# **University of Lucknow**

# **Faculty of Engineering & Technology**

### Reporting Procedure for B.Tech./MCA/B. Pharm. 1st year Admission 2025-26

The candidate after allotment of seat through UPTAC-2025 counselling for B. Tech./MCA/B. Pharm. 1<sup>st</sup> year and B.Tech./ B.Pharm. (Lateral Entry) of University of Lucknow are required to report in the **Office of Dean, Faculty of Engineering & Technology, University of Lucknow, Second Campus, Jankipuram (Near Jankipuram Thana), Lucknow-226031 as per the schedule to be notified by UPTAC-2025.** 

Fee Structure: B.Tech.: Rs. 66,130=00 (for First Semester), MCA: Rs. 62,130=00 (for First Semester), B.Pharm.: Rs. 66,130=00 (for First Semester) **Note:** The fees include onetime enrolment fee Rs. 1000=00 (non-refundable) and caution money Rs. 5,000=00 (refundable).

\*Fee will be submitted at the time of reporting **through online link** provided by University at reporting place. The fees paid for seat confirmation at UPTAC-2025 i.e., Rs. 20000=00 (for GEN/OBC/EWS) & Rs. 12000=00 (for SC/ST) will be adjusted in the fees of second semester.

#### **Important Instructions:**

### 1. Candidates are required to submit following documents at the time of reporting for admission:

- **a.** Allotment Letter by UPTAC-2025 with receipt of seat confirmation fees.
- b. Rank Card/Score Card of JEE-2025/CUET (UG)-2025/CUET (PG)-2025.
- **c.** Original Certificate of High School (for proof of the age).
- **d.** Original mark sheet of qualifying examination (10+2)/ Diploma in Engineering/Graduation.
- e. Original Character Certificate in the prescribed format issued by Head of the Institution last attended.
- f. Original Transfer / Migration Certificate from the Institute last attended.
- **g.** Category Certificate (If opted for reservation).
- **h.** Sub Category Certificate, if applicable.
- i. Weightage Certificate, if applicable.
- j. Medical Certificate on the prescribed format.
- **k.** Income Certificate from those candidates whose parent's/guardian's annual income from all sources is Rs.2,00,000=00 (for GEN/OBC/Minorities) and Rs. 2,50,000=00 (for SC/ST).
- **l.** Receipt of fee deposited at the time of counselling.
- m. Four Passport Size Photographs.
- **n.** Affidavit in case of gap in studies, if applicable. (On non-judicial stamp paper of Rs. 100=00)
- **o.** Affidavit (on non-judicial stamp paper of Rs. 100=00) regarding under taking by the student and countersigned by his/her parents. The draft of the under taking is enclosed.
- p. Three sets of self-attested photocopies of all the documents/ certificates mentioned above (With three photocopies of Fee Receipt).

## **Draft for Anti-Ragging**

(To be executed on Non-Judicial Stamp Paper of Rs. 100=00)

- a. I undertake that I shall not disobey any rule of the University and shall not indulge in any incidence of ragging and other criminal activities. I assure that I shall neither insist nor instigate any person for action, which may vitiate the academic atmosphere of the university.
- b. I, also undertake that I shall not be engaged on any social media platform to share or propagate any activity which may damage the image of university.
- c. If, I do not abide by aforesaid undertaking/declaration, the university may take appropriate action to the extent of rustication and initiation of legal proceedings against me.

Place:
<b>Counter Signed by</b>
Father/ Mother/Guardian:
Date:
Place:

Signature of the Student:

Date:

## **Format For Medical Certificate**

This certificate has to be submitted at the time of admission in the college allotted.

Name of Candidate: Age: Sex:							
Counselling Roll No.: Category:			Subcategory &Weighatge:				
State Rank Position: Father's Name: ( To be filled in by the Candidate )							
L.T.	M.I.	G!			Z	Colour Vision: Without glass:	
Height	Weight	Chest	Abdomen		VISION	With glass:	
History	istory Operation Kockh'sColics B.P.				B.P.		
		Seizures	Asthma		Piles	s Diabetes	
E X	Pulse	Ton	sil	DNS		Hernia	
A M	Pallor	L.N	odes	CSOM		Hydrocele	
I N	Cardiovascular	e A		CNS			
A T I	Respiratory			GIT			
O N	Genitourinary			Others			
Is the candidate physically handicapped/Disabled:  If yes, type of handicap/disability:  (Please trick ✓ the type of handicap/disability)  and				(Please tick) Yes / No Type -I: Minimum 40% permanent Visual impairment Type-II: Minimum 40% permanent Locomoter disability Type-III: Minimum 40% permanent speech Hearing impairment			
Any other finding:							
Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies							

Signature of Candidate

Signature of the issuing Medical Officer (with Offical stamp)