

INDIAN INSTITUTE OF TECHNOLOGY ROPAR Main Campus, RUPNAGAR -140001

<u>Checklist for Documents Required at the time of Registration by PG Students</u> <u>joining in 2025-26</u>

Note: Please arrange all documents according to the following serial number

- 1. Offer Letter
- 2. Class X certificate and mark sheet (Original and one attested copy)
- 3. Class XII certificate and mark sheet (Original and one attested copy)
- 4. Category certificate wherever applicable.
- 5. Graduation marks sheets (All semesters) and Degree/Provisional Degree.
- 6. JAM 2025 Score Card
- 7. Nationality Certificate (Passport/Birth Certificate Etc.)
- 8. 02 Passport size colored Photographs.
- 9. Copy of Aadhar card of students taking admission.
- 10. Receipt of the fee payment made to IIT Ropar.
- 11. Undertaking (To be filled by candidate if document pending, if any)
- 12. Medical Certificate (Format already provided with the provisional admission letter)
- 13. Registration Forms: A to J (*Wherever Applicable)



INDIAN INSTITUTE OF TECHNOLOGY ROPAR Main Campus, RUPNAGAR -140001

Please download the following forms.

Fill up these forms and get them signed by your Guardians/ Parents wherever applicable.

Please carry these completed forms to IIT Ropar to be submitted during Registration.

FORM "A"



INDIAN INSTITUTE OF TECHNOLOGY ROPAR

		ame:		D D
1. Name of the Student	•	Name:		Paste Passport Size Photograph
In English (Capital letters)	Last Na	ame		3.0
2. Name of the Student (In Hindi)	:			
3. Date of Birth (DD/MM/YYYY)	:			
4. Category	:			
(Gen/OBC/SC/ST/EWS/PWD) 5. E-mail ID	:			
6.Mobile No.	:			
7. Aadhaar Card No of student	:			
8. Entry Number:				
() (1))) , () , ()	:			
9. Blood Group (A,AB,B,O)(RH+/-)	:			
10. JAM Score	: Catego	ry Rank	AIR	
11.Gender (M/F)	:			
12. Medium of Instruction at School	: () Hind	0 0		
(Tick one)	() Othe	r language (Please s	pecify) :	
13.Physically Handicapped	:			
a) If Yes, type of Disability	:			
14. Detail of Parents /Guardian: Please upo	date the phone	e number and email id of y	your parents (Father a	nd Mother) only.
Name of Father :		Name of Mother	:	
Email ID :		Email ID	:	
Mobile :		Mobile	:	
Landline :		Landline	:	
Occupation :		Occupation	:	
Annual Income :		Annual Income	:	
Aadhaar Card No :		Aadhaar Card No	O. :	

15. Parent's Address: a) Permanent: (b) Correspondence: Pin Code: Pin Code: 16. Nearest Railway Station (to the current residential address **Nearest Airport** (to the current residential address) 17. Contact Person (in case of emergency): (please tick one of the three below) Parents as in Sl. No.14 Others: Give detail Name: Address: _____ Mobile No.: _____ E-mail: __ I hereby undertake that all the above information provided by me is correct to the best of my knowledge The Institute retains the right to contact the parents at any time, should any circumstances arise during the student's program. (Signature of the Student) **Signature of the Parents** Signature of Father Signature of Mother Signature of Guardian

Note:

- 1. In case of any change in address and/or telephone numbers, parents are requested to kindly intimate the same in writing or by e-mail to the PG Section office-academics-1@iitrpr.ac.in/office-academics-pg3@iitrpr.ac.in.
- 2. The spelling of the name written (in English/Hindi) above will appear in your degree certificate; therefore, you are requested to kindly write your name without any mistake.

FORM "A-I"



INDIAN INSTITUTE OF TECHNOLOGY ROPAR REGISTRATION FORM

(For the use of Students Affairs Section)

	Firs	st Name:		Paste Passport Size
1. Name of the Student	Mid	dle Name:		Photograph
In English (Capital letters)	Las	t Name		
2 Name of the Charlette (In Hind)				
2. Name of the Student (In Hindi)	:			
3. Date of Birth (DD/MM/YYYY)	: —			
4. Category (Gen/OBC/SC/ST/EWS/PWD)	:			
5. E-mail ID	:			
6.Mobile No.	: —			
7. Aadhaar Card No of student	:			
8. Entry Number:				
(to be filled at the time of registration)	:			
9. Blood Group (A,AB,B,O)(RH+/-)				
	:			
10. JAM Score	: Cato	egory RankA	IR	
11.Gender (M/F)	:			
12. Medium of Instruction at School	: () H	indi () English		
(Tick one)	() 0	ther language (Please spec	cify) :	
40.70	_			
13.Physically Handicapped	•			
a) If Yes, type of Disability	:			
14. Detail of Parents /Guardian: Please up	date the p	hone number and email id of you	parents (Father and	l Mother) only.
Name of Father :		Name of Mother	:	
Email ID :		Email ID		
			•	
Mobile :		Mobile	:	
Landline :		Landline	:	
Occupation :		Occupation	:	
Annual Income :		Annual Income	:	
Aadhaar Card No :		Aadhaar Card No.	:	

