



**Academic-UG Section**  
**DELHI TECHNOLOGICAL UNIVERSITY**

Established by Govt. of Delhi Vide Act 6 of 2009  
Shahbad Daulatpur, Bawana Road, Delhi-110042  
Tel : +91-11-27296337, Fax : +91-11-2787 1023

F. No. 105 (100)/DTU/Acad/J&K Sch./2014-15/4056-62 Dated: 20/6/19

**Notice (IMPORTANT)**

**Subject: Reporting schedule for candidates enrolled for B. Tech. admission 2019 through J&K PMSSS for AY 2019-20 at Delhi Technological University.**

All candidates who are enrolled for B. Tech. admission through J&K PMSSS for AY 2019-20 at Delhi Technological University are hereby directed to report physically at DTU for verification of documents and subsequent admission at Delhi Technological University as per following schedule:-

**Date: 20.07.2019 (Saturday)**

**Time: 10.00 AM**

**Venue:-** Dr. B. R Ambedkar, Auditorium, Delhi Technological University, Shahbad Daulatpur Bawana Road Delhi-110042.

**Note: Submit self-attested copies of following documents at the time of reporting. Also bring original documents for verification purpose.**

**Mandatory documents:-**

1. 10<sup>th</sup> class mark sheet Certificate
2. 12<sup>th</sup> class mark sheet certificate
3. Medical Fitness Certificate (Format Enclosed)
4. Domicile Certificate

(Prof. Rajeshwari Pandey)  
Associate Dean Academic (UG)

F. No. 105 (100)/DTU/Acad/J&K Shp./2014-15/4056-62 Dated: 20/6/19

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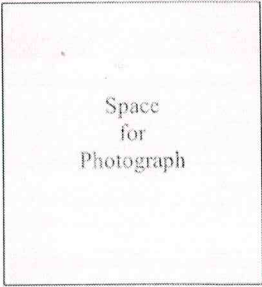
1. PS to the VC for information to the Hon'ble Vice Chancellor, DTU
2. PA to PVC for information to the PVC, DTU
3. Dean Academic-UG
4. Registrar, DTU
5. Head CC: With the request to upload on DTU main website.
6. Chairman B. Tech. Admission for AY 2019-20: For information and further necessary action please.
7. Chief Warden, DTU

(Prof. Rajeshwari Pandey)  
Associate Dean Academic (UG)

7.2 Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)



I certify that I have carefully examined Mr./Ms.\* \_\_\_\_\_  
Son/daughter of Shri \_\_\_\_\_ whose signature is  
given below. Based on the examination, I certify that he/she is in good mental and physical health and is  
free from any physical defects which may interfere with his/her studies including the active outdoor  
duties required of a professional.

Marks of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Name & signature of the Medical Officer with seal  
and registration number

\* Strike whichever is not applicable.

RA