BUDGE BUDGE INSTITUTE OF TECHNOLOGY (BBIT)

(A unit of Jagannath Gupta Family Trust)

(Approved by AICTE, Govt. of India and Affiliated to MAKAUT & WBSCTVESD)

Nischintapur, Budge Budge, Kolkata - 700137, Phone : 033-2482 0676/70 Telefax : 033-2482 0641

Email : contact@bbit.edu.in Website : www.bbit.edu.in

BBIT/DR/PIAdmin/2025-26/045

2nd Sep, 2025

NOTICE

(1st Round Allotment from WBJEEB)

Students who have been allotted at **Budge Budge Institute of Technology** through the WBJEEB are hereby informed to carry the following documents in **original** and **self-attested two copies** for verification/admission purpose. They are advised to visit the college personally on any day between **3rd to 7th September, 2025** within 9:30 am to 4:00 pm. You have to bring **seat allocation ID**.

Required documents are:

1. Two passport size photographs
2. Aadhaar Card
3. DOB certificate
4. MP Marksheet
5. MP Certificate
6. HS Marksheet
7. HS Certificate
8. Rank card of WBJEE and or JEE MAIN
9. Allotment Letter
10. Domicile Certificate as per the proforma given by WBJEEB
11. Cast Certificate (for reserved category students only)
12. Income certificate of parent in specified format for TFW
13. EWS category students must submit the certificate generated from **https://castcertificatewb.gov.in/application_ews**

Candidate can pay fees through UPI/Gpay/Paytm/Phonepay/BHIM/card or cash.

After completion the procedure students must carry **PI Reporting slip** duly signed by the undersigned for further counseling process.

LKMandal 02-09-25

Dr. L. K. Mandal
Deputy Registrar
&
PI Admin- WBJEE2025, BBIT

BUDGE BUDGE INSTITUTE OF TECHNOLOGY ★ Budge Budge Kolkata 700137

Dr. L.K. Mandal
Dy. Registrar
Budge Budge Institute of Technology
Kolkata-700138

APPENDIX-1
PROFORMA a1
Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least the last ten (10) years as of 31.12.2024

Certified that _____

Son/ daughter of _____is a resident/permanent resident of West Bengal at Village/House No. _____ Street _____ Post Office_____ Police Station _____ In the District _____under_____ Assembly Constituency and has been living in the State of West Bengal continuously/ uninterruptedly at least for the last ten (10) years as of 31-12-2024.

Paste a 4 cmx3 cm size recent colour photograph of the candidate in this box. The photo must be attested by the certifying authority.	Candidate's signature
(Candidate's Photograph)	Candidate must sign here in front of the certifying authority.

Signature of Certifying Authority _____

Full Name of Certifying Authority (Block letters) _____

Designation with Official Seal _____

Office Address _____

Office Phone No._____Mobile No:_____(optional)

ID No:_____(optional)

Note: Photographs are to be attested by the certifying authority. The Certifying Authority may preserve a duplicate copy of this Certificate as a record.

APPENDIX-2
PROFORMA-a2

Residential/Domicile Certificate for candidates residing in the State of West Bengal continuously for at least the last ten (10) years as of 31.12.2024

Certified that_____son/daughter of _____has passed the '10+2' Examination in theyear_____/ will appear in the Final '10+2' Examination in 2025 from this Institution.

It is also certified that the student is a resident/permanent resident of West Bengal at Village/House No. _____ Street _____Post Office _____ Police Station_____in the district of _____ under_____Assembly Constituency and has been living and studying in the State of West Bengal continuously / uninterruptedly, at least for the last ten (10) years as of 31-12-2024.

Paste a 4 cmx3 cm size recent colour photograph of the candidate in this box. The photo must be attested by the certifying authority.
(Candidate's Photograph)

Candidate's signature

Candidate must sign here in front of the certifying authority.

Signature of Certifying Authority _____

Full Name of Certifying Authority (Block Letter)_____

Designation with Official Seal

Office Address: _____

Office Phone No. _____ Mobile No: (optional): _____

ID No: (optional):_____

Note: Photographs are to be attested by the certifying authority. The Certifying Authority may preserve a duplicate copy of this Certificate as a record.

APPENDIX-3
PROFORMA b

Residential/Domicile Certificate for candidates not residing in the State of West Bengal but whose parent(s) is (are) permanent resident(s) of West Bengal having their permanent home address within West Bengal

Certified that _____

Father/mother of _____(the applicant) is a permanent Resident of West Bengal at Village/House No. /Street _____ Post Office _____Police Station _____

In the District of _____ Under_____Assembly Constituency

Paste a 4 cmx3 cm size recent colour photograph of the candidate in this box. The photo must be attested by the certifying authority.	Paste a 4 cmx3 cm size recent colourphotograph of the father/ mother ofthe candidate in this box. The photo must be attested by the certifying authority.

Candidate's Signature

Father's/ Mother's Signature

(Candidate's Photograph) (Father's/ Mother's Photograph)

Candidate must sign here in front of the certifying authority.

Signature of Certifying Authority _____

Full Name of Certifying Authority (Block Letter) _____

Designation with Official Seal _____

Office Address _____

Office Phone No._____Mobile No:_____(optional)

ID No:_____(optional)

Note: Photographs are to be attested by the certifying authority. The Certifying Authority may preserve a duplicate copy of this Certificate as a record.

APPENDIX – 4
Proforma for Income Certificate

Certified that Total Annual Income From all sources of _____, guardian of _____ residing at _____ __ ___ Post Office _____ Police Station _____ in the district of _____ in the state of West Bengal for the financial year 2024-2025 is less than Rs. 2.50 lakhs (Rupees two lakhs and fifty thousand only) and stands at Rs. _____ (Rupees_____)

Paste a 4 cmx3 cm size recent colour photograph of the candidate in this box. The photo must be attested by the certifying authority.	Candidate's signature
(Candidate's Photograph)	Candidate must sign here in front of the certifying authority.

Signature of Certifying Authority: _____

Full Name of Certifying Authority (Block Letter)_____

Designation with Official Seal

Office Address:_____

Office Phone No. _____Mobile No(optional): _____

ID No: (optional):_____

Note: Photographs are to be attested by the certifying authority. The Certifying Authority may preserve a duplicate copy of this Certificate as a record.

APPENDIX-5

Certificate regarding physical limitation of an examinee to write

This is to certify that I have examined Mr/Ms/Mrs_____ (name of the candidate with disability), a person with _____(nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o _____, a resident of _____ (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Medical Superintendent

of a Government health care institution:_____

Name & Designation:_____

Name of Government Hospital/Health Care Centre with Seal:

Place:

Date:

Note: *The certificate should be given by a specialist of the relevant stream/disability (e.g. Visual impairment - Ophthalmologist, Locomotor disability- Orthopedic specialist/ PMR)*

APPENDIX-6

Letter of Undertaking for Using Own Scribe

I,_____a candidate with_____ (name of the disability) appearing for the _____(name of the examination) bearing Application No._____.

I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/her qualification is_____. In support of his/her maximum educational qualification, a certificate issued by the Head of the institution is attached herewith. If it is subsequently found that his/her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the admission and claims relating thereto.

(Signature of the candidate)

Place:

Date: