



Indian Institute of Technology Jodhpur

NH 65, Nagaur Road, Karwad 342037, INDIA
Phone: (0291) 2449 099; eMail: chair_admissions@iitj.ac.in

Gaurav Bhatnagar

Chairman, Admissions Committee

12 July 2017

Dear Student:

Congratulations on your success in JEE (Advanced) 2017, and choosing IIT Jodhpur for your undergraduate studies! We are glad to inform you that you have been PROVISIONALLY selected for admission at this Institute. On behalf of the entire IIT Jodhpur family, I extend you a hearty welcome to IIT Jodhpur!!

You are required to report to the Institute on 17 August 2017 (Thursday) by 8:00 PM. To confirm your admission at IIT Jodhpur, you must appear for the Academic Registration on 18 August 2017. **If the registration is not completed by 5:00 PM on 18 August 2017, it will be presumed that you are not interested in taking admission at IIT Jodhpur.** The following are some important details regarding your admission to the B.Tech. Program at IIT Jodhpur:

(1) Schedule of Activities

18 August 2017 Friday	Orientation Program 8:00 AM	Venue: Lecture Hall Building IIT Jodhpur NH 65, Nagaur Road Karwad 342037 Jodhpur District
	Academic Registration 9:30 AM	
	Deadline for Completing Academic Registration 5:00 PM	
21 August 2017 Monday	Classes begin	

(2) Fee to be Paid

S.No.	Particulars	Amount (INR)	
		Unreserved and OBC	SC, ST and PwD
1	Semester Fee (includes Tuition Fee of Rs.1,00,000, when applicable)	110,897	10,897
2	Refundable Deposits	8,000	8,000
3	Admission Fee	5,100	5,100
4	Dining Charges Advance for July-December 2017	12,000	12,000
5	TOTAL	1,35,997	35,997
6	LESS Fee received from JEE (Advanced) 2017	(-) 44,000	(-) 19,000
7	BALANCE FEE to be paid on 18 August 2017	91,997	16,997

- (a) **Mode of payment:** Payment of *Balance Fee* indicated above should be made through the *Online Portal* at <http://oa.iitj.ac.in/FeePayment>, using Net Banking or Debit/Credit Card. A copy of the printout of the receipt generated on successful transaction should be produced as proof of payment. *Cash, Demand Draft or Cheque* will NOT BE ACCEPTED at the time of joining/registration.
- (b) **Remission of Tuition fees:** Full remission of the fee for eligible economically backward students (whose family income is less than Rs.1 Lakh per annum) and remission of 2/3rd of the fee to other eligible economically backward students (whose family income is between Rs.1 Lakh and Rs.5 Lakhs per annum). Students have to pay the full fee mentioned in the table above at the time of registration. Remission in tuition fee will be considered later, subject to submission of valid documents.

(3) Documents Required at the time of registration on 18 August 2017

Please bring at the time of Registration all original certificates/ documents listed below:

