INDIAN INSTITUTE OF TECHNOLOGY MADRAS

SCHEDULE OF EVENTS

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

<table>
<thead>
<tr>
<th>SCHEDULE OF EVENTS</th>
<th>DATE</th>
<th>Time</th>
<th>VENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Verification</td>
<td>24.07.2023</td>
<td>09.00 am onwards</td>
<td>Student Activity Centre (SAC)</td>
</tr>
<tr>
<td>Commencement of Classes</td>
<td></td>
<td>31st July, 2023</td>
<td></td>
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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 locomotor 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 (>2 months) 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.    Blood Pressure ............. / ........mm Hg.
Girth of Chest: (a) At rest .......................   (b) After deep inspiration .........................
Pulse Rate: .......... per minute       BP ............. mmHg
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:-

<table>
<thead>
<tr>
<th>Vaccination Details</th>
<th>No. of doses</th>
<th>Date of Last Injection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 BCG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Diphtheria/Pertussis/Tetanus (DPT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Mumps, Measles, Rubella</td>
<td></td>
<td></td>
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<tr>
<td>4 Hepatitis B</td>
<td></td>
<td></td>
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<tr>
<td>5 Typhoid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Chicken Pox</td>
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<td></td>
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<tr>
<td>7 Covid 19 Vaccination</td>
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Investigations

<table>
<thead>
<tr>
<th>Name of the Investigation</th>
<th>Remarks/Report with date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ECG</td>
<td></td>
</tr>
<tr>
<td>2 Chest X-Ray</td>
<td></td>
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Blood Test/ Urine Test

<table>
<thead>
<tr>
<th>Name of the Investigation</th>
<th>Remarks/Report with date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Blood Group&amp; Rh Typing</td>
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</tr>
<tr>
<td>2 Hemoglobin</td>
<td></td>
</tr>
<tr>
<td>3 Peripheral Smear</td>
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<tr>
<td>4 Random Blood Sugar</td>
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<tr>
<td>5 Serum Creatinine</td>
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</tr>
<tr>
<td>6 HIV – 1 &amp; 2</td>
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</tr>
<tr>
<td>7 HBsAg</td>
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<tr>
<td>8 Urine Routine examination</td>
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</table>

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: ......................................................... Signature & Seal

Place: .........................................................