

# Documents Check List

Ph.D. (Department of \_\_\_\_\_)

Name: \_\_\_\_\_ Roll No. : \_\_\_\_\_

Particulars	Enclosed Yes/No
1. Copy of Offer Letter	
<b>Forms Downloaded from IISERB Orientation Website</b>	
2. Medical Examination Report	
3. Declaration for provisional admission, if appl.	
4. Additional Personal Information	
5. Identity Card Form	
6. Admission Fee Payment Receipts.	
7. Admission By-laws	
8. Duly filled and signed anti-ragging undertaking form (Online anti-ragging form must be filled at the <a href="http://antiragging.in">http://antiragging.in</a> and a copy must be submitted to Office of Academic Affairs by October 01, 2018)	
<b>Enclosures</b>	
9. TC/Migration Certificate (in Original)	
<b>Self- attested copies* of</b>	
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. Post-Graduation Mark sheets (All Semesters) + Degree Certificate	
15. GATE Scorecard/Award letter of National eligibility test.	
16. Category Certificate, if applicable	
17. Physical Disability Certificate, if applicable	
18. Kashmiri Migrant Certificate, if applicable	
19. Income certificate, applicable for Economically Backward Class.	
20. Bank Account Details (to be submitted by August 31 <sup>st</sup> , 2018)	

**Documents Submitted on:**

**Student's Signature**

**Verifier's Signature**

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



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान भोपाल  
Indian Institute of Science Education and Research Bhopal

*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			
Post 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.....



Date: .....

**Ph.D. Registration Certificate**

Certified that Mr/Ms ..... is registered to Ph.D.  
in Department of .....  
on ..... vide Roll no..... under the supervision of  
Dr. ....

The approved title of his/her Ph.D. thesis is "....."  
....."

Student's Signature

Supervisor's Signature