DEPARTMENT OF TECHNICAL EDUCATION

From To

The Commissioner of Technical Education Chennai.600 025

The Principals of Self-Financing Engineering Colleges

Lr.No. 6120 / ECA 1 / 2008, dated: 9.7.2008

Sub: Technical Education - Admission to Undergraduate

Engineering Degree (B.E / B.Tech / B.Arch) and Diploma courses – 2008-09- AICTE Fee waiver scheme – G.O.

issued – Further Guidelines communicated – reg.

Ref: 1) AICTE Guidelines No. 37-3 / Legal / 2007, dated: 9.4.2007

2) G.O. Ms. No. 357, Higher Education (J2) Department, dated: 26.10.2007

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The AICTE, New Delhi in their notification cited have issued the guidelines for admission of women, economically backward and physically handicapped meritorious candidates pursuing degree / diploma level technical education covering degree programmes in Engineering & Technology, HMCT etc. under the Tuition fee waiver scheme.

The Government have also issued necessary orders in the G.O cited for the implementation of the above scheme.

Selection of candidates under the three Fee waiver categories for the year 2008-09:

- (1) Under the scheme, the institutions shall provide tuition fee waiver up to 10% of its sanctioned intake of students. Typically for every 60 sanctioned intake in a branch / discipline of study, tuition fee waiver shall be given, to two woman candidates, three economically weaker students and one physically handicapped student based on merit. The eligible number of students under each category for any other sanctioned intake is given in (Annexure I)
- (2) Students admitted into a branch under both Government and Management quotas are eligible to claim tuition fee waiver.
- (3) For claiming fee waiver under a particular category, a student shall apply to the Principal in the proper format. (FORM-A). The format shall be displayed in the College Notice Board and proper publicity shall be given.

(4) From among the applicants in each branch, the Principal shall select the appropriate number of students under each category based on merit. (Cut-off marks obtained in the Plus-two examination in the relevant subjects). In case the cut-off marks is the same, the order of priority shall be decided based on the following inter-se-merit rules.

Engineering Colleges:

- (i) Marks obtained in Mathematics
- (ii) Marks obtained in Physics
- (iii) Marks obtained in fourth optional subject
- (iv) Date of Birth
- (5) In the event of non-availability of students in a specific category, the benefit shall be given to any other candidate of other categories according to merit.

Documents to be produced by the candidate for claiming under the fee waiver categories:

Category	Criteria fixed by AICTE	Supporting document / Certificate to be enclosed by the candidate seeking fee waiver
Economically backward	The Annual income of the parent / guardian should be less than Rs.2.50 lakhs from all sources.	The aspiring candidate should submit the income certificate from competent authority in the Revenue department not below the rank of a Deputy Tahsildar.
Physically Handicapped	As per eligibility norms prescribed in G.O. Ms.No. 98, Higher Education (J2) Department, dated :23.3.2005, candidates with permanent physical impairment 40% and above are alone eligible for consideration.	Medical Board of the
Women	Girl Candidate	

Excess admissions:

The institution is permitted to admit the number of actual tuition fee waivers granted as an additional intake in the same discipline / branch of study.

General Instructions;

- 1. The necessary formats will be made available in the DOTE website: www.tndte.gov.in
- 2. Each institution volunteering to provide fee waiver shall host the application format to be submitted by the student in the Institution website. Accordingly, necessary arrangements shall be made for hosting the application format from 16.7.2008 onwards.

Documents to be submitted by the Principal at the time of approval :

SI.	FORMAT	Purpose
1.	FORM A	Format of application to be submitted by the student.
2.	FORM B	Rank list of the candidates – Branch wise and Fee category wise
3.	FORM C	Selection list of candidates – Branch wise and Fee Category wise
4.	FORM D	Rejection list of candidates
5.	FORM E	Consolidated details
6.	FORM F	Undertaking by the Institution for providing fee waiver
7.	FORM G	Certificate from the student for whom tuition fee waiver is provided.
8.	FORM H	Annual Income Certificate from Revenue Authority
9.	FORM I	District Medical Board Certificate

For Commissioner of Technical Education

ANNEXURE

AICTE - SANCTIONED INTAKE AND TUITION FEE WAIVER CATEGORIES SEAT DISTRIBUTION

Sanctioned	10%	No. of candidat	les eligible unde	r the category	Total
Intake	of Sanctioned intake	Women	Economically Backward	Physically Handicapped	Number of Candidates
20	2	1	1	0	2
30	3	1	1	1	3
40	4	1	2	. 1	4
45	5	2	2	1	5
50	5	2	2	1	·5
60	6	2	3	1	6
65	7	2	4	1	7
70	7	2	4	1	7
75	. 8	3	4	1	8
90	9 .	3	4	2	9
100	10	3	5	2	10
120	12	4	6	2	12
165	17	6	8	3	17

FORM A APPLICATION FOR CLAIMING TUITION FEE WAIVER-2008-2009

(to be filled up by the student who willing to avail the tuition fee waiver)

	(to be filled up by	the student who willing to avail the tuition lee wa	ivei)
1.	Name of the Student (In block letters)		
2	Name of the Institution in which studying at present	·	
3	Branch of study		
4	Date of Birth	DAY MONTH YEAR	
5	Nme of the Parent / guardian with residential address.		
6	Quota under which admitted ($$ the appropriate category)	GOVERNMENT MANAGEMENT	
7	Marks obtained in		nistry/Practical II
	relevant subjects (Academic / Vocational)	Obtained Maximum Obtained Maximum Obtained	Maximum
8	Marks obtained in Fourth Optional	Name of the Optional Subject Obtained	Maximum
	subject		
9.	Cut Off marks out of 200	•	
10	Category for which des (√ the appropriate cate		
	Economically Backward	Annual Income of the Rs. /- Parent / Guardian	per annum
		· · · · · · · · · · · · · · · · · · ·	ertificate of the
		ı	ssued by the
		Revenue authority r of Deputy Tahsildar	
		oi Deputy Failsiluai	1
	Women		
	Physically Challenged	Percentage of Disability (Attach Certificate District Medical Boa	

Certified that the details furnished above are true to the best of my knowledge and I am aware that if above details are found to be incorrect, I will be disqualified to avail Tuition fee waiver.

Signature of the parent

Signature of the candidate

FORM B

RANK LIST OF THE STUDENTS APPLIED FOR CONCESSION UNDER AICTE TUITION FEE WAIVER SCHEME 2008-09

Name of the Instituition:

Category i: ECONOMICALLY BACKWARD

NAME OF THE BRANCH:

SI.	Names of the Student	Govt. or Management quota	Date of Birth	Annual Income of Parent /	Maths / Vocational			Physics / Pract I		Chemistry / Pract II		urth ional oject	Cut off marks out	Rank of the Candi
				Guardian in Rs.	OBT	MAX	OBT	MAX	OBT	MAX	OBT	MAX	of 200	date
1.	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Category II: WOMEN

NAME OF THE BRANCH:

	3,												
SI.	Names of the Student	Govt. or Management quota	Date of Birth		ths / itional	,	Physics / Chemistry / Pract II		Op	ourth tional bject	Cut off marks out of 200	Rank of the Candidate	
				OBT	MAX	OBT	MAX	OBT	MAX	MAX	OBT		
1.	2	3	4	5	6	7	8	9	10	11	12	13	14

Category III: PHYSICALLY CHALLENGED

NAME OF THE BRANCH:

SI.	Names of the Student	Govt. or Management quota	Date of Birth	% Disability	Maths / Vocational			Physics / Pract I		nistry / act II	Fourth Optional Subject		Cut off marks out of	Rank of the Candi
		·			OBT	MAX	OBT	MAX	OBT	MAX	MAX	OBT	200	date
1.	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Note: Names of the all candidates who have applied for concession under Tuition fee waiver scheme under various categories shall be invariably entered category wise in the above statements and rank fixed as per the merit based on cut off marks and list to be furnished in the ascending of the rank.

OBT: Obtained Max: Maximum

FORM C SELECTION LIST OF STUDENTS APPLIED CONCESSION UNDER AICTE TUITION FEE WAIVER SCHEME

Name of the Institution:

Category I: ECONOMICALLY BACKWARD

NAME OF THE BRANCH:

SI.	Names of the Student	Govt. or Management quota	Date of Birth	Annual Income of Parent /	Maths / Vocational		Physics / Pract I		I	nistry / ct II	Opt	urth ional oject	Cut off marks out	Rank of the Candi
į		·		Guardian in Rs.	OBT	MAX	OBT	MAX	OBT	MAX	ОВТ	MAX	of 200	date
1.	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Category II: WOMEN

NAME OF THE BRANCH:

SI.	Names of the Student	Govt. or Management quota	Date of Birth	1	hs / tional	Phys Pra	sics / act I		nistry / act II	Op	ourth tional bject	Cut off marks out of 200	Rank of the Candidate
				OBT	MAX	OBT	MAX	OBT	MAX	MAX	OBT		
1.	2	3	4	5	6	7	8	9	10	11	12	13	14
					:								

