



NATIONAL INSTITUTE OF TECHNOLOGY GOA

Kottamoll Plateau, Cuncolim, Goa- 403703

Advertisement No.:

Date:

Details of Application fee

Transaction Id (Received from PayU) : _____	Dated : _____
Email Id (Mentioned during transaction) : _____	

Application form for Admission into M.Tech. (Sponsored) Programme (2026-2027)

1. Name of the Applicant :
2. Father's Name:
3. Mother's Name:
4. Sex (Male/Female/others):
5. Address :

Affix Recent
Passport size
Photograph

(a) For Correspondence

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(b) Permanent

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(c) Email:

(d) Phone/ Mobile No.:

6. (a) Date of Birth:

(b) Marital Status (Single/Married) :

(c) Age on (01/01/2026):

(d) Nationality :

(e) Whether SC/ST/OBC/EWS/PWD: (if yes, certificate must be attached)

(f) Specify if you belong to any other backward classes:

7. (a) Department to which the candidate seeks admission:

(b) Specialization to which admission is sought:

(c) Are you also applying to any other Department/ Specialization? **Yes/No**

If yes, list the other Departments/ Specialization:

1.

2.

8. Details of Universities/ Institutions attended (from 10th standard onwards) (attested copies of certificates and mark sheets / grade cards must be attached).

University/ College /Board	Degree obtained (with discipline)	Year	% Marks/ CGPA/ CPI	Class obtained (If applicable)	Subjects taken

9. (a) Professional Qualifying Examination passed (attested copy of certificate must be attached):

(i) GATE (Not compulsory for Sponsored Category)

Subject	Score	Valid up to

(ii) Any other source for Fellowship/Scholarship:

10. (a) Professional Experience (Teaching/ Research/Industrial) if any (proof to be attached). (Attach additional sheet if needed)

Name of Organization	Position held	Type of work	Period	
			From	To

(b) Attach a list of publications / projects etc. separately, if any:

11. (a) If employed, Name of the Present Employer:

(b) Whether employer's permission obtained?

Yes No

(c) If yes, whether NOC in form –I is enclosed:

12. List of Enclosures:

(i)	(vi)
(ii)	(vii)
(iii)	(viii)
(iv)	(ix)
(v)	(x)

13. Declaration

I hereby declare that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and regulations of the Institute as amended from time to time.

I note that the decision of the Institution is final in regard to selection for admission and assignment to a particular department and field of study. The Institute shall have the right to take any action it deems fit, including expulsion, against me at any time after my admission, if it is found that information furnished by me are false or incorrect. I shall abide by the decision of the Institute, which shall be final.

Place:

Date:

Signature of the Applicant

For office use only

a. To be filled in by Departmental Admission Committee after verification and selection test

(i) % or CGPA of B.Tech Marks/Grade		(iv) Performance of Selection Test/Interview	
(ii) % or CGPA of M.Sc. Marks /Grade		(v) Position in order of merit	
(iii) % Or Rank of GATE score		(vi) Category (General/EWS/OBC/SC/ST/PwD)	

Recommendation for Admission:

Signature of Member

Signature of Member

Signature of Member

Chairman (Departmental PG Admission Committee)

b. To be filled by Central Admission Committee:

(i) Verified and found suitable and recommended to Chairman, Senate for admission:

(ii) Not recommended for admission

(Name and Signature of Members) :

1.

2.

3.

c. Admitted on approval from Chairman, Senate.

Date:

Dean (Academics)

Sponsorship Certificate

**(For admission to M.Tech. Programme (under Sponsored category))
during the academic year 2026-27**

The applicant (name) has been a regular employee of this Institute/Organization from and has years of experience (teaching/R&D/industry) in this organization.

He/She is sponsored, for full time study for M.Tech. Programme in National Institute of Technology Goa, Kottamoll plateau, Cuncolim, Goa – 403 703 and his/her sponsorship will not be withdrawn before the completion of the course/programme.

Official Seal

Station :

Signature of the Employer

Date :

Name:

Designation:

(Note: Sponsorship certificate should be submitted in the same format as indicated in this application duly signed by the Employer/ Head of the Sponsoring Organization and seal.)

M.Tech. Admission (Sponsored) NIT Goa – 2026

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Castes or the Scheduled Tribes should submit in support of his claim an attested/self-certified copy of a certificate in the form given below, from the District Officer or the Sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the M.Tech Admission NIT Goa – 2026 would accept only attested/self-certified photocopies of such certificates and not any other copy.

