



## INDIAN INSTITUTE OF TECHNOLOGY MADRAS

### SCHEDULE OF EVENTS – ADMISSION 2025

(PG Admissions 2025-26)

SCHEDULE OF EVENTS	DATE	TIME	DEPARTMENT
Document Verification & Admission	22.07.2025	09.00 am TO 01.00 pm	➤ All M.TECH. students <b>admitted through GATE.</b>
		02.00 pm TO 05.00 pm	➤ M.TECH. Students <b><u>NOT</u> admitted through GATE.</b> ➤ Students of other PG programme: MA., M.Sc., Joint M.Sc., & I2MP.
Institute Orientation	23.07.2025	FN	All the students admitted to PG programme.
Commencement of Classes : 28 <sup>th</sup> July, 2025			

Parents/ guardians can also view the Institute Orientation online. The link will be available in the Institute's website, <https://www.iitm.ac.in/>

## 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.	UD ID 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)



### Medical Examination Report

Medical History and personal particulars of Students joining at IIT Madras Name  
of the Candidate (in Full) :-.....  
..... GATE / JAM Registration Number..... IITM 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: \_\_\_\_\_ Candidate's Signature: .....

Place: \_\_\_\_\_ Parent/Guardian's Signature: .....

## Health Certificate

### Clinical Examination by a general Physician.

Weight ..... Kg.

Height ..... cm.

Girth of Chest: (a) At rest .....

(b) After deep inspiration .....

Pulse Rate: .....per minute

Blood Pressure ..... / ..... mm Hg.

#### 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	
<b>Blood Test/ Urine Test</b>		
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**