

INDIAN INSTITUTE OF TECHNOLOGY MADRAS

SCHEDULE OF EVENTS

(M.Tech, M.Sc & M.A)

SCHEDULE OF EVENTS	DATE	Time	VENUE
Document Verification	24.07.2023	09.00 am onwards	Student Activity Centre (SAC)
Commencement of Classes	31st July, 2023		

GENERAL GUIDELINES / INSTRUCTIONS FOR DOCUMENT VERIFICATION

Students should produce the following documents in original during Document Verification compulsorily. (No Photocopies are required)

1.	10th Class and 12th Class Marksheet. If your date of birth is not mentioned in the 10th marksheet, bring your Birth Certificate.
2.	UG Degree Consolidated Marksheet, Degree Certificate / Provisional / Course Completion Certificate
3.	Category Certificate (GEN-EWS, OBC-NCL, SC, ST – If applicable)
4.	PwD Certificate (if applicable)
5.	Proof of certificate for OCI
6.	Passport & Visa (for Foreign National only)
7.	GATE / JAM Score Card
8.	Income certificate (whose parental income is upto 8 Lakhs per annum) obtained from Tasildhar, Revenue Department
9.	Medical Certificate as per annexure I
10.	IITM Offer Letter
11.	Relieving Order (if applicable)
12.	Sponsorship Certificate (if applicable)



Medical Examination Report

Medical History and personal particulars of Students joining at IIT Madras

Name of the Candidate (in Full):-.....

GATE / JAM Registration Number..... IIT M Roll Number.....

Name of the Parent /Guardian.....

- 1. Do you suffer from any allergies including Drug Allergy Yes / No
If yes Specify_____
- 2. Do you have any medical problems (circle as appropriate) : Heart disease / diabetes / Thyroid / Skin disease /Bronchial asthma/Seizure Disorder or Epilepsy/Others (specify) Yes / No
If yes give details_____
- 3. Are you able to see well Yes / No
If there is a visual defect has it been corrected by suitable Spectacles Yes / No
- 4. Do you suffer from any hearing disability Yes / No
- 5. Do you suffer from any loco motor or movement disorder or any loss of body part Yes / No
If Yes Details_____
- 6. Are you currently on any long term medications or have a history of long term (>2months) use of medication Yes / No
If yes details_____
- 7. Any history of surgeries in the past Yes / No
If yes details_____

Identification Marks

- 1. _____
- 2. _____

I declare that all the statements above are true, correct and complete to the best of my knowledge. I fully understand that I am responsible for the accuracy of all the statements given.

Date:
Place:

Candidate's Signature:
Parent/Guardian's Signature:

Health Certificate

Clinical Examination by a general Physician.

Weight Kg. Height cm. Blood Pressure /mm Hg.
Girth of Chest: (a) At rest (b) After deep inspiration
Pulse Rate:per minute BPmmHg
Eye Test: Vision - Normal/Defective Corrected by Spectacles: Yes/No
ENT: Hearing (Whisper Test): Normal/Defective
Nose Throat
Respiratory System: Cardiovascular System:
Neurological System:
Psychological Assessment: Abdomen:
Past Medical / Surgical history:-
H/o Allergy Yes / No Current Medications if any:-

Vaccination Details		No. of doses	Date of Last Injection
1.	BCG		
2.	Diphtheria/Pertussis/Tetanus (DPT)		
3.	Mumps, Measles, Rubella		
4.	Hepatitis B		
5.	Typhoid		
6.	Chicken Pox		
7.	Covid 19 Vaccination		

Investigations

Name of the Investigation		Remarks/Report with date
1.	ECG	
2.	Chest X-Ray	
Blood Test/ Urine Test		
1.	Blood Group& Rh Typing	
2.	Hemoglobin	
3.	Peripheral Smear	
4.	Random Blood Sugar	
5.	Serum Creatinine	
6.	HIV – I &2	
7.	HBsAg	
8.	Urine Routine examination	

I Dr.after clinical assessment (with necessary investigations) of
Mr/Ms. Son/Daughter of Mr/MS.
.....declare him/her fit/unfit, mentally and physically to pursue higher education
with a very tight academic schedule. I further declare that he/ she does not suffer from seizure disorder or any other major
medical illness preventing him/her from undertaking sports including swimming.

Date:
Place:

Signature & Seal