



# 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/PIAdmn/2025-26/081

16<sup>th</sup> Dec, 2025

## **NOTICE**

(JELET2025 Counselling)

Students who have been allotted at **Budge Budge Institute of Technology** through **JELET2025** by WBJEEB are hereby informed to carry the following documents in **original** and **self-attested two copies** for verification/admission purpose. You have to bring **seat allocation ID**. They are advised to visit the institute personally within 9:30 am to 4:00 pm as follows.

Round	Date
1 <sup>st</sup>	17-12-2025 to 20-12-2025
2 <sup>nd</sup>	22-12-2025 to 24-12-2025 & 26-12-2025

Required documents are:

1. Two passport size photographs
2. Aadhaar Card
3. DOB certificate
4. MP Marksheet
5. MP Certificate
6. HS Marksheet & or Diploma Marksheet
7. HS Certificate & or Diploma Marksheet
8. Rank card of JELET2025
9. Allotment Letter
10. Domicile Certificate for the candidate completed the Diploma from the Institute belongs to West Bengal
11. EWS category students must submit the certificate generated from **[https://castcertificatewb.gov.in/application\\_ews](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.

*L. K. Mandal*  
16-12-25  
Dr. L. K. Mandal  
Deputy Registrar

&  
PI Admin- JELET2025, BBIT

*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 last ten (10) years as on 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 of \_\_\_\_\_ under \_\_\_\_\_  
 Assembly Constituency and has been living in the State of West Bengal continuously/  
 uninterruptedly at least for the last ten (10) years as on 31-12-2024.

Paste 4 cmx3 cm size  
 recent colour  
 photograph in this box.  
 Photo must be  
 attested by the  
 certifying authority

Candidate's signature

**Candidate must sign here in front of the certifying  
 authority**

**(Candidate's photograph)**

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:** Photograph is to be attested by the certifying authority.

The Certifying Authority may preserve a duplicate copy of this Certificate as record.

APPENDIX -2

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/ are permanent Resident of West Bengal at Village/House No. \_\_\_\_\_

Street \_\_\_\_\_ Post Office \_\_\_\_\_ Police Station \_\_\_\_\_

in the District of \_\_\_\_\_ Under \_\_\_\_\_ Assembly Constituency

Paste 4 cmx3 cm size recent colour photograph of the candidate in this box. Photo must be attested by the certifying authority

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

Father's/ Mother's Signature

Candidate's Signature

Candidate must sign here in front of the certifying authority

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

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 record.