Important Instructions for Reporting Day - Ph.D. students - Spring 2025-26

Important Dates

Physical Registration and Document Verification - 29th December 2025, Monday

Reporting Time - 10:00 AM to 05:00 PM

Reporting Venue - Central Learning Theater (CLT), Permanent Campus, IIT Dharwad

Orientation Programme - 30th December 2025, Tuesday [Details will be shared separately]

Departmental Interaction - 31th December 2025

Course Registration -01st January 2025, Thursday - 02nd January 2025, Friday

Commencement of Classes - 05th January 2025, Monday

Fee Payment, Online Registration, and Accommodation

- The fee payment should be completed in all respects before reporting to the campus. The detailed fee structures can be found here PhD
- Before reporting to the campus, you will receive an email for online enrollment and registration. You must complete the online enrollment before reporting to the campus. These instructions will be sent to your registered email.
- All the admitted Students will be provided with hostel facilities immediately after reporting and document verification.
- Please note that the accompanying parents/ guardians will not be provided with any accommodation on the campus. They are requested to make their arrangements in Dharwad city.
- For any queries, please send an email to **pgadmissions@iitdh.ac.in**

Important documents to be brought for reporting/joining in original:

- 1. . 10th class mark sheet
- 2. 12th class mark sheet
- 3. GATE score card/ NET/ JRF award letter / Fellowship award letter etc./
- 4. NOC/ Sponsorship certificate and Experience certificate for External category/ College Teacher/ Sponsored Category
- 5. Passport size photograph (3 in number)
- 6. Marks Cards of the Undergraduate Program
- 7. Degree certificate (UG)
- 8. Marks card of the Postgraduate Program
- 9. Postgraduate Degree certificate
- 10. A valid caste certificate [for students belonging to OBC-NCL, EWS, SC, and ST categories]. The candidates belonging to the OBC-NCL/EWS category shall have to submit a category certificate as applicable to the central government institutions issued after 01 April 2025
- 11. PwD certificate/ UDID card [if applicable]
- 12. Aadhaar card of the student
- 13. Declaration forms 1-7 and Hostel related forms
- 14. Relieving Letter / Resignation Letter [If you are working]
- 15. Bank details of the student
- 16. Receipt of fee payment

A set of self-attested photocopies of all the above documents is to be produced. The Joining form and Declaration forms are required in the original.



<u>DECLARATION FORM - 1 [ACADEMIC HONESTY]</u> [To be submitted at the time of document verification]

DECLARATION OF ACADEMIC HONESTY

I declare that I will adhere to all Principles of academic honesty and integrity throughout my stay in the Institute, I will not seek or give unauthorized assistance in tests, quiz[zes], examinations[s], project[s] or assignment[s]. I will not misrepresent, fabricate or falsify any idea/data/facts/source in my project submission[s]. I understand that any violation of the above may be a cause for disciplinary action against me as per the rules and regulations of the institute.

Full Name of the Student	
Application Number	
Allocated Program	
Student's Signature	
Date	



DECLARATION FORM - 2

[Student's Personal Bank Details]

Full Name of the Bank	
Account Number	
IFSC	
Student's mobile number	
Account Holder's Name as per the bank passbook	
Please attach a copy of the front page of your bank pas	sbook.)
Note: 1. Students are advised to open a personal bar Dharwad campus branch. 2. All the scholarships and financial assistance is the student's personal bank account only. 3. If a student does not have a personal bank facilities on registration day. Students are required to	provided by the Institute will be credited to account, the Institute will provide banking
Signature of the Student	
Full Name in English [in CAPITAL Letters]	



[DECLARATION FORM 3]

UNDERTAKING BY STUDENTS OF TA/FA/PA CATEGORY

I,					_Applicati	ion numbe	r [Submission	ı ID]			, h	ave
taken	admission	in	the	Spring	2025-26	Regular	Admissions	drive	in	the	Department	of
					, of In	dian Instit	ute of Technol	ogy				
a) Lun	derstand that	t anv	insta	ince of f	urnishino	false infor	mation or sub	mittino	frau	dulen	nt documents y	will
	It in the canc	-			_	idise iiiioi	mation of sao	5	maa	auton	it documents	VV 111
1050	it in the care	Ciiac	1011 0	i iiiy uuii								
c) I ag	gree to prom	ptly 1	notify	y IIT Dh	arwad if I	secure any	admission fo	r highe	r stuc	dies c	or employmen	it or
remun	neration elsev	vhere	2 .									
							Signatu	re of th	e stu	dent		
							Nama				<u> </u>	
							Email:					
							Contac	t no. : _				



Date: _____

DECLARATION FORM - 4 [BY THE STUDENT][To be submitted at the time of document verification]

I,So	on/Daughter of Sri/Smt
Application Number, do hereby sole	mnly affirm that:
made in the rules and regulations from time to time by 2. I will not join any coercive agitation for the solve any problem. 3. I will not participate in any activity that has a tof the Campus. 4. I will cooperate with the Institute authorities in good order on Campus. 5. I am fully aware that to possess and drive an prohibited. 6. I am fully aware that the campus accommodate provided to me strictly for the duration of my academic	purpose of forcing the hands of the authority to tendency to disturb the peace and the orderly life maintaining discipline, academic standards, and my motorized vehicle on the Campus is strictly ion [in hostels or elsewhere on campus] will be a program only. heme in force in the Institute from time to time.
Full Name and Permanent Address	Address for correspondence
	[To be provided if different from permanent address]
Signature of the Student Program	



ध्राविश्ळ ड०ड, क्ष्मार संन्थान धारवाड भारतीय प्रौद्योगिकी संस्थान धारवाड Indian Institute of Technology Dharwad Permanent Campus (PC), Chikkamalligawad Website - www.iitdh.ac.in

<u>DECLARATION FORM - 5</u> [To be submitted at the time of document verification]

Sl. No.	Particulars	Details
a	Full Name of the Student	
b	Mother's Full Name [including maiden name]	
С	Mobile / Contact Phone Number	
d	Mother's Email - [if available]	
e	Father's Name	
f	Mobile / Contact Phone Number	
g	Father's Email ID	
h	Postal Address [Along with 2 letter state abbreviation and PIN Code]	
i	Details of Local Guardian [If available] [Name, Address & Contact details to be mentioned]	

Signature of the student	
Place: IIT Dharwad	
Date:	



<u>DECLARATION FORM - 6</u> <u>[FOR STUDENT MEDICAL INSURANCE]</u> [To be submitted at the time of document verification]

Sl. No.	Particulars	Details
1	Full Name of the Student	
2	Branch Allocated	
3	a. Father's Full Official Name	
	b. Father's main email ID	
4	a. Mother's Full Official Name [along with maiden name]	
	b. Mother's main email ID [if any]	
5	Student's Emergency Contact Number	
6	Student's Blood Group	
7	Postal Address	
8	Email ID	
9	Adverse Medical History Details [if any]	
10	Details of Chronic Disease (if any)	

[Signature of the Student]
Student's Name [in CAPITAL Letters]



<u>DECLARATION FORM -7</u> [TEMPLATE FOR VACCINATION CERTIFICATE] [To be submitted at the time of document verification]

When you come to IIT Dharwad, you will be staying in a hostel in close proximity to many other students. Such an environment poses a risk of the spread of various infectious diseases like mumps, measles, chicken pox, COVID-19, etc. Therefore, it is compulsory that all students be vaccinated against the following:

A. <u>Vaccination Certificate</u>

Date of Vaccination [dd-mm- yyyy]	Doctor's Signature & Registration No	Self-Declaration & signature by the student in such cases where vaccination is taken and details are not available
	Vaccination [dd-mm-	Vaccination Signature & Registration

B. <u>Vaccination Exemption Certificate</u>:

Mr./Ms	is suffering from	and
s on	treatment. Hence, vaccination is exe	mpted for
nim/her.	, , , , , , , , , , , , , , , , , , ,	•

[Dated Signature of Physician with Seal] Note:

- 1. All vaccinations are mandatory. Those students who are medically exempted from vaccination need to produce a medical certificate issued by a registered medical practitioner [Section B above].
- 2. If you have taken the above-mentioned vaccines in the past and the details are not available, the student can give a self-declaration to that effect.



MEDICAL CERTIFICATE

(to be issued by a Registered Medical Practitioner) [To be submitted at the time of document verification]

GENERAL EXPECTATIONS

Candidates should have good general physique. In particular,

- 1. Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction. 2. Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye.
- 3. Colour blind and uni- ocular (having vision in only one eye) persons are restricted from admission to certain courses.
- 4. Hearing should be normal. Defective hearing should be corrected.
- 5. Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits

J. Heart ar	id lungs should not ha	ve any abn	oi iiiai	nty and	u there should	u be no mst	ny or mentar m	ness and epnept	ic iits	
	Name of the Candidate:				Gender:					
	Identification Mark (a mole, scar or bir				thmark), if a	any				
	Major illness/operation, if any (specify nature of illness/operation)									
	Height in cm: Weight in				kg: Blood Group:			:		
	Past History			(a) Mental illness (b) Epileptic Fit (c) Any Long Term / Chronic Disorders						
	Chest (a) Inspiration in cm				(b)) Expiration	n in cm			
	Hearing									
	Vision with or without glasses:	Right Ey	Right Eye Left		Eye	Colour Bl Yes/No	lindness	Uniocular vis (having vision only one eye) Yes	n in	
	Respiratory System									
	Nervous System									
	Heart (a) Sounds (b) Murmur									
	Abdomen (a) Liver Hernia Hydrocele (b) Spleen				Hydrocele					
	Any other defects: Certificate of Medical Fitness The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/ Science Course/Research field. The Candidate has long term/ Chronicdisorders						nd is			
	Name of the Doct	or			Regn. No		Signati	Signature with date Seal		



Patient Details:

ಭಾರತೀಯ ತಂತ್ರ ಜ್ಞಾನ ಸಂಸ್ಥೆ ಧಾರವಾಡ भारतीय प्रौद्योगिकी संस्थान धारवाड **Indian Institute of Technology Dharwad** Permanent Campus (PC), Chikkamalligawad Website - www.iitdh.ac.in

Undertaking Regarding Post-Operative Care s Service Limitations (For Students Availing Planned IPD Treatment under Health Insurance)

· Name of Student/Patient:
· Student ID / Roll No:
I, hereby acknowledge that in case of admission for surgery/medical intervention under the coverage of Health Insurance, I will cooperate with the existing infrastructure and human resource available at IIT Dharwad. I hereby undertake and agree to the following terms:
1. Limitations of Post-Operative Care I understand that while the external hospital provides the necessary surgical or procedural intervention, IIT Dharwad does not assume responsibility for comprehensive post-operative support services (support services refers to any services related to medical or wellness support, accommodation, and mess) due to infrastructural constraints.
2. Specific Exclusions I explicitly acknowledge that the IIT Dharwad administration and staff are not responsible for the following requirements:
* Dietary Management: I understand that specific post-operative dietary requirements or therapeutic meals cannot be catered to by the IIT Dharwad. I agree to make my own arrangements for any specialized food or nutritional supplements required during recovery.
* Prolonged Daycare s Stay: I agree that discharge will be processed immediately once the treating doctor deems the patient medically stable. The IIT Dharwad cannot accommodate requests for "prolonged daycare" or extended hospital stays for the sake of convenience or observation beyond medical necessity.
* Nursing Support: I understand that the external Hospital provides standard ward nursing. Dedicated private nursing, continuous 24/7 individual monitoring, or personal attendant support is not available at IIT Dharwad.
3. Arrangement of Alternative Care I agree that upon discharge, or if I require care beyond the scope of the Institute's resources (as listed above), it is my sole responsibility to arrange for a higher centre /home care/private nursing at my own expense in consultation with my parents.
4. Insurance Claims I understand that Health Insurance approvals are subject to medical necessity. I acknowledge that if the insurance claim is rejected due to "unjustified prolonged stay" or "non-medical charges" (such as food or private nursing) or any other reasons as described by the Insurance Company, I am personally liable to clear the outstanding hospital bill.
Declaration: I have read and understood the above terms. I am signing this undertaking voluntarily and agree to abide by the IIT Dharwad policies regarding these limitations.

Signature of Parent

Date:

Signature of Patient (Student)



ध्राविष्ण ड०ंड, क्ष्मार्त राठरूँ कार्वकार्व भारतीय प्रौद्योगिकी संस्थान धारवाड Indian Institute of Technology Dharwad Permanent Campus (PC), Chikkamalligawad Website - www.iitdh.ac.in

HOSTEL APPLICATION FORM FOR ADMISSION

Student's new Roll No:	
massmort size	
passport size photograph ACADEMIC YEAR: 2025-26	
Full Name of the Candidate:	
Date of Birth: DD MM YYYY	
Age: Male/ Female/Others Single/ Married	
Course:	
Date of Admission:	
	_
Name of the Parent/ Guardian:	
Address:	
Mobile No.:	
Mail ID:	
	—
Name of the Local Guardian (If any):	
Address:	
Mobile No.:	
Mail ID:	

Signature of the Student



Room Acceptance Declaration

(This can be filled up on your arrival to the campus]

