SC / ST / EWS PwD:	res / No (Please Tick ✔)
9-	Branch (Group)	
10-	Admission Month & Year	
11-	Date of Birth 12- Bloc	od Group
13-	Gender: Male (M) / Female (F)	
14-	Aadhar No.	
Date	<u> </u>	(Signature of Student)



#### Office of the Chief Warden

मोतीलाल नेहरु राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद, प्रयागराज-211004, उत्तर प्रदेश, भारत Motilal Nehru National Institute of Technology Allahabad, Prayagraj-211004, UP, INDIA

#### **ANNEXURE-A**

**Dated:** July 24, 2025

#### **NOTIFICATION**

This is to informed that Mess Fee for UG, PG and PhD students of the Institute from Academic Session 2025-26 is ₹ 25,000.00 (₹ Twenty-five Thousand only) per semester. The Mess fee will be deposited only by e-transfer to the Chief Warden bank account as detailed below:

Chief Warden	Bank of Baroda, MNNIT Allahabad	77660100016022	BARBOVJMNRE (5th Character is ZERO)	Saving Bank Account
Name of Account Holder	Bank Name & Branch	Account No.	IFSC Code	Type of Account

OR by using below link:

**URL** for Mess Fee Submission:

https://erp.eshiksa.net/DirectFeesv3/MotiLalNehruInstitute

#### **IMPORTANT NOTE:**

Newly admitted students for academic session 2025-26, must follow the following guidelines while filling the online form (eShiksa). In place of registration number, please mention the following:

Sl. No.	Programme	In place of registration number, please fill the following	
1.	B.Tech.	JEE Mains Application Number	
2.	M.Tech.	GATE Registration Number	
3.	M.Sc.	JAM Registration Number	
4.	MCA	NIMCET Hall Ticket Number	
5.	MBA	CAT / MAT / GMAT / CMAT / ATMA / XAT / etc. Roll Number	
6.	PhD	Application Number	