- (a) **Admission Documents:** Course Allotment Letter from JOSAA, Admit Card of JEE (Advanced) 2017, Mark Sheet of Class XII, Passing Certificate, and School Leaving/Transfer Certificate (as applicable), Class X (High School) Board Certificate or any other Certificate as proof of Date of Birth, and Character Certificate from last attended school/college.
- (b) **Caste Certificate:** Valid *Certificate of Category* in the prescribed format (in case of OBC (NCL), SC, ST, PwD and DS students only) issued by a Competent Authority. These formats can be viewed at and downloaded from JOSAA 2017 website.
- (c) **Family Income Certificate:** Your Family Income Certificate (as per Form I, I1, I2 and I3) is required to determine your eligibility for the tuition fee remission as per MHRD directive (See Section 2(b) of this letter). This will be further useful, in case you wish to be considered for scholarships given to students with low family income.
- (d) **Medical Reports:** All new students (no exceptions) must submit a *Medical Report*. This requirement is for your good. Please ensure that all *Test Reports* mentioned in the *Medical Report* must be produced at the time of Registration, otherwise your Registration may be on hold. If you need to complete certain requirements after arriving to IIT Jodhpur (e.g., if you need the final dose of Hepatitis B vaccine), beware that Medical Insurance for students provided through IIT Jodhpur *does not* cover immunizations, tests or treatment; these should be completed before your arrival at IIT Jodhpur. The Medical Report that you need to submit at the time of Registration on 18 August 2017 consists of: (1) *Blood Test* as per Form M1, (2) *Urine Test* as per Form M2, (3) *USG/Sonography* as per Form M3; (4) *Chest X-Ray and Report* as per Form M4; (5) *ECG Test* as per Form M5, (6) *Examination of Ear, Nose and Throat* as per Form M6, (7) *Examination of Eyes* as per Form M7, and (8) *Vaccination Record*: At IIT Jodhpur, you will be staying in the hostels with other students. Such a living environment requires that no student spreads any infectious disease (such as Measles, Mumps, Rubella, Chicken Pox, Typhoid and Hepatitis A and B). Therefore, it is compulsory that all new students are vaccinated against these diseases, BEFORE JOINING THE INSTITUTE. Please submit *Adult Vaccination Record* as per Form M8.
- (e) **Photographs:** Six colour passport size photographs (size 35×45 mm) are required. The photograph must be taken in full-face view directly facing the camera with a neutral facial expression and both eyes open. Background should be *plain white* and taken in plain clothing that you wear normal days. Your full face must be visible with no head covering, headphones, wireless hands-free devices, spectacles with dark glasses or similar items. If you normally wear glasses (without tinted lenses) or a hearing device, they may be worn in your photo. But, the glare on glasses is not acceptable and can be avoided by removing the glasses or by turning off the camera flash. The photograph must be taken not more than 3 months before 18 August 2017 to reflect your current appearance.

(4) Reception in Jodhpur

We are making arrangements to receive you in Jodhpur at the *Bus Station, Railway Station and Airport*. Please email to counselling@iitj.ac.in in your arrival details or call *Aarush Gupta* (99715 97736) or *Paridhi Gehlot* (70007 51547). Please check the *Institute website* (www.iitj.ac.in) and *IIT Jodhpur Counselling Service portal* (cs.iitj.ac.in) for the latest updates.

(5) Things you need to bring

Each room in the hostel is equipped with basic facilities like fan, light, 1 almirah, 1 bed, 1 table and 1 chair. Therefore, apart from your clothes, personal items, and study material, you can bring your mattress, pillow, bucket, mug, or you can buy them locally. For more details please see the frequent asked question section at www.iitj.ac.in/admission.

Once again, congratulations, and welcome to IIT Jodhpur!! We look forward to your arrival on 18 August 2017.

Yours sincerely,


Gaurav Bhatnagar
12/7/2017



Indian Institute of Technology Jodhpur

Office of Students

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Form M1

Blood Test Report

1.	Haemogram	Blood Group :		
		Rh Factor :		
		Hb :		
		TLC :		
		DLC :		
		Platelets Count :		
		RBC :		
2.	Lipid Profile	Serum Cholesterol : mg/dl	S/Triglycerides : mg/dl	
		H.D.L. : mg/dl	L.D.L : mg/dl	
		V.L.D.L : mg/dl	LDL/HDL Ratio:	
		TC/HDL Cholesterol Ratio:		
3.	Hepatic Profile	S.G.P.T : IU/L	S.G.O.T : IU/L	
		Alkaline Phosphatase :		
4.	Renal Profile	Blood Urea:		
		S. Creatinine: mg/dl		
5.	Metabolic	Blood Sugar	Fasting : mg/dl	
			Postprandial (P. P.) : mg/dl	
		S. Uric Acid :		

Signature of Registered Physician
with Date and Seal



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Form M2

Urine Test Report

Sugar	:
Albumin	:
Microscopic	:
Stool	:

Observation or special advice / remarks (if any) :

**Signature of Registered Physician
with Date and Seal**



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Form M3

USG / Sonography Test Report

1.	Whole Abdomen	
2.	Liver	
3.	Spleen	
4.	Any Abdominal Lumps	

Observation or special advice / remarks (if any):

**Signature of Registered Physician
with Date and Seal**



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Form M4

Chest X-Ray Test and Report

1.	Chest Measurement	Inspiration: cm
		Expiration: cm
		Built <input type="checkbox"/> Average <input type="checkbox"/> Strong <input type="checkbox"/> Poor <input type="checkbox"/>
2.	Shape of Chest	
3.	Chest Movements	
4.	Trachea	
5.	Breath Sounds	