This is to certify that Shri/Smt/Kum* _____
_____ **son/daughter of** _____
_____ **of village/town/*** _____ **in**
District/Division* _____ **of the State/Union Territory*** _____
belongs to the _____ **Caste/Tribe* which is recognized as a Scheduled Castes**
[SC]* / Scheduled Tribes [ST]* under:

The Constitution (Scheduled Castes) Order, 1950

The Constitution (Scheduled Tribes) Order, 1950

The Constitution (Scheduled Castes) Union Territories Order, 1951

The Constitution (Scheduled Tribes) Union Territories Order, 1951

As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976. [%]

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956. The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment Act), 1976. The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962**. The Constitution (Pondicherry) Scheduled Castes Order, 1964**. The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967**. The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968**. The Constitution (Goa, Daman & Diu) 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 (Jammu & Kashmir) Scheduled Tribes Order 1989**. The Constitution (SC) Orders (Amendment) Act, 1990**. The Constitution (ST) Orders (Amendment) Ordinance, 1991**. The Constitution (ST) Orders (Second Amendment) Act, 1991**. The Constitution (ST) orders (Amendment) Ordinance, 1996. The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act. 2002. The Constitution (Scheduled Caste) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste) Order (Amendment) Act, 2007. [%]

2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes certificate issued to

Shri/Shrimati _____, Father/Mother of Shri/Shrimati/Kumari* _____ of village/town* _____ in the District/Division* _____ of the State/Union Territory* _____, who belong to the _____ Caste/Tribe* which is recognized as a Scheduled Caste*/Scheduled Tribe* in the State/Union Territory * issued by the _____ dated _____.

3. Shri/Shrimati/Kumari* _____ and/or*his/her* family ordinarily reside(s) in the village/town* _____ of _____ District/Division* of the State/Union Territory of _____.

Place _____

Signature _____

Date _____

Designation _____

(with seal of office)

*** Please delete the words which are not applicable**

**** Please quote specific presidential order**

% please delete the paragraph which is not applicable.

^ List of authorities empowered to issue Schedule Caste / Schedule Tribe Certificates:

- 1) District Magistrate /Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner / Taluka Magistrate / Executive Magistrate.
- 2) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- 3) Revenue Officers not below the rank of Tehsildar.
- 4) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTES:

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

M.Tech. Admission (Sponsored) NIT Goa – 2026

FORMAT FOR OBC [NCL] CERTIFICATE

TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION THROUGH **M.TECH. ADMISSION (SPONSORED) NIT GOA – 2026**

[This certificate MUST have been issued on or after 1st April 2026]

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri/Smt.

_____ of Village/Town _____

District/Division _____ in the _____ State/UT

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. 88, dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC, dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC, dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC, dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC, dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC, dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC, dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270, dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC, dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71, dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC, dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-BCC, dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC, dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC, dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC, dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 16/01/2006.
- (xvi) Resolution No. 12015/2/2007-BCC, dated 18/08/2010.

- (xvii) Resolution No. 12015/2/2007-BCC, dated 11/10/2010.
- (xviii) Resolution No. 12015/13/2010-BC-II, dated 08/12/2011.
- (xix) Resolution No. 12015/05/2011-BC-II, dated 17/02/2014.
- (xx) Resolution No. 12011/6/2014-BC-II, dated 07/12/2016.
- (xxi) Resolution No. 12011/13/2016-BC-II, dated 22/12/2016
- (xxii) Resolution No. 20012/1/2017-BC-II, dated 19/01/2017
- (xxiii) Resolution No. 12011/7/2017-BC-II, dated 31/07/2017

Shri/Smt./Kum._____and/or his family ordinarily reside(s) in the _____ District/Division of _____ State/UT. 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. 36 012/22/93-Estt.(SCT), dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.), dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res) dated 14/10/2008, again further modified vide OM No. 36036/2/2013-Estt (Res) dated 30/05/2014.

Place: _____

Signature: _____

Date: _____

Designation _____

(with seal of office)

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 1ST Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

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FORMAT FOR DECLARATION TO BE SUBMITTED BY OBC CANDIDATES

I, _____, son/daughter of Shri. _____ resident of village/town/city _____ district _____ of _____ 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. I 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, 2026.

Place: _____

Date: _____

Signature of the Candidate

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INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Government of

(Name & Address of the authority issuing the certificate)

[This certificate MUST have been issued on or after 1st April 2026]

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. 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 _____

The income and assets of the families as mentioned would be required to be certified by an officer not below the rank of Tehsildar in the States/UTs.

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.

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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

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 (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:-

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorized Signatory of notified Medical Authority]

Name:

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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:

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

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:

Nature of Document	Date of Issue	Details of authority issuing the certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

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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



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:

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

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:

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorized 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.