



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

1. Undertaking by student

Ison/daughter/ward of

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

hereby give an undertaking that I shall abide by the rules and regulations of the Institute in general and specifically applicable regulations which are in place & any modifications/ additions to those, which may be duly notified by competent authority.

I am also aware that at the end of the second registered semesters (1st year), if my earned credits (excluding Non Graded Units) are **less than** the required credits for continuation of registration (23 for General/OBC/EWS; 19 for SC/ST/PwD), then, if my parents/guardian agree, I will have to choose between two options:

- (a) restarting with a clean gradesheet (no carry forward of credits), OR
(b) continuing with the credits earned in earlier semesters.

Date

Signature of the Student

2. Undertaking by Parent/Guardian

I.....father/mother/Guardian of

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

that my son/daughter/ward shall abide by the rules and regulations of the Institute in general and specifically applicable regulations which are in place & any modifications/ additions to those, which may be duly notified by competent authority.

I also agree to visit the Institute as and when called by the authorities.

Date:

Signature of the Parent/Guardian

Mobile No. _____



Form C
(UG)

INDIAN INSTITUTE OF TECHNOLOGY DELHI

FAMILY INCOME STATEMENT

(Only for U.G. Students)

NAME OF THE STUDENT _____ ENTRY NO. _____

CATEGORY _____ HOSTEL ALLOTTED to be left blank

JEE RANK _____

STUDENT'S MOBILE NO. _____

STUDENT'S AADHAR No. _____ STUDENT'S PAN No. _____

ANNUAL FAMILY INCOME

	Source of Income	Aadhar No	PAN No.	Employment Status	Total Annual Income
a	Father			Self employed /Service/ Other (Pl. specify) _____	
b	Mother			Self employed /Service/ Other (Pl. specify) _____	
c	Any other Family Income				
Grand Total					

IMPORTANT: If the annual family income is Rs 9 lakhs or less, this form must be submitted **ALONG** with Supporting Documents as applicable according to the following table:

Source of Family Income	Supporting Documents to be submitted (pertaining to All the earning members of the family)
Salary Only	1. Copy of Income Tax Return (ITR)/ Form-16 AND Income Certificate* 2. Copy of Aadhar card 3. Copy of PAN card
Self Employment Only	1. Copy of Income Tax Return (ITR) AND Income Certificate* 2. Copy of Aadhar card 3. Copy of PAN card
Salary and Other Sources	1. Copy of Income Tax Return (ITR) AND 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)



(FORMAT OF INCOME CERTIFICATE)

Form D
(UG)

INCOME CERTIFICATE

Name of Student:Entry No

Category (Gen/OBC/EWS/SC/ST/PwD).....

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/ daughter, 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 _____ 202_ 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 Academics (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.



INDIAN INSTITUTE OF TECHNOLOGY DELHI

THE HONOUR CODE

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

Upload signed and scanned copy during Online Registration.
Keep the original signed copy with you



INDIAN INSTITUTE OF TECHNOLOGY DELHI

FORM F
(UG)

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 member-student of BFSR	Age
---------------------------------	---	-----

Dated this _____ day of _____ at _____ (Place).

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 _____

**INDIAN INSTITUTE OF TECHNOLOGY DELHI****INSURANCE SCHEME OF IIT DELHI
FORM FOR NOMINATION BY STUDENT**

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.

<u>Name and address of</u>	<u>Relationship with student</u>	<u>Age</u>
1st Nominee _____	_____	_____
2nd Nominee _____	_____	_____

Date: _____ Signature of student _____

Present Address _____
(of student) _____
_____**Witness signatures (other than nominee)** _____

1. Signature _____	2. Signature _____
Name _____	Name _____

(in capitals)

Address _____

(in capitals)

Address _____

For details and the list of hospitals, please see <http://www.safewaytpa.in>
In case of emergency, one may directly contact Mr. Rahul Vij: 9212231982



INDIAN INSTITUTE OF TECHNOLOGY DELHI

HOSTEL NAME:(to be left blank).....

1. NAME OF THE STUDENT: -
2. ENTRY NO. :-
3. DATE OF JOINING THE HOSTEL : (to be left blank).....
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:-

Affix latest
passport size
photograph
here

PARENTS' OFFICE ADDRESS		PARENTS' RESIDENTIAL ADDRESS
FATHER	MOTHER	
TEL/MOB NO.:		Res. Phone No.:
EMAIL ID:		

LOCAL GUARDIAN'S OFFICE ADDRESS	LOCAL GUARDIAN'S RESIDENTIAL ADDRESS
TEL/MOB NO.:	Res. Phone No.:
EMAIL ID:	

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



Form H-2
(UG)

INDIAN INSTITUTE OF TECHNOLOGY DELHI

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

I, (Name) _____

Entry No. _____ and resident of...(to be left blank).....

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 to enable debiting of the Hostel Mess dues directly from my S/B Account.

Signature of the Student

In case my ward doesn't pay the hostel advance for Mess in time, I hereby agree that hostel authorities can take suitable action against him/her. Also, the seat allotted to him/her can be cancelled.

Signature of the Parent/Guardian

Name of the Student : _____

Entry No. _____

SBI A/c No. _____ Branch _____

Date: _____

Note: Students having minor Savings Bank Account in State Bank of India (SBI) under guardianship of the parents at the time of admission in IITD must remove the "under-guardianship" from the account and make the account in the name of the student. Else he/she must open a new Savings Bank Account in SBI as and when they attain the age of 18 years and should submit that bank account number to the caretaker of the concerned hostel for updating in the system for future transactions.



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 Nohereby
declare the following in respect my admission to Undergraduate 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



Form H-4
(UG)

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

Form H- 5
(UG) Anti
Drug

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 banned substances* are illegal with penalty as listed in the table below:**
(*such as: Marijuana/cannabis/Hash/Weed/Pot/Hemp; Cocaine; Heroine/brown sugar; LSD/Acid/"Mushrooms"; Opium; Ecstasy/MDMA; Amphetamines ("speed"); Codein; Solvent Glues/Aerosol etc.)

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

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 (to be left blank) 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)

**UNDERTAKING BY STUDENT MEMBER AGAINST SEXUAL HARASSMENT AT WORKPLACE
INDIAN INSTITUTE OF TECHNOLOGY, DELHI**

I, (full name) have read and understood the Guidelines for Student Members of IIT Delhi related to prevention of Gender Discrimination and Sexual Harassment at Workplace (2019) and IIT Delhi Rules & Procedure for the Prevention, Prohibition and Punishment of Sexual Harassment of Women at the Workplace, 2014 Policy, as available at: www.iitd.ac.in.

I shall abide by the guidelines in word and spirit. I understand that I could face disciplinary action if found going against the guidelines, after due process, as mentioned in the Guidelines for Student Members and IIT Delhi SHW Policy.

I hereby also declare that I have not been terminated, suspended or asked to leave from any institution in the country or abroad on account of being found guilty of or abetting sexual harassment and further affirm that, in case the declaration is found to be untrue, I am aware that it might have implications for my continued enrollment/conditions of continuing my course of study in the Institute.

Date

Signature of the Student Member

Name:

Entry No:

ANNEXURE

ANTI-DRUG DECLARATION FORM TO BE SIGNED BY THE STUDENT

I(name) son /daughter/ward of
Mr./Mrs./Ms.(name) admitted to (course and year)...
in..... (institution) during the year...., hereby agree to the following
terms:

1. I am aware that the possession, use, sale and distribution of alcohol/tobacco/any psychoactive substances are wrong and harmful.
2. I shall refrain from using, being under the influence of, possessing, furnishing, distributing, selling or conspiring to sell or possess, or being in the chain of sale or distribution of alcohol/tobacco/any psychoactive substances within the premises of the institute/university or during any sponsored activities by the institute/university.
3. I shall report to the authorities of the institution any irregular behaviour that I observe in relation to the possession, use, sale and distribution of alcohol/tobacco/any psychoactive substances which may have occurred at the institution or during any activities conducted by any students or institution.
4. I shall support and actively participate in any substance use prevention education programmes which may be organized by the institution/government which would enable me to be a better student and citizen of India.
5. I shall co-operate with the authorities of the institution and other relevant authorities in their investigation of any substance-related incident of which I may have information, and to prevent the possession, use, sale and distribution of any psychoactive substances in or around my institution.

Date:.....

Signature:.....

Name of the Student:

.....