# C:\Users\IIT-7\Desktop\CORRECT_LOGO.jpg.pngINDIAN INSTITUTE OF TECHNOLOGY ROPAR

**Main Campus Rupnagar – 140001 (Punjab)**

**Checklist for Documents Required at the time of Registration for Batch 2020**

**Note: Please arrange all the documents according to the following serial number. All the forms should be filled in CAPITAL LETTERS.**

1. **Class X certificate and mark sheet.**
2. **Class XII certificate and mark sheet.**
3. **Proof of date of birth (if not mentioned in the Class X certificate).**
4. **Caste certificate wherever applicable.**
5. **JEE 2020 Branch and Institute allotment letter.**
6. **JEE 2020 Admit Card.**
7. **Copy of Aadhar Card of student taking admission.**
8. **Receipt of the fees payment made to JEE at the time of seat confirmation and fees paid to IIT Ropar.**
9. **Income Certificate / Income Affidavit of parents duly attested by First Class Magistrate/ S.D.O./B.D.O./ TEHSILDAR or any other Revenue officer of the district of his/her residence.**
10. **Forms:**

**(i) Registration Form. (Form A)**

**(ii) Undertakings by the Parents and the Student. (Form B)**

**(a) Undertaking of awareness of medical facilities at I.I.T. Ropar Hospital.**

**(b) Undertaking by the student for not owning and/or using motor driven vehicles on IIT Ropar campus (for hostel residents only).**

**(c) Undertaking for not indulging in any kind of ragging and indecent behavior.**

**(iii) Undertakings by the Parents and Student. (Form C)**

**(a) Undertaking of awareness of academic rules at IIT Ropar.**

**(b)Undertaking /Self Declaration for Vaccination.**

**(iv) Form for Financial Aid (optional). ( Form D)**

**(v) The Honour Code. (Form E)**

**(vi) Insurance scheme of IIT Ropar form for nomination by students. (Form F)**

**(vii) Benevolent fund scheme form for nomination by students. (Form G)**

**(viii) Undertaking from the students as per the provisions of anti ragging verdict by the hon’ble supreme court. (Form H)**

**(ix) IT policy guidelines. (Form I)**

# INDIAN INSTITUTE OF TECHNOLOGY ROPAR

**Main Campus Rupnagar – 140001 (Punjab)**

**Please download the following forms.**

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



# FORM “A”

# INDIAN INSTITUTE OF TECHNOLOGY ROPAR

**REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| 1. Name of the Student  In English (Capital letters) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Paste Passport Size  Photograph |
| 2. Name of the Student (In Hindi) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Date of Birth (DD/MM/YYYY) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Category (Gen/OBC/SC/ST) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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. JEE Advanced Rank | : | AIR \_\_\_\_\_ CategoryRank\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11.Gender (M/F) | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 12. Medium of Instruction at School (Tick one) | : | () Hindi () English  () Other language (Please specify):\_\_\_\_\_\_\_\_ |
| 13.Physically Handicapped  a) If Yes, type of Disability | :  : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 14. Detail of Parents /Guardian: | | | | | |
| Name of Father | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of Mother | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Valid Email ID | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email ID | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mobile No. | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Landline | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Landline | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Occupation | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Annual Income | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Annual Income | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Aadhaar Card No | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Aadhaar Card No. | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

15. Parent’s Address:

|  |  |  |
| --- | --- | --- |
| a) Permanent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pin Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | (b) Correspondence:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby undertake that all the above information provided by me is correct to the best of my knowledge and belief.

**(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 UG Section academicsvg@iitrpr.ac.in
2. The spelling of the name written (in English) above will appear in your degree certificate; therefore, you are requested to kindly write your name without any mistake.

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**FORM “B”**

**INDIAN INSTITUTE OF TECHNOLOGY ROPAR**

**Undertakings by the Parents and the Student**

1. **Undertaking of awareness of medical facilities at I.I.T. Ropar Hospital**

I,………………………………………………………………….................................................. Father /Mother / Guardian of Mr./Ms .…………………………………………….. Entry No: ………………............... hereby declare the following in respect of my ward to be admitted to any of the programmes of study at IIT Ropar.

**I am aware of the following facts:**

1. IIT Ropar Health Centre is located in the campus and run by IIT Ropar for its community has limited facilities.
2. The IIT Ropar Health Centre may not be adequate for treatment of any patient with chronic or serious ailments.
3. It is the responsibility of the guardian to take care of their ward for treatment outside the campus.
4. 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 Signature of the Student

1. **Undertaking by the student for not owning and/or using motor driven vehicles on IIT Ropar campus(for hostel residents only) :**

I, ……………………………………………………………………..,son/daughter/ward of Mr./Ms……………………….… Entry No:………………..………………..hereby give an undertaking that I will not own/drive motor driven vehicle for commuting inside the IIT Ropar transit / main campus during my stay at IIT Ropar. If at any stage I am found to violate the above undertaking my hostel seat will stand automatically cancelled without assigning any reasons. I also undertake that any visitor bringing a vehicle would follow guidelines for registering the vehicle at the hostel security and I would be liable for punishment for any violation on this account.

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### 

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#### Signature of the Parent/Guardian Signature of the Student

1. **Undertaking for not indulging in any kind of ragging and indecent behavior**

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

#### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Signature of the Parent/Guardian Signature of the Student

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**FORM ”C”**

** INDIAN INSTITUTE OF TECHNOLOGY ROPAR**

**Undertakings by the Parents and Student**

**Undertaking of awareness of academic rules at IIT Ropar**

I, …………………………………, son/daughter/ward of Mr./Ms……………………….… Entry No: ……..………………… have received the “Handbook of Information “for the Academic year 2020-2021. I hereby give an undertaking that I shall abide by the rules and regulations of the Institute in general and specifically the regulations stated in the Handbook of Information and any modifications to those, which may be duly notified by the competent authority.

#### Date: Signature of the STUDENT

**Signature of the Parent/Guardian**

1. **Undertaking /Self Declaration for Vaccination**

I………………………………......................Father of /Mother of ......................………………………………… Entry No.………………………....... Department……………….............................. do hereby undertake that my ward has been immunized for the following:

Typhoid, MMR, Hepatitis A & B, Chickenpox and the other vaccination after the birth of a child.

**Signature of Parents**



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**FORM “D”**

**INDIAN INSTITUTE OF TECHNOLOGY ROPAR**

**FORM FOR FINANCIAL AID (OPTIONAL)**

**I wish to be considered for the award of Institute Merit-cum-Means Scholarship / Institute Free Studentship / Free Messing / Institute Merit Prizes and Certificates**

1. NAME OF THE STUDENT:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. ENTRY NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. PROGRAMME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. JEE ADVANCED RANK /

CATEGORY RANK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. STUDENT’S MOBILE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. (a) PARENTS’ ANNUAL INCOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(As filled in Income Affidavit)

(b) WHETHER SUPPORTED BY MOTHER’S INCOME ONLY: YES / NO

7. TOTAL FEE OF SCHOOL /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COLLEGE GOING BROTHERS/SISTERS

8. OCCUPATION/INCOME OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER EARNING FAMILY

MEMBERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. ANYOTHER SPECIFIC REASON FOR REQUESTING

FINANCIAL ASSISTANCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(SIGNATURE OF THE APPLICANT)**

**Note:**

1. **Merit-cum-Means (MCM) Scholarship** – MCM scholarship is awarded to 25% of the total number of students whose parental income is less than 4.5 lacs per annum and on the basis of JEE Merit of advanced rank obtained.
2. **Institute Free Studentship** – The Institute offers free studentship to 10% of the students whose parental income is less than 4.5 lacs Per Annum.
3. **Institute Merit Prizes and Certificates** – The Institute offers merit prizes and certificates to the top 7% of the students of each 4-year B.Tech Programme. The value of merit prize is Rs. 2500.
4. **Free Messing** – The Institute offers Free Messing scholarship to SC/ST students, whose parental income is less than 4.5 lacs per annum.

# FORM “E”

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**INDIAN INSTITUTE OF TECHNOLOGY ROPAR**

**THE HONOUR CODE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Entry No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby undertake 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 *Honour Code*.

I realize that some examples of misconduct which are regarded as being in violation of the *Honour Code* include:

* copying from another's examination paper or allowing another to copy from one's own paper;
* unpermitted collaboration;
* plagiarism;
* revising and resubmitting a marked quiz or examination paper for re-grading without the instructor's knowledge and consent;
* giving or receiving unpermitted aid on take-home examinations;
* representing as one's own work the work of another, including information available on the Internet; and
* Giving or receiving aid on an academic assignment under circumstances in which a reasonable person should have known that such aid was not permitted.
* Committing a cyber offence, such as, breaking passwords and accounts, sharing passwords, electronic copying, planting viruses, etc.

I accept that any act of mine that can be considered to be an *Honour Code* violation will invite disciplinary 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 ROPAR**

# FORM “F”

***INSURANCE SCHEME OF IIT ROPAR***

***FORM FOR NOMINATION BY STUDENTS***

***(MANDATORY TO FILL)***

Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Entry No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme: B.Tech. In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, having been covered, under the Insurance Scheme of I.I.T. Ropar, hereby nominate the persons mentioned below, who are members of my family, to receive the amount of insurance in the event of my death.

## Name and address of Relationship with student Age

**1st Nominee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Nominee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_

*(of the student)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness signatures** *(other than nominee)*

**1**. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2**. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(In capitals) (In capitals)*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FORM “G”

**INDIAN INSTITUTE OF TECHNOLOGY ROPAR**

***BENEVOLENT FUND SCHEME***

***FORM FOR NOMINATION BY STUDENTS***

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 Age

**Student**

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at IIT Ropar, Punjab 140001.