15. Parent's Address:		
a) Permanent:		(b) Correspondence:
Pin Code:		Pin Code:
16. Nearest Railway Station (to the current resident Nearest Airport (to the current residenti	ial address	
17. Contact Person (in case	of emergency): (please	cick one of the three below)
Parents as in Sl. N Others: Give detail		
	Name:	
	E-mail:	
L		
and belief.	right to contact the par	provided by me is correct to the best of my knowledge ents at any time, should any circumstances arise
Signature of the Parents		(Signature of the Student)
Signature of Father	:	
Signature of Mother	:	
Signature of Guardia	n :	

Note:

- 1. In case of any change in address and/or telephone numbers, parents are requested to kindly intimate the same in writing or by e-mail to the PG Section office-academics-1@iitrpr.ac.in/office-academics-pg3@iitrpr.ac.in.
- 2. The spelling of the name written (in English/Hindi) above will appear in your degree certificate; therefore, you are requested to kindly write your name without any mistake.

Signature of the Student



INDIAN INSTITUTE OF TECHNOLOGY ROPAR

Undertakings by the Parents and the Student

1. <u>Undertaking of awareness of medical facilities at I.I.T. Ropar Health Centre</u>

I ,	Father
	ner / Guardian of Mr./Ms Entry No:
	hereby declare the following in respect of my ward to be admitted to any of
	rogrammes of study at IIT Ropar.
	I am aware of the following facts:
(i)	IIT Ropar Health Centre is located in the campus and run by IIT Ropar for its community has limited facilities.
(ii)	The IIT Ropar Health Centre may not be adequate for treatment of any patient with chronic or serious ailments.
(iii)	It is the responsibility of the guardian to take care of their ward for treatment outside the campus.
(iv)	Each student would be provided a limited health insurance through a professional company. However, the dealing with that company would be entirely the responsibility of the student. IIT Ropar in no way would be responsible for any dispute/discrepancy.
	Despite the best efforts on the part of IIT Ropar, if any untoward thing happens to my ward, I shall not hold the Institute accountable for the same and will not seek any financial help or compensation for the same from any court of law.
	Date:

Signature of the Parent/Guardian

2. <u>Undertaking by the student for not owning and Ropar campus(for hostel residents only):</u>	l/or using motor driven vehicles on IIT
I, Mr./Ms Entry No: undertaking that I will not own/drive motor driven veh transit / main campus during my stay at IIT Ropar. If at undertaking my hostel seat will stand automatically cance undertake that any visitor bringing a vehicle would follo the hostel security and I would be liable for punishment for	hereby give an icle for commuting inside the IIT Ropar any stage I am found to violate the above elled without assigning any reasons. I also w guidelines for registering the vehicle at
Date:	
Signature of the Parent/Guardian	Signature of the Student

	I,son/ daughter/ ward of Mr./
	Ms Entry No: hereby give an undertaking that I will not indulge in the following acts:
•	Any conduct by any student or students whether by words spoken or written or by an act which
•	has the effect of teasing, treating or handling with rudeness a fresher or any other student; Indulging in rowdy or indiscipline activities by any student or students which causes or is
•	likely to cause annoyance, hardship, physical or psychological harm or to raise fear or apprehension thereof in any fresher or any other students;
•	Asking any student to do any act which such student will not in the ordinary course do and which has the effect of causing or generating a sense of shame, or torment or embarrassment so as to adversely affect the physique or psyche of such fresher or any other student;
•	Any act by a senior student that prevents, disrupts or disturbs the regular academic activity of any other student or a fresher;
•	Exploiting the services of a fresher or any other student for completing the academic tasks assigned to an individual or a group of students.
•	Any act of financial extortion or forceful expenditure burden put on a fresher or any other student by students.
•	Any act of physical abuse including all variants of it: sexual abuse, homosexual assaults, stripping, forcing obscene and lewd acts, gestures, causing bodily harm or any other danger to health or person;
•	Any act or abuse by spoken words, emails, post, public insults which would also include deriving perverted pleasure, vicarious or sadistic thrill from actively or passively participating in the discomfiture to fresher or any other students;
•	Any act that affect the mental health and self-confidence of a fresher or any other student with
	or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student.
•	Any act of physical or mental abuse (including bullying and exclusion) targeted at another student (fresher or otherwise)on the ground of colour, race, religion, caste, ethnicity, gender

(including transgender), sexual orientation, appearance, nationality, regional origins,

Signature of the Student

linguistic identity, place of birth, place of residence or economic background.

Date: _____

Signature of the Parent/Guardian



Undertakings by the Parents and Student

Undertaking of awareness of academic rules at IIT Ropar

I,, son/daughter/wa No: have received the "Han 2025-2026. I hereby give an undertaking that I sh	dbook of Informall abide by the	nation "for the Acade	emic year
Institute in general and specifically the regulations s modifications to those, which may be duly notified by			n and any
Date:	-	authority.	$\sqrt[r]{T}$
Sig	nature of the P	arent/Guardian	
4. Undertaking /Self Declaration for Vaccination	l		
IFatho	er of Entry	/Mother	of
Department	•	·	
child.			

Signature of Parents

1.

2.



THE HONOUR CODE

SAMULE O	TECHNOO
I,undert	, Entry No.:, do hereby ake that as a student at IIT ROPAR:
(1)	I will not give or receive aid in examinations; that I will not give or receive unpermitted aid in class work, in preparation of reports, or in any other work that is to be used by the instructor for purposes of evaluation; and
(2)	I will do my share and take an active part in seeing to it that others as well as myself uphold the spirit and letter of the <i>Honour Code</i> .
	ze that some examples of misconduct which are regarded as being in violation of the <i>Honour</i> nclude:
-	bying from another's examination paper or allowing another to copy from one's own paper; permitted collaboration;
• pla	giarism;
	rising and resubmitting a marked quiz or examination paper for re-grading without the tructor's knowledge and consent;
• giv	ring or receiving unpermitted aid on take-home examinations;
-	presenting as one's own work the work of another, including information available on the ernet; and
	ving or receiving aid on an academic assignment under circumstances in which a reasonable rson should have known that such aid was not permitted.
	mmitting a cyber-offence, such as, breaking passwords and accounts, sharing passwords, ctronic copying, planting viruses, etc.
	pt that any act of mine that can be considered to be an <i>Honour Code</i> violation will invite inary action.
Date:	Student's Signature: Name:
	Entry No.:

NOTE TO STUDENT

Submit one signed copy at the Registration Desk. Keep one signed copy with you





INDIAN INSTITUTE OF TECHNOLOGY ROPA **INSURANCE SCHEME OF IIT ROPAR** FORM FOR NOMINATION BY STUDENTS (MANDATORY TO FILL)

Name of the Student:				
Entry No.:				
		Scheme of I.I.T. Ropar, hereby namily, to receive the amount of insur		
Name and address of		Relationship with student	Age	
1st Nominee:				
2 nd Nominee:				
(Data)	-	Signature of the student		
(Date)	Present Address	:		
	(of the student)			
	-			
Countersigned by: 1. Name and Signature	e of Father:			
2. Name and Signature	e of Mother:			
3. Name and Signature	e of Guardian:			



<u>BENEVOLENT FUND SCHEME</u> <u>FORM FOR NOMINATION BY STUDENTS</u>

I hereby nominate the person mentioned below, who is a member of my family, to receive amount of out-right "grant" as per prescribed rate laid down in the Benevolent Fund Scheme Rules (BFSR) in the event of my death due to an accident while undergoing studies at the Institute.

Name and Address of	the Nominee	Relationship with the Student	Age
Dated this	day of	at IIT Ropar, Pun	jab 140001.
Entry No.:		dent's Signature:	
	Stu	dent's Name:	



Undertaking from the students as per the provisions of anti-ragging verdict by the Hon'ble Supreme Court

I,MIT./MISETILTYNO:	•••••
Programme:Department	
Student of Indian Institute of Technology, Ropar do hereby	undertake on this
day the followir	ng with respect to
above subject.	
1) That I have read and understood the directives of the Hon'ble Supreme co	urt of India on anti-
ragging and the measures proposed to be taken in the above references.	
2) That I understood the meaning of Ragging and know that the ragging	g in any form is a
punishable offence and the same is banned by the Court of Law.	
3) That (a) I have/ (b) I have not found or charged for my involvement in any	y kind of ragging ir
the past. In case of (a), I will inform in writing to the Dean of Students before	registration. In case
of (b), I undertake to face disciplinary action/ legal proceedings including	expulsion from the
Institute if the above statement is found to be untrue or the facts are concean	aled, at any stage ir
future.	
4) That I shall not resort to ragging in any form at any place and shall abide	e by the rules/ laws
prescribed by the Courts, Govt. of India and the Institute authorities for the pu	rposes from time to
time.	
Signature of the Student	
Name:	
I hereby fully endorse the undertaking made by my child/ ward.	
	her/ Guardian
Witness:	



Undertaking from the students as per the provisions of anti-ragging verdict UGC Regulation on Curbing The Menace of Ragging In Higher Educational Institutions, 2009.

