VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY BURLA ବୀର ସ୍ଥରେନ୍ଦ୍ର ସାଏ ବୈଷୟିକ ବିଶ୍ୱବିଦ୍ୟାଳୟ



(A UGC Recognized State Government University by an Act of Assembly, Estd. -1956) P.O. Engineering College, Burla, Dist: Sambalpur, Odisha, (India) -768 018 www.vssut.ac.in. e-mail: vc@vssut.ac.in

No. VSSUT/ACD/ 567 /2025

Dated: 25/07/2025

NOTICE

This is to inform all candidates who have been allotted a seat at VSSUT, Burla through OJEE-2025 for admission into B.Tech (Regular & Self-Sustaining), 2nd Year B.Tech (Lateral Entry - All Branches), B.Arch, and MCA programmes that they are required to complete the Online Anti-Ragging Undertaking at www.antiragging.in and download the generated affidavit, which must be submitted at the time of physical reporting for admission.

In addition, candidates must bring the following duly filled and signed documents at the time of reporting:

Annexure I: Physical Fitness Certificate (format attached with this notice)

Annexure II: Declaration / Undertaking (format attached with this notice)

All allotted candidates are advised to keep the above documents ready in advance, as submission of these documents will be mandatory during admission reporting.

The schedule for physical reporting will be notified separately on the university website after getting final allotment from OJEE-2025.

For details regarding the fee structure for B.Tech (Regular & Self-Sustaining), B.Arch, and MCA programmes, please refers to the link: https://vssut.ac.in/doc/Revised-Fees-Structure.pdf

Memo No. VSSUT/ACD/ 568 /2025

Copy to:

Dated: 25/07/20 Academic Affairs

1. Dean, Faculty and Planning with a request to facilitate in hoisting this notice in the united by website.

2. PA to Registrar for information.

3. P.A. to Vice-Chancellor for kind information of Hon'ble Vice-Chancellor.

Dean, Academic

Dean, Academic Affairs

PHYSICAL FITNESS CERTIFICATE FOR ADMISSION TO PROFESSIONAL COURSES

I, Dr	after	careful	personal	examinat	ion	as
mentioned below, certify that		(name) is	s found	physically	fit	to
undergo professional education.						
1. Height:						
2. Weight:						
3. Vision:						
4. Blood Group:						
5. Chronio disease if any:						
Full Signature of Candidate	Signature of t	he Medic	al Office	ſ		
	Name:					
	Regd. No:					
	Office Stamp	/Seal·				

DECLRATION / UNDERTAKING

(To be submitted on ₹ 10/- Stamp Paper)

1.	Name of the Student S/o, D/o of Residential address	:						
	Mobile No. Email	:						
2.	Name of the Father/Mother/Guardian S/o, D/o of Residential address	:						
	Mobile No. Email	:						
	I do hereby declare and undertake to abid	le by and comply the following:						
1.	Myself/my ward shall not indulge in any	y unlawful activities in the University campus.						
2.	Myself / my ward shall not consume / while pursuing study in the University.	keep any alcoholic beverages and / or psychotropi	c substance					
3.	Myself / my ward shall not use / keep any motor vehicle within the Hall of Residence and University premises.							
4.	Myself / my ward shall not indulge in rag	gging in any form.						
5.	Myself/my ward shall not visit nearby water bodies (Siphone, 18000 Point, Right Dyke, Left Dyke, Irrigation Point, Pani Pahacha, Power House Bathing Point, Fisheries Point, Jhankarani, Power Channel and Hirakud Dam Site) which are restricted for the students.							
6.	Violation of any of the aforesaid undertaking / declaration shall entail us / my ward appropriate action including suspension / termination of studentship and other disciplinary actions deemed proper by the authorities of the University.							
	Full Signature of Student:							
	Full Signature of the Father/Mother/Guardian:							
	Place:							
	Date:							