Student’s Signature:­­­­­­­­­­­­­­­­­­­­­-­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FORM “H”

**INDIAN INSTITUTE OF TECHNOLOGY ROPAR**

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

I, Mr./Ms…………………………………………….......................................Entry No:…..………………………….. Programme:…………………………………………Department...........……………..………............. Student of Indian Institute of Technology, Ropar do hereby undertake on this day.……………month………… year…………………………. the following with respect to above subject.

1) That I have read and understood the directives of the Hon’ble Supreme court 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 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 kind of ragging in 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 concealed, at any stage in future.

4) That I shall not resort to ragging in any form at any place and shall abide by the rules/ laws prescribed by the Courts, Govt. of India and the Institute authorities for the purposes from time to time.

Signature of the Student .........................

Name: ……………………………….

I hereby fully endorse the undertaking made by my child/ ward.

……………………………………………………….. Signature of Mother/ Father/ Guardian

Witness: ……………………………………..……………………………………………....

** INDIAN INSTITUTE OF TECHNOLOGY ROPAR**

# FORM “I”

IT Policy Guidelines

I, Mr./Ms……………………………………………..............Entry No:…..………………………….. Programme:…………………………………………Department...........……………..………............. Student of Indian Institute of Technology, Ropar do hereby undertake on this day.……………month………… year…………………………. the following with respect to above subject.

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 12th class from PSEB/CBSE/ICSE/other \_\_\_\_\_\_\_\_\_\_\_ Board in the

year \_\_\_\_\_\_\_\_\_.

3. That there is a gap of \_\_\_\_\_\_ year/s between passing of 12th class and now seeking admission in the Indian Institute of Technology Ropar (Pb).

4. That during this gap period I was doing \_\_\_\_\_\_\_\_\_\_\_\_.

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

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

DEPONENT

**SPECIMEN COPY**

**Please Note:** In case the following income affidavit is not provided by the concerned Department. Please provide the Income certificate issued by these departments duly signed and stamped by **MAGISTRATE/ S.D.O./ B.D.O./ TEHSILDAR / REVENUE OFFICER OF HIS/HER JURISDICTION.**

**INCOME DECLARATION**

**INCOME DECLARATION** The declaration of the Gross Annual family Income is **must** for declaration of family income from all sources. Affidavit should be on a Non-Judicial Stamp of requisite value sworn in before a First Class Magistrate/ S.D.O./B.D.O/TEHSILDAR or any other revenue officer of the district of residence. **Affidavit signed by Notary/oath commissioner will NOT be accepted.**

For this purpose an affidavit is to be submitted by the Parent(s) whether having own business/ employment or in service with Private/ Government organisation. The format is enclosed.

**­­­­­­­­­­­­­­­­­­­­**

**FORMAT**

**TO BE PRINTED ON THE NON-JUDICIAL STAMP PAPER**

**Name of Student:**

**Name of the Programme: *(B.Tech. in ….....................................................................................)***

**I, ………………………………………..................................., father/mother/guardian of Mr. /Ms………………………………………………..R/O....................................... (Entry No. …………….………..…………), declare that my/our annual income from all sources e.g. service/ agricultural/ trading/ pension/ interest/ …………………………… (Specify all types of other sources) including that ofmy spouse and unmarried children is Rs……………………………….………….…….(Rupees...………….……………..….……only). The details are as follows:**

(A)

1. From my profession/ Salary/ pension as indicated Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a.

(Attach proof from employer/ Form 16/ IT Return etc.)

2. Income from Business/ Medical

Practice Legal Practice/ Engineering Consultancy etc. Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a.

3. Income from Agriculture Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a.

4. Income from landed Properties Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a.

5. Income from Investment in Bank/ Post Office etc. Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a.

6. Income from Share Certificate/ Debentures Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a.

7. Income from any other sources

(i.e. Retirement Benefits for VRS/ VSS etc. if any) Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a.

(B) Income of my wife/ husband (if any) Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a.

(If employed salary certificate employer /

Form 16 to be enclosed)

(C) Income in the name of my son/ ward (if any) Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a.

**GROSS TOTAL INCOME** (A) + (B) +(C) **Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p.a.** Further, I declare that the information given above is true. I understand that the Merit-cum Means Scholarship/ Free Studentship if awarded to my son/ daughter, is liable to be withheld or discontinued at the discretion of the authorities of the Indian Institute of Technology, Ropar without assigning any reason. If subsequently (after award of MCM Scholarship to my ward) it is found that he/she has been granted any other Scholarship/ Stipend/ Financial Assistance etc. by any Govt./ Non-Govt. organization for the same period, I shall bound to refund the whole amount of Scholarship /Free Studentship/ stipend/ Financial Assistance etc. to the scholarship awarding authority immediately. I shall also be personally held responsible for the refund of the Scholarship/ Free studentship amount (paid to my son/ daughter by the Institute) in the event of any information in this declaration later on.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Signature of Father/Guardian**)

Sworn before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020 and signed.

(**SEAL with date**)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Signature of First Class Magistrate/ S.D.O./B.D.O./ TEHSILDAR or any other Revenue officer of the district of his/her residence