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LOGOUT



**Graduate Aptitude Test- Biotechnology (GAT-B) - 2022**  
**Admit Card - Provisional**



<b>Roll Number :</b>	MR16000453	<b>Application Number:</b>	222904122837	
<b>Candidate's Name:</b>	KOYANDE SHRAVANI LAWOO	<b>Father's Name :</b>	LAWOO BAPOO KOYANDE	
<b>Gender :</b>	FEMALE	<b>Date of Birth :</b>	18-04-2002	
<b>Category :</b>	GENERAL	<b>Person with Disability (PwD) :</b>	NO	
<b>Scribe :</b>	NO	<b>Candidate's Signature :</b>		
<b>Test Details</b>				
<b>Course Applied For</b>	GAT-B 2022			
<b>Date of Examination</b>	23/04/2022			
<b>Reporting / Entry time at Centre</b>	07:20 A.M. (IST)			
<b>Gate Closing time of Centre</b>	08:30 A.M. (IST)			
<b>Timing of Test</b>	09:00 A.M. to 12:00 (Noon) (IST)			
<b>Venue of Test</b>	ALL INDIA INSTITUTE OF LOCAL SELF GOVERNMENT STHANIKRAJ BHAVAN C.D BARFIWALA MARG, JUHU GALI, NEXT TIME TO BMW SHOWROOM (NAVIT MOTORS) ANDHERI (W) MUMBAI, MAHARASHTRA-400058			
				 Senior Director, NTA

**Self Declaration (Undertaking)**

I, KOYANDE SHRAVANI LAWOO, resident of A-1/5, Durga Nagar CHS., Chinchpada Road, Rajbhar Nagar,,Kalyan East, Maharashtra, do hereby, declare the following:

1. I have read the instructions, Guidelines and relevant orders of the Govt of India pertaining to the COVID-19 pandemic. I have read Information Bulletin, Instructions and Notices related to this examination available on the website <https://dbt.nta.ac.in> and [www.nta.ac.in](http://www.nta.ac.in)

2. I have in the last 14 days (please tick, wherever it is applicable to you, otherwise leave blank):

a. The following flu-like symptoms:

- |                   |                          |                                 |                          |
|-------------------|--------------------------|---------------------------------|--------------------------|
| • Fever:          | <input type="checkbox"/> | • Sore Throat/Runny Nose:       | <input type="checkbox"/> |
| • Cough:          | <input type="checkbox"/> | • Body ache:                    | <input type="checkbox"/> |
| • Breathlessness: | <input type="checkbox"/> | • Others- Please specify: _____ | <input type="checkbox"/> |

b. Been in close contact with a confirmed case of the COVID-19. ('Close contact' means being at less than one meter for more than 15 minutes.)

c. Not been in close contact with a person suffering from COVID-19 and am NOT under mandatory quarantine.

d. Travelled the following cities/ country in the last 14 days prior to arriving at the Centre.

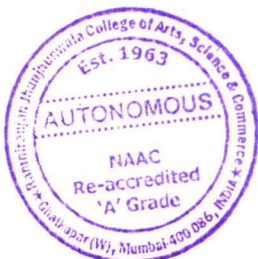
	1st City	2nd City	3rd City	4th City
Name of cities/country				
Date of Arrival in Centre City				

3. The health and wellbeing of our community is our first priority; therefore the centre reserves the right to deny entry to its premises.

4. I have read the detailed "IMPORTANT INSTRUCTIONS for CANDIDATES" as given on Page-3 and "ADVISORY for CANDIDATES REGARDING COVID-19" and I undertake to abide by the same.

Candidate's Photo (Same as uploaded on the Application Form be affixed before reaching the centre)	Candidate's left hand thumb impression (To be affixed before reaching the centre)	Candidate's Signature (To be signed, on the Day of the Examination in the presence of the Invigilator only)
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The above undertaking has to be filled up in advance before reaching the centre, except the candidate's signature which has to be affixed in the presence of the Invigilator.



**Certified as  
TRUE COPY**



**Principal**  
**Ramniranjan Jhunjhunwala College,**  
**Ghatkopar (W), Mumbai-400086.**