

Documents Check List

Integrated Ph.D. (Department of _____)

Name: _____ Roll No. : _____

Particulars	Enclosed Yes/No
1. Copy of Offer Letter	
Forms Downloaded from Orientation Website	
2. Medical Examination Report	
3. Declaration for provisional admission, if appl.	
4. Additional Personal Information.	
5. Identity Card.	
6. Admission By-laws	
7. Admission Fee Payment Receipts.	
8. Duly filled and signed anti-ragging undertaking form (Online anti-ragging form must be filled at the http://antiragging.in and a copy must be submitted to Office of Academic Affairs by October 01, 2018)	
Enclosures	
9. TC/Migration Certificate (in Original)	
Self -attested copies* of	
10. Aadhar Card	
11. High School Mark-Sheet + Certificate (DoB Proof)	
12. Higher Secondary Mark-Sheet + Certificate	
13. Graduation Mark sheets (All Semesters) + Degree Certificate	
14. Category Certificate, if applicable	
15. Physical Disability Certificate, if applicable	
16. Kashmiri Migrant Certificate, if applicable	
17. Income certificate, applicable for Economically Backward Class.	
18. Bank Account Details (to be submitted by August 31 st , 2018)	

Documents Submitted on:

Student's Signature

Verifier's Signature

Documents must be arranged in above mentioned sequence and submitted for verification.



Office of Academic Affairs

Personal Information

1. Roll No. : _____ Full Name : _____
2. Date of Birth : _____ Place of Birth : _____
3. Aadhar No. : |_|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
4. National Academic Depository (NAD) ID No., if available : _____
4. Religion : Hinduism |_| | Islam |_| | Sikhism |_| | Christianity |_| | Jainism |_| |
Zoroastrianism (Parsi) |_| | Buddhism |_| | Other, please specify _____
5. Category : General |_| | OBC-Creamy Layer |_| | OBC-Non Creamy |_| | SC |_| | ST |_| |
6. Kashmiri Migrant |_| | PD |_| |
7. Mobile No.: _____ 8. IISER E-mail ID: _____
9. Alternate E-mail ID: _____

Details of Parents

Father's Details

10. Name: _____
11. Address: _____
District: _____ State: _____ Pin: _____
12. Mobile No.: _____ 13. E-mail ID*: _____
14. Occupation: _____ 15. Annual Income: _____

Mother's Details

16. Name: _____
17. Address: _____
District: _____ State: _____ Pin: _____
18. Mobile No.: _____ 19. E-mail ID: _____
20. Occupation: _____ 21. Annual Income: _____

Details of Legal Guardian, if applicable:

22. Name: _____
23. Address: _____
District: _____ State: _____ Pin: _____
24. Mobile No. : _____ 25. E-mail: _____

Student's Signature

Parent's Signature

**Grade Sheets/Transcript will be sent to this E-mail ID.*

Educational Qualification:

Degree	Board University	Passing Year	% of Marks/ CGPA/CPI
High School			
Higher Secondary			
Graduation			

Declaration by the student

I, _____ Ward/o _____ hereby declare that,

- i. The information provided by me in online application form/admission form/medical form and this form is same and true to the best of my knowledge and based on records.
- ii. I understand that a false information provided by me in the application form or any of the supporting documents will lead to the forfeiture of my candidature at any stage of the admission process, or thereafter.

Date : _____

Place : Bhopal

Student's Signature

Parent's Signature



Indian Institute of Science Education and Research Bhopal

MEDICAL EXAMINATION REPORT

(To be issued by a registered medical practitioner)

PERSONAL HISTORY

1. Name.....
2. Designation.....
3. Parent/Guardian's Name.....
4. Parent/Guardian's Contact No.....
5. Date of Birth.....
6. Gender.....
7. Identification Mark on the Body, If any.....
.....
(This can be a mole, scar or birthmark)
8. Major illness/operation, if any.....
(Specify nature of illness/operation)
9. Medication, if any
10. Allergy

Photo to be attested
by Medical Officer

VACCINATION STATUS (Produce Certificates)

- | | |
|---------------------------|-----------------------|
| 1. Typhoid | 3. Chicken Pox..... |
| 2. Hepatitis A and B..... | 4. HIB influenza..... |

MEDICAL CERTIFICATE

(The following are to be filled by the Medical Officer conducting the medical examination)

- | | |
|------------------------|-----------------------|
| 1. Past History | 4. Chest |
| a) Mental Disease..... | a) Inspiration.....cm |
| b) Epileptic Fits..... | b) Expiration.....cm |
| c) Others..... | c) Examination |
| 2. Height.....cm | 5. Blood Group..... |
| 3. Weight.....kg | 6. ENT..... |

- 7. Vision with or without glasses
 - a) Right Eye.....
 - b) Left Eye.....
 - c) Color Blindness.....
- 8. Nervous system.....
- 9. Heart.....
 - a) Sounds.....
 - b) Murmur.....
- 10. Abdomen.....
 - a) Liver.....
 - b) Spleen.....
- 11. Any other defects

Certified that Mr. /Ms. _____ ward of Shri _____

- a. Fulfills the prescribed standard or physical fitness and is FIT for joining at IISER Bhopal.
- b. Does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for joining at IISER Bhopal.

Signature of the Medical Officer
(Minimum qualification MBBS/MD)

Signature of the Candidate

Full Name.....
 Medical Registration No.....
 Address.....

Office Seal

Date.....