INDIAN INSTITUTE OF TECHNOLOGY DELHI
Undertakings of awareness of academic rules at IIT Delhi

UNDERTAKING BY STUDENT

I, ........................................................................son/daughter/ward of

Mr./Ms.................................................................Entry No........................

will go through the “Prospectus” and “Courses of Study” for the academic year 2018-2019 available on the IITD website at http://www.iitd.ac.in/content/curriculum-info. I hereby give an undertaking that I shall abide by the rules and regulations of the Institute in general and specifically regulations stated in the Courses of Study 2018-2019 and any modifications/additions to those, which may be duly notified by competent authority.

Date: ........................................................... Signature of the Student
INDIAN INSTITUTE OF TECHNOLOGY DELHI

FAMILY INCOME STATEMENT
(Only for M.Sc. Students)

NAME OF THE STUDENT_________________ ENTRY NO. ____________________________
CATEGORY_________________ HOSTEL ALLOTTED _______________________
JAM ALL INDIA RANK __________________ CATEGORY RANK __________________
STUDENT’S MOBILE NO._________________
STUDENT’S AADHAR No.____________ STUDENT’S PAN No. __________________

ANNUAL FAMILY INCOME

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Aadhar No</th>
<th>PAN No.</th>
<th>Employment Status</th>
<th>Total Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Father</td>
<td></td>
<td></td>
<td>Self employed /Service/ Other (Pl. specify)</td>
<td></td>
</tr>
<tr>
<td>b Mother</td>
<td></td>
<td></td>
<td>Self employed /Service/ Other (Pl. specify)</td>
<td></td>
</tr>
<tr>
<td>c Any other Family Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT: If the annual family income is Rs 5 lakhs or less, this form must be submitted ALONG with Supporting Documents as applicable according to the following table:

<table>
<thead>
<tr>
<th>Source of Family Income</th>
<th>Supporting Documents to be submitted (pertaining to All the earning members of the family)</th>
</tr>
</thead>
</table>
| Salary Only             | 1. Copy of Income Tax Return (ITR) OR Form-16  
2. Copy of Aadhar card  
3. Copy of PAN card      |
| Self Employment Only    | 1. Copy of Income Tax Return (ITR) OR **Income Certificate***  
2. Copy of Aadhar card  
3. Copy of PAN card      |
| Salary and Other Sources| 1. Copy of Income Tax Return (ITR) OR **Income Certificate***  
2. Copy of Aadhar card  
3. Copy of PAN card      |
| BPL card holders        | 1. Attested copy of the BPL card  
2. Copy of Aadhar card  
3. Copy of PAN card      |

*Income Certificate: The Format of the income certificate should be as given in the Form D.
The income certificate should be duly signed ON ALL PAGES by a First Class Magistrate/S.D.O/B.D.O/TEHSILDAR of the district of residence. Income Certificate signed by Notary/Oath Commissioner will NOT be accepted. The students are advised to keep a photocopy of the Income Certificate submitted at IIT Delhi for future reference.

(SIGNATURE OF THE STUDENT) (SIGNATURE OF THE PARENT/GUARDIAN)
Name of Student: .......................................................... Entry No ........................................

Category (Gen/OBC/SC/ST/PD) ..........................................................

I, .................................................., father/mother/guardian of Mr./Ms. .................................
declare that my/our annual income from all sources e.g. service/ agricultural/ trading/ pension/
interest/ .......................................... (specify all types of other sources) including that of my 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 land 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/ daughter
   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 in case this information is found to
be incorrect, the Merit-cum Means Scholarship/Freeship/Free Messing/Scholarship, if awarded to my son/
dughter, is liable to be withheld or discontinued at the discretion of the authorities of the Indian Institute of
Technology Delhi without assigning any reason. If subsequently (after award of the 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. organisation for the same period, I shall be bound to refund the whole amount of Scholarship /
Stipend/ Financial Assistance etc. to the scholarship awarding authority immediately. I shall also be personally
held responsible for the refund of the Scholarships amount (paid to my son/ daughter by the Institute) in the
event of any information in this declaration being found incorrect/ false later on.

(Signature of Father/Guardian)

Sworn before me this ____________________ day of ____________________ 201_ 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 the signatory.

********

Note: The income certificate should be duly signed ON ALL PAGES by a First Class Magistrate/
S.D.O./B.D.O./TEHSILDAR of the district of residence. Income Certificate signed by Notary/Oath Commissioner will
NOT be accepted.