UNDERTAKING BY THE CANDIDATE/STUDENT

	1.	I, S/o. O/o. of Mr./Mrs./Ms.
		have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.
	2.	I have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, and have carefully gone through it.
	3.	I hereby undertake that
		 I will not indulge in any behavior or act that may come under the definition of ragging, I will not participate in or abet or propagate ragging in any form, I will not hurt anyone physically or psychologically or cause any other harm.
	4.	I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the UGC Regulations mentioned above and/or as per the law in force.
	5.	I have filled out the online undertaking and also submitted the anti- ragging compliance form on www.antiragging.in, and the generated reference number is
	6.	I hereby affirm that I have not been expelled or debarred from admission by any institution.
		Signed thisday of month ofyear
	S	Signature
Nar	ne:	

The UGC Regulation is mentioned at page no 68 in the PG Handbook at the below

link: https://www.iitrpr.ac.in/sites/default/files/PG%20handbook%20202425%20UPDATED%

200N%2005.07.2024 ver1%20%282%29.pdf

Part - 2 UNDERTAKINGBY PARENT/GUARDIAN

I,					
have carefully read and fully understood the law prohibiting ragging and the directions of					
the Supreme Court and the Central/State Government in this regard as well as the UGC					
Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.					
2. I assure you that my son/daughter/ ward will not indulge in any act of ragging.					
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she maybe punished					
as per the provisions of the UGC Regulations mentioned above and/or as per the law in force.					
Signed thisday ofmonth ofYear					
Signature of Parents					
Name:					
Address:					

FORM "I"

INDIAN INSTITUTE OF TECHNOLOGY ROPAR



IT Policy Guidelines

I,			N	1r./N	I s					I	Entry
No:											
Programme:.	. 				De	partmen	t		,	. 	
Student	of	Indian	Institute	of	Technology,	Ropar	do	hereby	undertake	on	this
day	r	nonth	y	ear		• • • • • • • • •	th	e follow	ing with r	espe	et to
above subjec	t.										

All users utilizing the IIT Ropar's computing resources needs to adhere to the following policy guidelines:

- 1. All users will follow IIT Ropar's acceptable usage policy.
- 2. All users will follow the usage policy of Google Apps, which can be found at: http://www.google.com/apps/intl/en/terms/use policy.html

IIT Ropar's acceptable usage policy:

- Please understand that IIT Ropar provides computing resources for academic purposes. You are expected to follow your good judgment in the use of all computing resources. In case of any doubt, please do not hesitate to contact the faculty for help.
- You may only use the computing resources (computers, accounts, files) for which you have authorized access.
- You cannot use another user's account for any purpose.
- You have the responsibility for all usage of the computing resources assigned to you, such as computers, network addresses or ports, software and hardware. Hence, you can be held accountable for inappropriate usage.
- The institute uses software from third-party vendors. It is bound by licensing agreements with these vendors. As an official user, it is expected that you will honour and comply with all such agreements.
- You must not develop any software, process or command that aims to cause harm to the institute's computing resources.
- Please make every effort to safeguard your login and password information. You must respect the privacy rights of all other users.
- Please understand that the computing resources provided to you are subject to monitoring by the IIT Ropar administration, when applicable.
- All users must use all computing resources at IIT Ropar in accordance with the Government of India's Information Technology Act. For further details on the act, please visit: http:// www.mit.gov.in/content/information-technology-act

Date:	Signature of the Student

SPECIMEN COPY

AFFIDAVIT TO BE SUBMITTED ON NON-JUDICIAL STAMP PAPER OF REQUISITE VALUE. IF GAP IS MORE THAN 2 YEARS, DULY ATTESTED BY NOTARY PUBLIC.

STUDY GAP AFFIDAVIT

I	S/D/o
R/o	do hereby solemnly affirm and state as under:
1.	That my above name and address is correct.
2.	That I have passed graduation/other fromUniversity/Institute or college in the
	year
3.	That there is a gap of year/s between passing of the above degree and the Course / Program now seeking admission in the Indian Institute of Technology Ropar (Pb).
4.	During this period, (Tick whichever is applicable)
	 a. I was employed with as for the period from to copy of the experience certificate /reliving certificate enclosed. b. I was pursuing course from University /Institute/College c. I was self employed d. I was sitting at home
5.	That I was not involved in any criminal offence whatsoever and I was not punished for any offence by any Court of law during this gap period.
	DEPONENT
	VERIFICATION

VERIFICATION

That the above statement is true to the best of my knowledge and belief and nothing has been concealed there from.

DEPONENT