

OFFICE OF THE PRINCIPAL JORHAT INSTITUTE OF SCIENCE & TECHNOLOGY P.O. CHENIJAN, SOTAI, JORHAT-785010 (ASSAM)

Ref No: JIST/ B.Tech-Admn.//2025-26/6149

Dated, Jorhat, the 2nd September 2025

SPOT ADMISSION NOTICE FOR B.TECH. CEE-2025

It is hereby informed to all concerned candidates that the **Spot admission** to **B.Tech. through CEE-2025** as directed by **DTE Assam** at Jorhat Institute of Science & Technology, Jorhat will be held as per the following schedule:

For Spot admission to B.Tech. through CEE-2025:

| Date | Branch | Reporting Time | Admission Time | VENUE | | |
|-------------|--|-------------------|-------------------|---------------------|--|--|
| 04 -09-2025 | Civil Engineering Mechanical Engineering Electronics & Telecommunication Engineering Power Electronics & Instrumentation Engineering | 10 AM- 12 PM | 1 PM - 2 PM | Examination Hall | | |

The candidates are asked to report physically in the college positively with the following documents in original and with a set of photocopies.

- 1. Physical presence of the candidate is mandatory
- 2. Passport size photo (with name on the backside) 5 No.s
- 3. Permanent Residence Certificate (PRC)
- 4. Admission letter (if applicable)
- 5. Class 10 Admit Card/Certificate (for age proof)
- 6. CEE Rank Card and Admit Card
- 7. Mark Sheet & Pass Certificate of Class 10
- 8. Mark Sheet & Pass Certificate of Class 12 (10+2)
- 9. Caste/Category Certificate* if applicable
- 10. The candidates will have to pay an admission fee of

Rs.11250/- (**Rupees Eleeven Thousand One Hundred Fifty Only**) for CEE-2025 using UPI only on the day of admission at the institute.

- 11. The candidates must bring a **Medical Fitness Certificate** issued by Government medical office (Gr.-I) in the format (Annexure-II) and fill up the College Admission form attached below.
- 12. Anti-ragging Affidavit duly signed and taken printout after submission of Anti ragging form at www.antiragging.in. (Follow the instructions given in notification for antiragging in JIST website).

N.B.:

- 1. If any candidate is found absent during spot admission schedule time his/her seat will be forfeited immediately.
- 2. All vacant seats will be filled up as per merit.

- 3. For Hostel accommodation (boys only) additional **Rs.11,000**/- (including mess dues) to be deposited at the time of final admission.
- 4. The students will have to occupy the allotted hostel seats immediately. Classes have already started and students are requested to join the same immediately after admission.

Sd/-

Date: 2nd September 2025

Principal i/c
Jorhat Institute of Science & Technology
Jorhat-10

Memo No. JIST/B.Tech-Admn./2025-26/6149A

- 1) The Director of Technical Education, Kahilipara, Assam for favour of kind information.
- 2) Dr. Tapan Das, Associate Professor, Dept. of PEI & Coordinator CEE Admission Committee for information and necessary action.
- 3) The Cashier, JIST, for information & necessary action.
- 4) Institute website.
- 5) Office file

Copy to:

Principal i/c
Jorhat Institute of Science & Technology
Jorhat-10
Principal (i/c)
JIST, Jorhat-10

JORHAT INSTITUTE OF SCIENCE AND TECHNOLOGY, CHENIJAN, JORHAT - 10.

 $[Website: \underline{www.jist.ac.in}\ Email:\ principaljist@jist.ac.in]$

ADMISSION INTO FIRST SEMESTER B.TECH. FOR THE SESSION 2025-26

[As per Combined Entrance Examination, 2025]

| 01. | Name | e of t | the st | uden | t (IN | BLO | CK LE | TTER | R) | | | | | ĮΑ | s pe | Com | Dille | I EIILI | ance | EXA | 1111111 | iliUii, 2 | U23] | | |
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| 03.Guardian's Name photo | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04. Contact: Mobile No. of Student | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (In case change of No. in future, student must inform the student Branch of the College immediately) Email id of the Student | | | | | | | | | | | | | | | | | | | | | | | | |
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| 05. Local Guardian's Name and Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06. | Perm | anei | nt Ad | dress | | | | | | | | | | | | | | | | | | | | | |
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| 07. | Corre | spoi | ndend | e Ado | dres | S | | | | | | | | | | | | | | | | | | | |
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| 08. | CEE R | llo | Numb | er | Γ | | | | | | | | 7 | CEE | Ма | rks | | | | R | ank | | | | |
| | 09. Caste/Category (DL/CEN/SC/STE/STD/ODC/MODC/EF/Ex/DSD/TCLC/Ex/TCLC/March/Motol//CCE/E/MS) | | | | | | | | | | | | | | | | | | | | | | | | |
| | (PH/GEN/SC/STE/STP/OBC/MOBC/FF/Ex DSP/TGLC/Ex TGLC/Moran/Motok/CGE/EWS) 10. Date of Birth (In DD/MM/YYYY Format) | | | | | | | | | | | | | | | | | | | | | | | | |
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| | i) Board/Council ii) School/College | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mark | | | _ | | | | | | | | | | | | | | | | | | | | | |
| Examination (10+2) Physics (P) Chemistry (C) Mathematics (M) Total of PCM % of PCM English (E) % of (10+2) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13. For Candidates selected for Quota (Sports/NCC/Other State of North East) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Quota | | | | | | Issuing Authority | | | | | | | Letter No. | | | | | | | Date | | | | | |
| 14. | Fees | С | ounse | elling | | | | | | | | | | | | Admi | ssion | | | | | | | | |
| Dat | Date: | | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate's Signature Father's/Guardian's Signature | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Roll Number | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hostel Allotted | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verified the following documents and found in order (Please tick) (a) Date of Birth (b) PCM marks in Qualifying Exam. (c) Category Certificate (d) Quota selection letter (e) Anti | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rag | Ragging Affidavit (f) Allotment letter | | | | | | | | | | | | | | | | | | | | | | | | |
| Dat | e : | | | | | | | | | | | | | | | Nar | ne: _ | | | | | erifyin | | cer) | |
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(Signature of Principal)

(JIST, Jorhat -10)

Annexure II

MEDICAL FITNESS CERTIFICATE FOR ADMISSION IN JORHAT INSTITUTE OF SCIENCE & TECHNOLOGY, JORHAT

Paste a Recent Passport Size Photograph

| 1. Name of the student | · | | | | | | | | | | | |
|------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|
| 2. Age | · | | | | | | | | | | | |
| 3. Gender | · | | | | | | | | | | | |
| 4. Identification mark | · | | | | | | | | | | | |
| 5. Pulse rate | · | | | | | | | | | | | |
| 6. Blood Pressure | · | | | | | | | | | | | |
| 7. Chest | | | | | | | | | | | | |
| a. Normal | ······ | | | | | | | | | | | |
| b. Expanded | ······ | | | | | | | | | | | |
| 8. C.V.S | : | | | | | | | | | | | |
| 9. C.N.S | : | | | | | | | | | | | |
| 10. Eye sight | : | | | | | | | | | | | |
| 11. Hearing ability | : | | | | | | | | | | | |
| 12. Any Abnormality | | | | | | | | | | | | |
| 13. Blood group | · | | | | | | | | | | | |
| 14. Percentage of disability | (for physically handicapped student): | | | | | | | | | | | |
| | amination, I certify that he/she is in good/bad mental and physical health al defects that may interfere with his/her studies, including a professional's | | | | | | | | | | | |
| Date: | | | | | | | | | | | | |
| Place: | (Name and signature of the Govt. Medical Officer (Gr-I) with seal and registration number) | | | | | | | | | | | |
| | Signature : | | | | | | | | | | | |
| | Name : | | | | | | | | | | | |

Reg. No. :