The students seeking Institute scholarships and any other Donor scholarship must submit "The Income Certificate" to the
UG section before end of July every year, failing which their scholarship will not be released. For this purpose, income
certificate is to be submitted by the Parent(s) whether in business/employment or in service with Private/Government
organization.
I, ____________________________, Entry No. ______________________, do hereby undertake that as a student at IIT DELHI:

(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 as the basis of grading; 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 THE STUDENT
Submit one signed copy at Registration.
Keep one signed copy with you.
INDIAN INSTITUTE OF TECHNOLOGY DELHI

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 | Age
---------------------------------|-----------------|----

Dated this ______________ day of ______________ at IIT Delhi, New Delhi-110 016.

Signature of Member-student of Benevolent Fund

Entry No.: __________________ Student Name: _____________________________________

Witnesses to the signature of the Member-student:

1. Signature _______________________________________________________________
   Name _______________________________________________________________
   Address _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

2. Signature _______________________________________________________________
   Name _______________________________________________________________
   Address _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

For official use

Accepted _______________________________________________________________
Signatures _______________________________________________________________
Designation _______________________________________________________________
Note: All UG & PG students enrolled at IIT Delhi are covered under Vidyarthi (Group) Mediclaim Personal Accident Insurance Policy upto Rs. One lakh only. This policy is operated by M/s. National Insurance Co. Ltd. New Delhi. In case of hospitalization the treatment can be availed from all major (Regd.) hospitals all over the country via cashless facility or reimbursement of the expenses may be claimed from M/s. National Insurance Co. Ltd.

Name of Student ____________________________________________________________
Entry No. ________________________________
Programme __________________________________________________________________
Mother’s Name _______________________________________________________________
Father’s Name _______________________________________________________________
Permanent Address __________________________________________________________________
________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Name and address of Nominee</th>
<th>Relationship with student</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Nominee ____________________________</td>
<td>__________________________</td>
<td>_____</td>
</tr>
<tr>
<td>2nd Nominee ____________________________</td>
<td>__________________________</td>
<td>_____</td>
</tr>
</tbody>
</table>

Date:_______________ Signature of student ________________________________

Present Address (of student) __________________________________________________________________
________________________________________________________________________

Witness signatures (other than nominee)

1. Signature \____________________________ 2. Signature \____________________________
   Name \____________________________ (in capitals)  Name \____________________________ (in capitals)
   Address \____________________________ __________________________________________________________________
   \________________________________________________________________________

For details and the list of hospitals, please see  [http://www.safewaytpa.in](http://www.safewaytpa.in)
In case of emergency, one may directly contact Mr. Rahul Vij: 9212231982
1. NAME OF THE STUDENT: ...........................................................
2. ENTRY NO.: .................................................................
3. DATE OF JOINING THE HOSTEL: ...........................................
4. ROOM NO.: (To be filled by the caretaker of Hostel)....................
5. MOBILE NO. OF STUDENT: ..................................................
6. STUDENT EMAIL ID: ..........................................................
7. NAME OF FATHER: ............................................................... 
8. NAME OF MOTHER: ............................................................... 

PARENTS’ OFFICE ADDRESS

<table>
<thead>
<tr>
<th>FATHER</th>
<th>MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TEL/MOB NO.:  
EMAIL ID:

PARENTS’ RESIDENTIAL ADDRESS

<table>
<thead>
<tr>
<th>FATHER</th>
<th>MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Res. Phone No.:

LOCAL GUARDIAN’S OFFICE ADDRESS

<table>
<thead>
<tr>
<th>LOCAL GUARDIAN’S RESIDENTIAL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

TEL/MOB NO.:  
EMAIL ID:

LOCAL GUARDIAN’S RESIDENTIAL ADDRESS

<table>
<thead>
<tr>
<th>LOCAL GUARDIAN’S RESIDENTIAL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Res. Phone No.:

CONTACT ADDRESS IN CASE OF EMERGENCY:-

TEL/MOBILE NO.:  

BLOOD GROUP: ........................................

In case any of the phone numbers or addresses change, I agree to inform the hostel about the same at the earliest possible.

SIGNATURE OF THE STUDENT
INDIAN INSTITUTE OF TECHNOLOGY DELHI

UNDERTAKING BY THE STUDENT
(Only for those who have been allotted Hostels)

I, Name ______________________________
Entry No. _____________________ and resident of __________________________
hostel hereby authorize Dean (Student Affairs)/Warden to debit my Hostel Mess
dues directly from my Savings Bank (S/B) Account which is maintained in State
Bank of India (SBI), IITD or SBI, ______________(place) with core banking facility, as
and when the same is due. I shall maintain sufficient balance in my S/B Account for
debiting the Hostel Mess dues directly from my S/B Account.