Category III: PHYSICALLY CHALLENGED

NAME OF THE BRANCH:

SI.	Names of the Student	Govt. or Management	Date of Birth	% Disability	Maths / Vocational			Physics / Pract I		nistry / act II	Opti	urth ional	Cut off marks	Rank of the
		quota			ОВТ	MAX	OBT	MAX	ОВТ	MAX	MAX	oject OBT	out of 200	Candi date
1.	2	3	4	5	6	7	8	9	10	11	12	13	14	15
]							

Note: No. of students shall be selected in each branch and each category according to the rank list prepared in Form B and also according to the sanctioned strength of the each branch as instructed in this office letter No.6120/ECA1/2008 dated 9.7.2008

OBT: Obtained Max: Maximum

FORM D

REJECTION LIST OF STUDENTS APPLIED CONCESSION UNDER AICTE TUITION FEE WAIVER SCHEME 2008-2009

Name of the Institution:

SI.	Name of the Students	Govt. or Management quota	Branch	Name of the category under which the student applied for fee concession	Reason for rejection
1.	2	3	4	5	6

Note: Candidates whose applications are rejected due to non fulfillment of prescribed norms and guidelines shall be entered in this form.

FORM E

AICTE FEE WAIVER SCHEME FOR THE YEAR 2008 - 2009

CONSOLIDATED DETAILS

Name of the institution:

SI. No.		Intake	ctioned for 2008- 009	s	eats g	jiven b	ition fee		applie essior	of stud d for for n unde egory		Number of candidates selected for tuition fee waiver scheme under each category			on fee waiver	Number of excess admissions made by the		
	Branch	SI	10% on SI	ЕВ	W	PC	TOT Col.5+ 6+7	ЕВ	W	PC	TOT Col.9 +10+ 11	EB W PC TOT Col.13+14+			Col.13+14+	management in lieu of the fee waiver granted to the students		
1.	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
	-																	

SI: Sanctioned intake

EB: Economically Backward

W: Women

PC: Physically challenged

TOT: Total

FORM F AICTE FEE WAIVER SCHEME FOR THE YEAR 2008 -2009

<u>UNDERTAKING</u>

Dated:

Certified that :

- a. the selection of students under the AICTE Tuition fee waiver categories have been done as per the provisions contained in the AICTE Fee waiver scheme and as per the guidelines issued by the Directorate of Technical Education.
- b. Courses are being conducted as per the norms, standards and guidelines of the AICTE
- c. Tuition fee will not be charged from the students selected under the Tuition Fee Waiver Scheme for the entire duration of their study in B.E / B.Tech / B.Arch Degree course (from 2008-2009 to 2011-2012)
- d. No donation in any kind will be collected from the students selected under Tuition fee waiver scheme.

College Seal

Signature of the Principal with Seal

FORM G AICTE FEE WAIVER SCHEME FOR THE YEAR 2008 -2009

DECLARATION BY THE STUDENT SELECTED FOR TUTITION FEE WAIVER SCHEME

	· -
Name of the Student	
Name of the institution in which studying	
at present	
Branch of study	
	•
Quota under which admitted	
Name of the Category in which selected for	Economically Backward
Tuition fee waiver scheme (\forall the	Leonomically Backward
<u> </u>	
appropriate category)	Women
·	
	Physically Challenged
	Triyolodiiy Ollallorigod
	!

I hereby declare that I have been selected under AICTE Tuition Fee Waiver scheme by the Institution for the academic years 2008-09 to 2011-2012

Signature of the Parent

Signature of the Candidate

Note: The declaration shall given by the selected student in Triplicate. The institution will retain one copy for their records. Duplicate copy shall be sent to this office and triplicate copy to be enclosed along with the admission approval proposal.

FORM H

No.

INCOME CERTIFICATE

This is to certify that the Annual Income of Thiru	ı Parent/
Guardian of Selvan/Selvi	(here enter the student name)residing
at	is
Rs(Rupees	
only/-) fro	om all sources.
This Certificate is issued for the purpose of availing Fee waiver scheme from the Institution	g Tuition Fee Waiver under AICTE Tuition
Gopuram Seal RE¹	VENUE AUTHORITY

Note: This certificate shall be issued not below the rank of Deputy Tahsildar

FORM-I(a)

Nama	***************************************
IZCIIIO	## ## ## ## ## ## ## ## ## ## ## ## ##

MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY PHYSICALLY HANDICAPPED (To be issued by the District Medical Board)

his.	day of2008	exa	mined the Candidate whose particulars are given below
1.	Name of the Candidate	:	
2.	Father's Name	:	
3.	Sex	:	
4.	Approximate Age	:	•
5 .	Identification Marks	:	1. 2.
6.	Whether audiologically / visually handicapped (if yes for either one or both medical certificate / s for fitness from the respective Board has to be produced)	:	
7 .	Nature of Orthopaedic Handicap	:	
8.	Extent of permanent disability in percentage	:	
9.	Whether the Candidate fulfils the following Standards and may be considered for admission to undergo studies in Engineering College / Technical Institution	: on	
	(a) Normal Blood Pressure	:	Yes / No
	(b) Mentally Normal	:	Yes / No
	(c) Independent in ambulation with or without calipers but without any support	:	Yes / No
	(d) Good standing balance with or without calipers but Without any support	:	Yes / No
	(e) Hand function within normal limits without any aid	:	Yes / No
	(f) Good control over bowel and bladder	:	Good / Not good
,	(g) Is the disability non-progressive	:	Yes / No
10.	Whether eligible for consideration under Physically Handicapped Quota	:	Yes / No
11.	Whether the candidates is physically and mentally fit to be considered for admission in Engineering College / Technical Institution	•	Yes / No (If no please specify reasons)

1. 2.

Date with seal of Medical Board

Chairman, District Medical Board

FORM-I (b)

Nam	16:				•
		_	TIFICATE FOR HEARING IMPAIRED and by the District Medical Board) of		
this.	•				• • •
1.	Name of the Candidate		:		
2.	Father's Name		:		
3.	Sex		;	·	
4.	Age		:		
5.	Identification Marks		:		
6.	Whether Orthopaedically / (If yes for either one or both medic fitness from the respective Boards	al certificate /s for	ed:	Yes / No	
7.	Nature of hearing loss and	Extent of disability	:	ĦE.	LE.
	(a) Pure tone average dB		:	***************************************	,
	(b) Speech discrimination s	core	:	***************************************	***************************************
8.	(a) Whether a suitable hea	ring aid to be used	:	Yes / No	
	(b) Is the impairment non-p	progressive	:	Yes / No	
9.	Whether eligible for consider Physically Handicapped qu		:	Yes / No	
10.	Whether the candidate is pi fit to be considered for adm College / Technical institution	ission in engineeri		: Yes / No (if no p	lease specify reasons)
Sign	ature of the Applicant	Members 1.		Chairr	nan, District Medical Board
Date	with Seal of	2.			

Medical Board

FORM-I (c)

Nama !	
name:	***************************************

MEDICAL CERTIFICATE FOR VISUALLY IMPAIRED (To be issued by the District Medical Board)

	Certified, that the District Medical Board of		***********	(City) have
this.	day of2008	exan	nined the Candidate whos	e particulars are given below :
1.	Name of the Candidate	:		
2.	Father's Name	:		
3.	Sex	:		
4.	Age	:		
5.	Identification Marks	:	1.:	
			2.	
6.	Whether Orthopaedically / Visually handicapped (if yes for either one or both medical certificate / s for fitness from the respective Board has to be produced)	d:	Yes / No	
7.	Low vision: (Person with low vision means a person with with best correction in the better eye or impairment of field in a) Reduction of fields less than 50 degrees			

c) Attitudinal defect involvement lower fields

b) Heminaopia with macular involvement

8. Categories of Visual Disability (Please Choose the appropriate box)

Category	Better eye	Worse eye	% age impairment	Tick (as applicable)
Category O	6/9 – 6/18	6/24 to 6/36	20%	
Category I	6/16 - 6/36	6/20 to Nil	40%	
Category II	6/40 - 4/60 or field of vision 10° - 20°	3/60 to Nil	75%	
Category III	3/60 to 1/60 or field of vision 10°	F.C. at 1ft. to Nil	100%	
Category IV	F.C. at 1ft. to Nil or field of vision 10°	F.C. at 1ft. to Nil	100%	
One eyed persons	6/6	F.C. at 1ft. to Nil or field of vision 10°	30%	

(One Eyed with normal vision are not considered as disabled)

Note: F.C. means Finger Count

9. Whether eligible for consideration under Physically Handicapped quota

Yes / No

10. Whether the candidate is physically and mentally fit to be considered for admission in Engineering College / Technical institution

Yes / No (if no please specify reasons)

Signature of the Applicant

Members

Chairman, District Medical Board

Date with seal of Medical Board

2.