Observation or special advice / remarks (if any):

**Signature of Registered Physician
with Date and Seal**



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Form M5

Electro Cardiogram Report

<i>Cardio-Vascular System</i>		
1.	Blood Pressure (BP)	mm of Hg.
2.	Pulse Rate	Regular <input type="checkbox"/> Irregular <input type="checkbox"/>
		Peripheral Pulse: Felt <input type="checkbox"/> Not Felt <input type="checkbox"/>
3.	Heart Sound	

Observation or special advice / remarks (if any):

**Signature of Registered Physician
with Date and Seal**



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Form M6

Examination of Ear, Nose and Throat

1.	External Examination	
2.	Auroscopy	Right <input type="checkbox"/> Left <input type="checkbox"/>
3.	Tuning Fork Tests	Rinnes Test <input type="checkbox"/> Webers Test <input type="checkbox"/>
4.	Conversational Hearing / Whispering	
5.	Audiometry (Air and Bone Conduction)	

Observation or special advice / remarks (if any):

**Signature of Registered Physician
with Date and Seal**



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Form M7

Examination of Eyes

1.	External Examination			
2.	Squint	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.	Nystagmus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.	Eye		Without Glass (Right Eye)	With Glass (Left Eye)
		Near Vision		
		Distant Vision		
		Night Blindness		
	Color Blindness			
5.	Night Blindness (Nyctalopia)			

Observation or special advice / remarks (if any):

Signature of Registered Physician
with Date and Seal



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Form M8

Adult Vaccination Record

MMR and *Chicken Pox Vaccinations* are pre-requisites for Registration (unless contraindicated).

A. Vaccination Certificate

<i>Name of Vaccine</i>	<i>Date of Vaccine</i>	<i>Doctor's Signature, Date and Seal</i>
MMR (2 nd after 15 years of age or 2 doses before 15 years)		
Chicken Pox (If there is no history of chickenpox in past)		
Typhoid (one dose after June 2013)		
Hepatitis A and B		

B. Vaccination Exemption Certificate

It is to certify that, Mr/Ms _____ is
suffering from _____ and is on
_____ treatment. Hence, vaccination is contraindicated in
him/her.

**Signature of Registered Physician
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Form I

Family Income Proof (Income obtained in the Period from 01-04-2016 to 31-03-2017)

(1) Govt. Organization Employees

- (i) Salary Certificate for the Financial Year 2016-17 (from 01.04.16 to 31.03.17) in Form no. I1, duly sealed/stamped by the Salary Disbursing Officer or DDO ; and
- (ii) Declaration by Parent/ Guardian in Form no. I2; and
- (iii) Copy of Form 16 issued by employer for the year 2016-17 (Assessment Year 2017-18); and
- (iv) Copy of ITR filed

Note: Low income group of salaried class, who have not submitted ITR, they have to submit an Original Income Certificate from the Tahsildar.

(2) For Pensioners/Family Pensioners:

- (i) Declaration by Parent (Form I2); and
- (ii) Annual Pension Payment Certificate for the financial year 2016-17 in the prescribed format (Form I3), to be issued by the Pension Disbursing Officer; and
- (iii) An Income & Non-employment Certificate from Local District Authorities like S.D.O./B.D.O./M.R.O./Tahasildar/Chairman/Executive Officer of Municipal Corporation, etc., for the year 2016-17; and
- (iv) Copy of PPO, Superannuating/ Retirement/Termination letter and attested copies of I.T documents (if any such as IT Form 16, ITR for the year 2016-17, as applicable).

(2) Other Persons- Except (1) and (2) above

- (i) Declaration by Parent (Form I2); and
- (ii) An Original Income Certificate from Tahsildar; and
- (iii) Copy of ITR Form/IT Return, if applicable (to be attested by a Govt. Officer), for the year 2016-17 (Assessment Year 2016-17);

Note: Those who retired without Pension, they have to submit Retirement/Termination/ Superannuating letter/documents/papers etc. And Income & Non-employment certificate from local District authorities as mentioned above.