Signature of the Student

Name of the Student : ______________________________
Entry No. ______________________________
SBI A/c No._______________________________ Branch_____________________
Date: ___________
INDIAN INSTITUTE OF TECHNOLOGY DELHI

Undertakings by the Student
(Only for Full time students)

1. **Undertaking of awareness of medical facilities at IIT Delhi Hospital by the Student**

I……………………………………………………………………………………………………………..Entry No……………………………………………………………………………………………………………..hereby declare the following in respect my admission to Postgraduate/ PhD programme of study at IIT Delhi.

I am aware of the following facts:

(i) The IIT Delhi Hospital, located in the campus and run by IIT Delhi for its community, has limited facilities.
(ii) The IIT Delhi Hospital may not be adequate for treatment of a patient with chronic or serious ailments.
(iii) If required, I will get treated outside IIT Delhi on my own responsibility.
(iv) Each student would be provided a limited health insurance through a professional company. However, dealing with that company would be entirely the responsibility of the student. IIT Delhi, in no way, would be responsible for any dispute/discrepancy.

Despite the best efforts on the part of IIT Delhi, if any untoward incident happens to me, 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 Student

2. **Undertaking by the student for not owning and/or using motor driven vehicles on IIT Delhi 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 on campus during my stay at IIT Delhi. If at any stage I am found to violate the above undertaking, my hostel seat will stand automatically cancelled. 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: 
Signature of the Student

*******
INDIAN INSTITUTE OF TECHNOLOGY DELHI

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

I, ............................................................... Entry No..........................................................

Programme..........................................................Department..........................................................

as Student of Indian Institute of Technology Delhi do hereby undertake on this day

....................month............. year............................... the following with respect to above

subject and Hon’ble Supreme Court Order No. (available at http://dos.iitd.ac.in/antiragging.php)

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 have 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 been 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 Student

Name..............................................................

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

Witness Name : ................................................. ..........................................................

Signature of Mother/ Father and/ Guardian

*******
INDIAN INSTITUTE OF TECHNOLOGY DELHI

NOTICE

This is to bring the following to the notice of all the students of IIT Delhi

1. (i) SMOKING is STRICTLY PROHIBITED in ANY PUBLIC PLACE in the IITD Campus.
   (ii) In addition, SMOKING is STRICTLY PROHIBITED in the hostels including the hostel rooms.

2. (i) Consumption of alcohol by persons of age less than 25 years is ILLEGAL anywhere in Delhi and Haryana.
   (ii) Consumption of alcohol is STRICTLY PROHIBITED in any PUBLIC PLACE in the IITD campus.
   (iii) Consumption of alcohol is STRICTLY PROHIBITED in the hostels including the hostel rooms.

3. (i) According to Narcotic Drugs and Psychotropic Substances Act, 1985 (NDPS), the cultivation /production/ manufacture, possession, sale, purchase, transport, storage, consumption, or distribution of total of 237 substances* are illegal with penalty as listed in the table below:

<table>
<thead>
<tr>
<th>Offence</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possession, sale, purchase, or use of drugs (varying in quantity)</td>
<td>Rigorous imprisonment from 6 months-10 years or fine of Rs. 10,000-1 lakh</td>
</tr>
<tr>
<td>Knowingly allowing one’s premises to be used for committing an offence</td>
<td>Same as for the offence of above mentioned drugs</td>
</tr>
<tr>
<td>Financing traffic and harboring offenders</td>
<td>Rigorous imprisonment of 10-20 years + Fine of Rs.1-2 lakhs</td>
</tr>
<tr>
<td>Preparation to commit an offence</td>
<td>Half of the punishment of offence</td>
</tr>
<tr>
<td>Consumption of Drugs</td>
<td>Rigorous imprisonment of 6 months - 1 year + fine of Rs. 10,000-20,000 and involuntary treatment, if addicted</td>
</tr>
</tbody>
</table>

IIT Delhi has ZERO TOLERANCE for drug abuse on campus. Students found to be involved in possession, sale, purchase or use of illegal drugs will be STRICTLY prosecuted under the law.

UNDERTAKING

I, (Name) ___________________________________________ Entry No.____________________
and resident of ______________________ hostel (Please write "NA" if you are not in the hostel)
hereby declare that I have carefully read the above and understand that

__________________________________________________________

(Please write the following in your own handwriting in the space above):

“ANY VIOLATION OF THE ABOVE CAN LEAD TO EXPULSION FROM THE HOSTEL AND EVEN THE INSTITUTE.”

Date: ___________ (Signature of the Student)