

INDIAN INSTITUTE OF TECHNOLOGY MADRAS
SCHEDULE OF EVENTS – ADMISSION 2026
(PG DEGREE ADMISSION 2026-27)
VENUE - Student Activity Centre (SAC)

SCHEDULE OF EVENTS	DATE	TIME	DEPARTMENT
Document Verification & Admission	20.07.2026	09.00 am to 01.00 pm	<ul style="list-style-type: none"> • M.Tech in Aerospace Engineering, Dept. of AE • M.Tech in Computational and Experimental Mechanics, Dept. of AMBE • M.Tech in Biomedical Engineering, Dept. of AMBE • M.Tech in Bioprocess Engineering, Dept. of BT • M.Tech in Civil Engineering with specialization in Building Technology, Construction Materials and Management, Dept. of CE • M.Tech in Civil Engineering with specialization in Environmental Engineering, Dept. of CE • M.Tech in Civil Engineering with specialization in Geotechnical Engineering, Dept. of CE • M.Tech in Civil Engineering with specialization in Hydraulic and Water Resources Engineering, Dept. of CE • M.Tech in Civil Engineering with specialization in Structural Engineering, Dept. of CE • M.Tech in Civil Engineering with specialization in Transportation Engineering, Dept. of CE • M.Tech in Chemical Engineering, Dept. of CH • M.Tech in Mechanical Engineering, Dept. of ME • M.Tech in Mechanical Engineering with specialization in Computational Engineering for Mechanical Systems, Dept. of ME
		02.00 pm to 05.00 pm	<ul style="list-style-type: none"> • M.A. Programme, Dept. of HSS • M.Tech Sponsored and QIP, All Dept. • M.Sc. Programme, Dept. of CY, MA & PH

SCHEDULE OF EVENTS	DATE	TIME	DEPARTMENT
Document Verification & Admission	21.07.2026	09.00 am To 01.00 pm	<ul style="list-style-type: none"> • M.Tech in Data Science and Artificial Intelligence, Dept. of DSAI. • M.Tech in Electrical Engineering, Dept. of EE • M.Tech in Electric Vehicles, Dept. of ED • M.Tech in Robotics, Dept. of ED • M.Tech in Industrial Mathematics and Scientific Computing, Dept. of MA • M.Tech in Metallurgical and Materials Engineering, Dept. of MME • M.Tech in Metallurgical and Materials Engineering with specialization in Semiconductor Materials Technology, Dept. of MME • M.Tech in Ocean Structures, Dept. of OE • M.Tech in Ocean Technology, Dept. of OE • M.Tech in Petroleum Engineering, Dept. of OE • M.Tech in Functional Materials and Nanotechnology, Dept. of PH • M.Tech. in Clinical Engineering, Dept. of AM&BE • M.Tech in Computer Science and Engineering, Dept. of CSE
		02.00 pm To 05.00 pm	<ul style="list-style-type: none"> • Jt. M.Sc., & Foreign Students, Global Engagement. • MBA Programme, Dept. of MS • UOP, Dept. of CE.
Institute Orientation	22.07.2026	FN	All the students admitted to PG programme.
Commencement of Classes : 27th July, 2026			

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.	Valid Category Certificate (GEN-EWS, OBC-NCL, SC, ST – If applicable)
4.	UD ID Certificate (if applicable)
5.	Proof of certificate for OCI
6.	Valid Passport & Visa (for Foreign National only)
7.	Valid GATE / JAM Score Card
8.	Valid 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 If yes Specify _____	: Yes / No
2.	Do you have any medical problems (circle as appropriate) : Heart disease / diabetes / Thyroid / Skin disease /Bronchial asthma/ Seizure Disorder or Epilepsy/Others (specify) If yes give details _____	: Yes / No
3.	Are you able to see well If there is a visual defect has it been corrected by suitable Spectacles	: Yes / No : 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 If Yes Details _____	: Yes / No
6.	Are you currently on any long term medications or have a history of long term (>2months) use of medication If yes details _____	: Yes / No
7.	Any history of surgeries in the past If yes details _____	: Yes / No

Identification Marks

- _____
- _____

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	EKG	
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