I (Name of the Student)	, Roll No
have been allotted Hostel Name:	Room No:
Room was handed over with the following Furniture	
One Study Table :	
One Study Chair:	
One Almirah :	
One Cot :	
I hereby declare that the room and furniture allotted t graffiti on the walls of my room.	o me are found in good condition, and there is no
Signature of the Student	



DECLARATION BY THE STUDENT

1) I, have read the rules and regulations for my admission into the accommodation facilities of IIT Dharwad.
(can be read <u>here</u>)
I agree not to cook, not to use electric and electronic gadgets that are not allowed, and not to press clothes in the hostel rooms.
2) I understand that smoking and consumption of alcohol and other objectionable material in the hostels is strictly prohibited, and I will abstain from such acts. In case I am found to be violating this, I understand that I may be suitably punished.
3) I declare that indulgence in any anti-instructional or anti-social activity in the hostel is highly punishable, and I will be liable for severe penalties and punishments for indulging in such acts.
I declare that I am physically and medically fit to live in the hostel. I also declare that every piece of information about my being medically / psychologically fit in any degree or manner has been brought to the information of the institute authorities at the time of applying for hostel accommodation. I will not hold the management, institute authorities, or hostel authorities responsible for any consequence which will be a result of my non-disclosure.
5) I undertake to conduct myself as a diligent student within the hostel and in the vicinity and I will not misbehave in any manner including using inappropriate language, physical tiffs, and getting with the other inmates/employees/ and others in the hostel's neighborhood.
6) I will not cause any damage whatsoever, including defacing the property of the hostels, and understand that I will be liable for penalties and punishments for doing so.
7) I accept to stay within the hostel, premises by the stipulated time and will not stay out without proper prior permission from concerned authorities.
8) Finally, I agree to abide by all the rules and regulations of the institution with regard to hostel stay, which may be framed from time to time, and accept the decision of management, in all respects, as final and binding on me for compliance.
Place: IIT Dharwad
Date: Signature of Student



Anti-Ragging Declaration

Students are hereby informed to fill out the Anti-Ragging Declaration on the website https://www.antiragging.in and submit it at the time of registration. (Hostel Office).

The following are the details required while filling out the Declaration

- 1. IIT Dharwad is mapped under the category "University"
- 2. Name of the Director (IIT Dharwad) PROF. VenkappayyA R. dEsAi
- 3. Phone No. +91 8820066384
- 4. Nearest Police Station Dharwad Rural P.S

•



INFORMATION PERTAINING TO HOSTELS

Hostel Room Allocation	You will be allotted a room in the hostel on your arrival at the Institute. Each room will accommodate roughly three to four students [depending on the prevailing conditions].
Are hostel rooms furnished?	Each student will be provided a cot, chair & study table, and wardrobe. Students can purchase mattress/bedding, buckets, etc. locally. Arrangements will be made for on-campus shopping for these items during the reporting days.
Possession of motorized vehicle	NOT ALLOWED
Climatic conditions	The weather at Dharwad is pleasant throughout the year. Generally, it will be raining in the months of June to September and the weather will be windy and too cold during the months of October to January. It is suggested that you carry protective clothing accordingly.

Educational Loan Facility

IIT Dharwad facilitates various nationalized banks to offer educational loans to needy students at competitive interest rates. The students and parents who want to avail the educational loan facility can meet the bank officials on the day of reporting

General Features covered in educational loan:

- Fees payable to College/School/Hostel
- Examination/ Library/ Laboratory fees
- Purchase of Books/Equipment/Instruments
- Purchase of computer/laptop

Checklist of Documents to be submitted along with the Loan Application Form:

- Mark sheet of 10th, 12th, Graduation [if applicable], Entrance Exam Results
- Proof of admission to course [Offer Letter/ Admission Letter/ ID card if available]
- Gap certificate, for idle period, if applicable [self-declaration from student for gap in studies]
- Passport size photographs of Student / Parent / Co-borrower / Guarantor [copy each]
- Aadhar [mandatory, if eligible under various interest subsidy schemes of GoI (Govt. of India)]
- Submission of Proof of Address and proof of Identity
- Permanent Account Number (PAN) of Student / Parent / Co-borrower / Guarantor
- For Salaried Persons
- A. Latest Salary Slip
- B. Form 16 OR latest IT (Income Tax) Return [ITR V]
- For other than Salaried Persons:
- A. Business address proof [if applicable]
- B. Latest IT Returns [if applicable]
- Bank Account Statement for the last six months of Parent / Guardian/ Guarantor

Note: Representatives of certain banks will be present during the registration day to provide further details and guidance/discussion on education loans