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Form I1

ANNUAL INCOME CERTIFICATE FROM THE EMPLOYER

Income from Salary:

1. Name and Address of the Employer:

2. Certified that _____ is employed in this Organization in the Post of _____, (Designation held by the employee) and that the break-up of his Gross Annual Income from Salary received in the Financial Year _____ is as follows:

ITEM	TOTAL AMOUNT FOR 12 MONTHS
1) Basic Pay	:
2) D/Pay	:
3) DA/ADA/Relief	:
4) H. R.A.	:
5) Special Pay & Honorarium, Bonus Arrears, etc. ,if any :	
6) Other Allowances, if any	

TOTAL Rs. : _____

Employer's Signature:

Designation:

Date :

(Official Seal)

NOTE:

1) All the entries as stated above must be supported by the attested copy of IT Form 16 / ITR Form for the corresponding financial year _____ (Assessment Year _____).



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Form I2

Income from other sources: DECLARATION BY THE FATHER /GUARDIAN OF THE STUDENT

I declare that my/my family's Annual Income from other sources during the Financial Year April 2015 – March 2016 was as follows in addition to my Salary Income:

Income from:

- (1) Landed Properties (Certificate from: Rs.
Tahsildar/Gram Panchayat)
- (2) Agriculture: Rs.
- (3) Investment in Bank/Post Office/Unit Trust etc.: Rs.
- (4) Share Certificates/Debentures: Rs.
- (5) Other sources: Rs.
- (6) Total of Salary Income: Rs.
(D.A., D.P./D.Relief/HRA/honorarium, bonus special pay, arrears etc received Fin. Year _____)

(7) In case of Businessman./Agriculture/medical/Legal Practitioner/Consultant/Agent/ Self-employed etc. as applicable (other than salaried class):

- (i) Name & Address of the Firm:
Organization/ Shop
- (ii) Nature of Business/Trade:
- (iii) Trade/Professional License/Registration No.
(copy to be enclosed)
- (iv) Sales Tax/Comml.Tax Registration No./Zone:

Total Income under 7) Rs.

Gross Annual Income: Rs.

Further I declare that the information given above is true. I shall also be personally held responsible for the payment of concession in fee given to my ward in the event of any information proves false in this declaration and also in the enclosed form, being proved incorrect later on.

Date:
Full Name:
Address with Pin Code:
Phone No. / Mobile No:

Signature of the Father /Guardian



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Form I3

FOR PENSIONER/FAMILY PENSIONER ONLY

(INCOME /SALARY CERTIFICATE FOR THOSE GUARDIANS WHO ARE IN PENSION RETIRED FROM SERVICE OR THEIR WIVES ARE GETTING FAMILY PENSION)

PART – I: Income from Pension / Family Pension:

1. Name and address of the Ex-employer:
with P.P.O. No.
2. Certified that _____ was employed in _____ Organisation/superannuated in the capacity of _____ (post held by the retired employee) and that the break-up of his/her Annual Income from Pension /Family Pension received in the financial year _____ is as follows :

ITEM	TOTAL AMOUNT FOR 12 MONTHS
------	----------------------------

i) Basic Pension/F. Pension :

ii) Dearness Relief :

iii) Other Allowances,

Arrears, if any: _____

Total: _____

Signature of Pension Disbursing Authority

Disbursing Authority: _____

Designation: _____

Date:

(Official Stamp)



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Form I3

Part – II: Income from other sources:

DECLARATION BY THE PARENT/ GUARDIAN

I declare that my/my family's Annual Income from other sources during the Financial Year _____ was as follows in addition to my pension income:

Income from:

- (a) Landed Properties (Certificate from: Rs. Tahsilder/Gram Panchayat)
- (b) Agriculture: Rs.
- (c) Investment in Bank/Post Office/Unit Trust etc.: Rs.
- (d) Share Certificates/Debentures: Rs.
- (e) Other sources : Rs.

Total: Rs.

Total of Pension Income as stated above of Part-I Rs

Gross Annual Income: Rs:

Further I declare that the information given above is true. I shall also be personally held responsible for the payment of concession in fee given to my ward in the event of any information proves false in this declaration and also in the enclosed form, being proved incorrect later on.

Date:

Signature of the Father/Guardian

Full Name:

Address with Pin Code:

Phone No/ Mobile No. :