पूर्वोत्तर क्षेत्रीय विज्ञान एवं प्रौद्योगिकी संस्थान

North Eastern Regional Institute of Science & Technology

Deemed to be University u/s 3 of the UGC Act, 1956
Under the Ministry of Education, Govt. of India
Nirjuli - 791 109, Arunachal Pradesh

REQUIRED DOCUMENTS ETC
FOR CANDIDATES WILLING TO TAKE ADMISSION IN NERIST THROUGH CSAB & CSAB NEUT 2026-27 FOR B. TECH COURSES

The candidates to whom Provisional Seat Allotment Letter & Admission Letter issued by CSAB /CSAB-NEUT for B.Tech admission in NERIST for the Academic Session 2026-27 are advised to bring the following documents, in original, along with a set of self-attested copies in the Academic Section , NERIST **for physical reporting at the** earliest as the classes have already started .

1. Printed Counseling-cum-Admission form (Visit NERIST website https://nerist.ac.in/ and click on the appropriate link for ***"Counseling and Admission form***").
2. Class Xth Pass Certificate/Birth Certificate for verification of age;
3. Class XII Marksheet.
4. Provisional Seat Allotment Letter and Admission Letter issued by JoSSA/CSAB NEUT.
5. JEE(Main) Score
6. Medical Fitness Certificate
7. SC/ST/OBC/PWD/EWS Certificate (if applicable) issued by the Competent Authority (Deputy Commissioner or an Authorized Revenue Officer) in support of your claim. (PWD candidate must bring proper Medical Certificate clearly mentioning the loco motor disability and its percentage for Engineering Courses). **For OBC candidate, production of Non-Creamy Layer (NCL) Certificate along with OBC certificate is must and should be valid.**
8. Migration Certificate from the last Institute attended, if available or else it must be submitted within **one month** after admission.
9. Family Income certificate issued by the Competent Authority, if available or else it must be submitted within **one month** after admission.
10. AADHAR No., if any, with proof.
11. Bank a/c No. with proof., if available.
12. PRC, if applicable
13. **Admitted students are also required to fill out (to be submitted within 30 days after admission) :**
    a.) Online Anti-Ragging Undertaking on either of the following websites: www.AMANMOVEMENT.org or www.ANTIRAGGING.in. The hard copy of the undertaking, as received by email, should be submitted to the Academic Section and Nodal Officer Anti-Ragging at the time of semester registration every year.
    b) Anti-Drug Declaration Form to be signed by the student (as per the format attached)

The following points are to be noted in connection with admission (Candidates need to fill up the online form)

(i) Visit NERIST website https://nerist.ac.in/ and click on the appropriate link for ***"Counseling and Admission form"***.
(ii) Select the program for which you are applying and then fill the corresponding form using New Registration.
(iii) Once you submit the form, you will receive your registration no. and will be able to download/ print your application form.
(iv) Please bring in your application form during physical reporting.
(v) Non filling up of online "Counselling cum Admission form" shall be presumed as ***"Not Interested"*** in getting admitted to this Institute and accordingly your candidature can be forfeited for admission. No requests for further consideration shall be entertained in any form.
(vi) Late reporting on the scheduled date and time shall lead to losing your preference admission. In such a case, NERIST shall not be responsible.
(vii) In case of any deficiency in your documents submitted at the time of admission or found false or furnishing false/incorrect statements/documents at any stage after your admission/registration to this Institute, your admission shall be cancelled forthwith.

Sd/-
Centre In-charge, CSAB & CSAB NEUT 2026-27
Mb#9436631229 ; 8638199725
Email: dracad@nerist.ac.in

To be obtained only from a Government Medical Officer/Medical Officer of a Government Undertaking.

N.B.: Please note that the certificate in no other form will be accepted. Medical Certificate issued by a private medical practitioner will not be accepted.

1. Name (In Block letters) :_____

2. Father's Name :_____

3. Date of Birth : _____

4. Date of Medical Examination : _____Blood Group :_____

4. Personal Identification Marks : _____

_____

5. Height :_____cms., Weight.: _____Kgs. Chest : Exp./Insp._____cms.

6. Vision : _____R.E. _____L.E. : _____

Color Vision : _____

Hearing : _____

General Physical Examination : _____

I certify that I have carefully examined Mr./Ms. _____

Son/Daughter of Mr./Mrs. _____, who has signed in my presence. S/he has no mental and physical disease and is FIT to undergo professional education at North Eastern Regional Institute of Science and Technology, Nirjuli (Itanagar), Arunachal Pradesh, India.

Signature of the Candidate

Name :_____

Date : _____

Signature of the Medical Officer

(with legible seal)

Name : _____

Regd.No.: _____ Date : _____

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ANTI-DRUG DECLARATION FORM TO BE SIGNED BY THE STUDENT

I ..... (name) son/ daughter/ ward of Mr./Mrs./Ms. ……..(name) admitted to (course & year …… in **North Eastern Regional Institute of Science & Technology (NERIST), Itanagar** during the year **2026-27**, 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.

( )

Full signature of the candidate

Name:

Regn No :

Mobile No.:

( )
Countersignature of parents/ Guardian with date

Name:

Mobile No.: