

(Established by an Act of Parliament)

19th July 2024

### Notice for Open Counselling-cum-Admission Process M.Sc. Zoology (Academic Year 2024-25)

- **1. Open Counselling-Cum-Admission** process for vacant seats in M.Sc. Zoology Programme is scheduled to be held on 25<sup>th</sup> July 2024 **for the candidates having a valid CUET(PG)-2024 score card and those without CUET(PG)-2024 score.** The last date to apply for admission through the Open Counselling-cum-Admission Process is 24<sup>th</sup> July 2024 (till 5 PM).
- **2.** The admission Process is open for all students irrespective of their participation in CUET(PG)-2024, i.e. Any Candidate who could not participate in CUET(PG)-2024, may take admission after fulfilling eligibility criteria applicable for admission in M.Sc. ZOOLOGY. However, the candidates who appeared in CUET(PG)- 2024 shall be given priority in the admission process.
- **3.** The details of vacant seats are mentioned in the table given below:

		Vaca	nt Seats		
UR	OBC	SC	ST	EWS	Total
1	3	0	1	0	5

#### 4. Eligibility Criteria:

Bachelor's degree in any branch of Zoology/Life Science/Animal Sciences/Biomedical Sciences/BiologicalSciences/Biotechnology/Biochemistry/Microbiology/Environmen tal Sciences/Microbiology/Genetics from a recognized Indian or Foreign Universities (Recognition as per AIU list) with a minimum 50% marks or equivalent grade for unreserved category and 45% marks or equivalent grade for SC/ST/OBC (Non-creamy layer/EWS/PwD candidates.

During Open Counselling, if the number of candidates with CUET(PG)-2024 is exhausted, a merit list of candidates without CUET(PG)-2024 scorecard shall be prepared based on the composite score to be determined based on score obtained in 10<sup>th</sup>, 12<sup>th</sup> & Graduation as per the following details:

S. No.	Components	Weightage (out of 100)	
1.	Percentage of marks in 10 <sup>th</sup>	20%	
2.	Percentage of marks in 10+2/Intermediate	35%	
3.	3. Percentage of marks in Graduation		
	100%		



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#### 5. How to Apply:

All interested and eligible candidates must complete the Online Application Form by clicking the link below on or before 14<sup>th</sup> July 2024 (till 5 PM). Without filling out the Online Application Form, the candidates shall not be allowed to participate in the counselling-cum-admission process scheduled for 15<sup>th</sup> July 2024.

### **Google Form Link**

https://docs.google.com/forms/d/e/1FAIpQLSeL4Mn5hjgwzIRpTbUX-7BdpJAzzBw6LHjttwK9Nf6ryv3pw/viewform?usp=sf\_link

#### 6. Fee of Registration:

Candidates who are interested in appearing for Open Counselling and have not paid the registration fees to Mahatma Gandhi Central University (MGCU), will be required to pay the registration fees (INR 500/- for General/OBC/EWS category, INR 200/- for SC/ST/PWD category) on the date of Open Counselling through Bank Challan.

**7.** All the registered candidates through Google Form shall be called for the Open Counselling-cum-Admission Process scheduled for 15<sup>th</sup> July 2024. A merit list shall be prepared according to the University's admission policy on the same day, and an offer of admission shall be provided to selected candidates as per merit.

Course	Admission Fee	Reporting Date and Time	VENUE
M.Sc. Zoology	Rs. 10718/-	25 <sup>th</sup> July 2024 11:00 AM-1:00 PM	Department of Zoology, Mahatma Gandhi Central University, Motihari Bihar-845401 (INDIA)

-Sd-Head Department of Zoology School of Life Sciences Mahatma Gandhi Central University



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## Important Instructions

- 1. Candidates are advised to report on the scheduled date and time to the venue along with the required documents.
- 2. Candidates who fail to report for admission along with all the original documents on the scheduled date and time shall forfeit their claim to be considered for admission.
- 3. In case of a tie, the senior candidate, based on Date of Birth, shall be given preference. In case of any dispute, the University administration's decision shall be final.
- 4. The admission of a candidate who has passed his/her qualifying examination from a Foreign University will be subject to his/her qualification being found equivalent to the qualifications prescribed by the University.
- **5.** The candidates shall be required to pay the fees in the form of Challan at the time of admission.
- 6. Admission shall be granted only on the payment of fees on the specified date.
- 7. Candidates who fail to make payment on the date of admission shall not be considered for admission and the seat will be given to the next candidate in the meritlist.
- **8.** In case of any dispute related to the provisional admission, the High Court of Patna shall have jurisdiction.
- 9. Any addendum/corrigendum/notices to this notification shall be published only on the University Website (www.mgcub.ac.in). Therefore, Candidates are advised to check the University website regularly for any updates.



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### LIST OF DOCUMENTS REQUIRED FOR ADMISSION

The candidates are required to be present in person and bring the following documents in **Original** as well as a set of **attested photocopies** at the time of reporting for admission:

- 1. CUET(PG)-2024 Application Form and Score Card (If applicable)
- 2. Mark sheets and certificates of 10th and 12th.
- 3. Mark sheet and Certificate of Graduation.
- 4. Five copies of recent passport-size photographs.
- 5. Self-attested copy of AADHAR card.
- 6. Bank Account detail of student i.e. Account No., IFSC-Code, Name of account holder & address of Bank.aj
- 7. A Character certificate from the Head of the Institution last attended.
- 8. Transfer/Migration Certificate (in original) from the Head of the Institution/University last attended.
- 9. Affidavit for intervening period/gap of over three years, if applicable on 10/- stamp paper.
- 10. Valid SC/ST/OBC-NCL/PwD/EWS Certificate as per GOI rules, wherever applicable.
- 11. No Objection Certificate (NOC) from Employers, wherever applicable.
- 12. Anti-ragging forms duly signed by the students & parents/guardians.



#### **AFFIDAVIT BY THE STUDENT**

(to be submitted by the student at the time of admission)

	(full name of student with University Roll Number) S/o
	r
Institu	Il University, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational tions, 2009, (hereinafter called the "Regulations") and have carefully read and fully understood the provisions contained in d Regulations.
2)	I have, in particular, perused Clause 3 of the Regulations and am aware as to what constitutes ragging.
	I have also, in particular, perused Clause 7 and Clause 9.1 of the Regulations and am fully aware of the penal and istrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, ag part of a conspiracy to promote ragging.
4) <u>of th</u>	I submit to the disciplinary jurisdiction of the Vice-Chancellor and other authorities e University.
5)	I hereby solemnly aver and undertake that:
a)	I will not indulge in any behaviour or act that may be constituted as ragging under Clause 3 of the Regulations.
b) constit	I will not participate in or abet or propagate through any act of commission or omission that may be uted as ragging under Clause 3 of the Regulations.
6) without force.	I hereby affirm that, if found guilty of ragging, I am liable for punishment according to Clause 9.1 of the Regulations, at prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in
	I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account ag found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration ad to be untrue, I am aware that my admission is liable to be cancelled.
Declar	ed thisday ofmonth ofyear.
	Signature of Deponent
	Name:
	<u>VERIFICATION</u>
Varifia	d that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing
	en concealed or misstated therein.
Verifie	d at(place) on this the(day) of(month),(year)
	Signature of Deponent

NOTE: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

## ANNEXURE - II

### **AFFIDAVIT BY THE PARENT/GUARDIAN**

(To be submitted by the parent/guardian at the time of admission)

I, Mr/Mrs/M	s(full name of parent/guardian) father/mother/ guardian of(full name of the student with admission/registration/ enrolment number),
Ragging in H	admitted to Mahatma Gandhi Central University, have received a copy of the UGC Regulations on Curbing the Menace of igher Educational Institutions, 2009, (hereinafter called the <b>"Regulations"</b> ) and have carefully read and fully understood as contained in the said Regulations.
2)	I have, in particular, perused Clause 3 of the Regulations and am aware as to what constitutes ragging.
	I have also, in particular, perused Clause 7 and Clause 9.1 of the Regulations and am fully aware of the penal and reaction that is liable to be taken against my ward in case he/ she is found guilty of or abetting ragging, actively or being part of a conspiracy to promote ragging.
4)	I hereby solemnly aver and undertake that:
a) Regulations.	My ward will not indulge in any behaviour or act that may be constituted as ragging under Clause 3 of the
b) constituted a	My ward will not participate in or abet or propagate through any act of commission or omission that may be s ragging under Clause 3 of the Regulations.
5) Regulations, time being in	I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to Clause 9.1 of the without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the a force.
	I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the s found to be untrue, the admission of my ward is liable to be cancelled.
Declared this	day ofmonth ofyear.
	Signature of Deponent
	Name:
	VERIFICATION
	the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has led or misstated therein.
Verified at	(place) on this the(day) of (month),(year)
	Signature of Deponent

NOTE: It is mandatory to submit this affidavit in the above format if you desire to register for the forthcoming academic session.

#### **EWS CERTIFICATE**

Government of......(Name & Address of the authority issuing the certificate)

## INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKERSECTIONS

Certificate No			-					Date:_			
				VALID FO	OR THE Y	ÆAR_					
This	is	to	certify	that	Shri/Smt	t./Kum	ari			son/c	laughter/wifeof
		perm	anent	reside	ent o	f			Village/S	treet	Post.
Office			District		_in th	ne S	tate/Union	Te	erritory		Pin
Code		who	se photogra	aph is attes	ted below	v belon	gs to Econ	omica	lly Weake	r Section	s, since the gross
annual in	come* of	his/he	family** i	s below Rs	. 8 lakh (F	Rupees	Eight Lakh	only)	for the fir	ancial ye	ar
His/her fa	amily doe	es not o	wn or posse	ess any of the	he followi	ng asse	ets***:				
I.	5 acr	es of ag	ricultural la	and and abo	ove;						
II.	Resid	dential f	flat of 1000	sq. ft. and	above;						
III.	Resid	dential p	olot of 100	sq. yards ar	nd above i	n notifi	ied municip	alities	;		
IV.	Resid	dential p	olot of 200	sq. yards ar	ıd above i	n. areas	s other than	the no	otified mur	nicipalitie	s.
2. Shri/S	Smt./Kum	ari			belong	s to th	ne	_cast	e which is	not recog	nized as a
Schedule	ed Caste,	Schedul	led Tribe an	nd Other Ba	ackward C	Classes	(Central Lis	st).			
size attested	raph of	t									
Name_ Design										al of Offi	ce

<sup>\*</sup>Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

<sup>\*\*</sup>Note 2: The term 'Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblingsbelow the age of 18 years as also his/her spouse and children below the age of 18 years

<sup>\*\*\*</sup>Note 3: The property held by a "Family' in different locations or different places/cities have been clubbed while applying the landor property holding test to determine EWS status.

### THE OBC CATEGORY

This is to	certify that	, son/daughter of	, of village	District/Division	in
the State of_		bel	ongs to the	community which is recognized	as a
Backward Cla	ass under the follow	ng resolution of Governme	nt of India, Ministry o	of Welfare.	
*(i)	Resolution No. 12	D11/68/93-BCC (C), dated th	ne 10 <sup>th</sup> September, 1	993, published in the Gazette of India,	
		o. 186, dated the 13 <sup>th</sup> Septe			
*(ii)	Resolution No. 12	011/9/94-BCC, dated the	19 <sup>th</sup> October, 1994,	oublished in the Gazette of India,Extraordina	ry,
Part-I, Sectio	n I, No. 163, dated t	ne 20 <sup>th</sup> October, 1994.			
*(iii)			<sup>th</sup> May, 1995, publisl	ned in the Gazette of India, Extraordinary, Part	-I <i>,</i>
	. 88, dated the 25 <sup>th</sup> l	• •			
*(iv)			<sup>th</sup> December, 1996,p	ublished in the Gazette of India, Extraordinary,	Part-
	o. 210, dated the 11	•	1 4006		
*(v)		11/96/94-BCC, dated 9 <sup>th</sup> Ma			
*(vi)		11/13/97-BCC, dated 3 <sup>rd</sup> De			
*(vii) *(viii)		11/99/94-BCC, dated 11th [ 11/68/98-BCC, dated 27 <sup>th</sup> D			
*(ix)				ed in the Gazette of India, Extraordinary, Part-I	Ì
	. 270 dated 6 <sup>th</sup> Dece		cerriber 1555 publisi	ed in the Gazette of India, Extraordinary, Fart-i	,
*(x)			ril 2000 nuhlished in	the Gazette of India, Extraordinary, Part- I, Sect	ion
	d 4 <sup>th</sup> April 2000.	11/30/33 Bee, dated + 7/p	111 2000 pablistica III	ine duzette of maid, Extraoramary, rare 1, seet	1011
*(xi)	•	2011/44/99-BCC dated	21st September 2	2000 published in the Gazette of India,	
		o.210 dated 21st September	•	, , , , , , , , , , , , , , , , , , , ,	
*(xii)		015/9/2000-BCC, dated 6 <sup>th</sup> S			
*(xiii)		)11/1/2001-BCC, dated 19 <sup>th</sup>			
*(xiv)		011/4/2000-BCC, dated 13 <sup>th</sup>			
*(xv)			•	e Gazette of India, Extraordinary, Part-I, Section	n I,
No. 210 date	d 16 <sup>th</sup> January 2006		·		
*Shri	a	nd /or his/her family o	rdinarily reside(s)	in theDistrict/ Division of	the
	State. Thi	s is also to certify that he/sl	ne does not belong t	o the persons/sections (Creamy Layer) mentio	ned in
Column 3 of	the Schedule to the (	Government of India, Depar	tment of Personnel a	nd Training, O.M. No.36012/22/93/-Est. (SCT),	dated
		le OM NO. 36033/3/3004 E			
District Magi	strate Deputy Comm	issioner, etc.			
Dated				SEAL	
				SLAL	—
*Strike out w	hichever is not appli	cable			
Note:					
(a) People's Act,		ily' used here will have the	same meaning as in	Section 20 of the Representation of the	
(b)	The authorities co	mpetent to issue caste certif	icates are indicated b	elow:-	
(i)	District	Magistrate/Additional	Magistrate/Collecte	or/Deputy Commissioner/Additional D	Deputy
Commission	er/Deputy Collecto		Magistrate/Sub-Div	risional Magistrate/ Taluka Magistrate/Exe	1 2
(ii)	Chief Pres	idency Magistrate/Additiona	al Chief Presidency N	Magistrate/Presidency Magistrate.	
(iii)	Revenue C	Officer not below the rank of	f Tehsildar.		
(iv)	Sub-Divis	ional Officer of the area who	ere the candidate and	or his family resides.	

#### **PWD CERTIFICATE**

## Format for Physically Challenged (PH)/Persons with Disabilities (PWD) Certificate (To be obtained by the candidate)

(To be filled by Medical Board notified under PWD Act)

Certificate No: Date:		Affix here recent Photograph showing the disability duly attested by Medical Superintendent/CM O/Head of Hospital (with Seal)
		Ir./Mrs
Agemale/female, Regist	tration Nois a cas	se of He/She is physically
		dation/ leprosy cured and has % (
		speech and hearing impairment etc.) in relation to
his/her	<del></del> ,	
Note:		
This can distance in a second service to a second		*
inis condition is progressive/not progi	ressive/likely to improve/not likely to impr	ove".
1. Re-assessment is not recommended	d/ is recommended after a period of	months / years*.(*Strike out
whichever is not applicable)		
,		
Signature of Dr.	Signature of Dr.	Signature of Dr.
Name of Dr.	Name of Dr.	Name of Dr.
Specialization	Specialization	Specialization
Seal with Degree	Seal with Degree	Seal with Degree
(Member/Medical Board)	(Member/Medical Board)	(Member/Medical Board)
Signature/Thumb impression of Patier	<b>*</b>	
Countersigned by the Medical Superint	endent/CMO/Head of Hospital (with seal)	

## FORMAT FOR CASTE/TRIBE CERTIFICATE TO BE PRODUCED BY THECANDIDATES APPLYING UNDER SC/ST

Form of Certificate as prescribed in M.H.A, O.M. No. 42/21/49-N.G.S., dated 28-1-1952 as revised in Dept. of Per. &A.R., Letter No. 36012/6/76-Est. (S.C.T.), dated 29-10-1977, to be produced by a candidate belonging to a Scheduled Caste or Scheduled Tribe in support of his claim.

1)	This is to certify that Shri/Shrimati*/Kumari*	Son/daughter* of Shri /Shrimati
	of village/town*	in District/ Division*_ of the State/Union Territory*
	belongs to the	Caste/Tribe*which is recognized as a <u>Scheduled Caste /</u>
<u>Sched</u>	uled Tribe*	
Under	:	
*The C	Constitution (Scheduled Castes) Order, 1950. Constitution (Scheduled Tribe) Order, 1950. Constitution (Scheduled Castes) (Union Territories) Order, 1951. Constitution (Scheduled Tribe) (Union Territories) Order, 1951.	
the Pu		Modification Order) 1956, the Bombay Reorganization Act, 1960, Act, 1970, the North- Eastern Areas (Reorganization) Act, 1971 (Act, 1976).
Tribes *The C		1962. 962. 988. 99. 1991. Castes /Scheduled Tribes Certificate issued to Shri/Shrimati*
	father/mother* of Shri/Shrimati/Kumari*	ofvillage/town*in
Distric	ct/Division*	of theState/Union Territory*who
belong	g to the Caste/Tribe* which is recognized as a Scheduled Caste	e/Scheduled Tribe* in the State/Union Territory*issued by
the	dated	
3)	Shri/Shrimati/Kumari*	_and/or* his/her* family ordinarily reside(s) in the
village	e/town*ofDistrict/Div	ision* of the State/Union Territory* of
Place_		Signature
Date_		-
Design	nation	
(With s	seal of Office)	Chata Martin Tamil
		State/Union Territory

**Note-** The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

## **UNDERTAKING**

I	(DOB)S/D/W/o
on	solemn affirmation the following –
1)	That my above name and address is correct.
2)	That I have applied for admission to
Ac	ademic Year 2022-23.
3) (S0	That I am not able to submit my following mandatory certificates excluding category certificate C/ST/OBC-NCL/EWS/PWD) at the time of admission but will submit it positively on or before
••••	:
1.	
2.	
3.	
4.	
5.	
4)	That I may be allowed to attend the 1st Semester classes provisionally on the condition that in case
of	non-submission of requisite documents latest by
	, Mahatma Gandhi Central University, Bihar reserves the rightto cancel my
adı	mission and enrolment in the said programme without any further correspondence in this regard and
dis	allow me from continuing in the programme.
5)	That decision of Mahatma Gandhi Central University, Bihar in this regard will be final and binding

upon me.

**Signature of the Deponent** 

## UNDERTAKING

#### [As per the Statute 28(7) of Central Universities Act 2009]

info	I,
2. do s	I also hereby commit to shift to any other campus within the State of Bihar whenever the University decides to o.
	I also hereby submit myself to the disciplinary jurisdiction of the Vice-Chancellor and other authorities of the versity. To this extent, I shall unconditionally abide by all prevailing terms and conditions and applicable rules regulations of the University.
_	I also hereby undertake to deposit all the University dues including fees in time and in case of default and also to pay late fee/fine as per the University rules. I am fully aware that in case of non-compliance, the admission ald be liable for cancellation at any stage with or without prior intimation.
	I also hereby commit not to indulge in using unfair means in examinations and or any act of vandalism and or tage to University property. In case of such an act(s), I am liable to be punished/expelled from the University as the University rules.
	(Signature)
Nan	ne of the Applicant:
Da	te:
Plac	ee: