

JAM 2014

Acceptance of Admission

Name of the candidate :

All India Rank in JAM 2014 :

Registration Number in JAM 2014 :

To
The Organizing Chairman JAM 2014
Indian Institute of Technology Kanpur
Kanpur 208016

Subject: Acceptance of Admission Offer at IIT INDORE

Sir,

I hereby accept the offer of admission to M.Sc. programme in at IIT Indore. I am enclosing the JAM office copy of Bank Challan showing the deposit of Advance Fee. The details of the Bank Challan are as follows:

Fee*	Bank Challan Number	Date of Deposit
Rs. 10000/- (GEN/OBC-NCL) Rs 5000/- (SC/ST)		

*Strike out whichever is not applicable.

I understand that if I do not report for admission on the date and time mentioned in the offer letter, I will forfeit the seat and the fee paid will be refunded after deducting Rs.1000.00 towards processing fees.

I understand that if I fail to obtain the minimum educational qualifications and the required eligibility criteria, my admission is liable to be cancelled.

Signature of the Candidate

Date: _____

Place: _____

JAM 2014

Organizing Institute, IIT Kanpur

**IISc. Bangalore, IISER Pune, NIT Rourkela
&
IIT Bhubaneswar, IIT Bombay, IIT Delhi, IIT Gandhinagar, IIT Guwahati,
IIT Hyderabad, IIT Indore, IIT Kanpur, IIT Kharagpur, IIT Madras, IIT Roorkee**

DECLARATION FORM

Candidates who have been offered the academic programme of their first preference do not have to send this form.

1. Name of the candidate :
- Registration Number in JAM 2014 :
2. Name and code of the academic programme for which admission is offered through the first admission list
- | | |
|--------|----------------------|
| Name : | <input type="text"/> |
| Code : | <input type="text"/> |
3. Name of the Admitting Institute : IIT Indore
4. Would you like to be considered for your higher preference programme(s) in the subsequent admission lists against vacant seats?
- | | |
|------------|-----------|
| Yes | No |
|------------|-----------|
- (Please put ✓ at the appropriate box)

I hereby declare that I have read the Information Brochure of JAM 2014 and I am fully aware of consequences of the choice filled by me in item 4 above. As a consequence of the choice filled by me, if I am offered admission against any of my higher preference programme(s), I shall accept the newly offered programme and I am fully aware that the seat presently offered will be automatically treated as vacant for its allotment to another eligible candidate. I also understand that once I am offered a seat in the higher preference programme(s), I shall have no claim to the seat presently offered to me even if I do not join the higher preference programme, for whatsoever reasons.

Signature of the Candidate

Date: _____

Place: _____

JAM 2014

Organizing Institute, IIT Kanpur

IISc. Bangalore, IISER Pune, NIT Rourkela
&
IIT Bhubaneswar, IIT Bombay, IIT Delhi, IIT Gandhinagar, IIT Guwahati,
IIT Hyderabad, IIT Indore, IIT Kanpur, IIT Kharagpur, IIT Madras, IIT Roorkee

UNDERTAKING

(To be given by a candidate whose qualifying examination result is awaited and, hence, is provisionally admitted)

1. Name:

2. Registration Number in JAM 2014 :

3. Test Paper(s):

1.

2.

4. All India Rank(s):

1.

2.

5. Category: GEN/OBC-NCL/SC/ST :

6. PD Status: Yes/No

I understand that my admission to any of the admitting institutes is provisional since I have not submitted the attested copies of the qualifying examination certificate and/or mark sheet as per the eligibility criteria stated in **Sections 4 and 5 of the Information Brochure for JAM-2014.**

I also understand that in the event of my failing to fulfill the eligibility criteria **on or before September 30, 2014**, my provisional admission to any of the admitting institutes will **stand cancelled**.

Signature of the Candidate

Countersigned by Parent/Guardian

Date: _____

Place: _____

PHYSICAL FITNESS CERTIFICATE
(To be issued by a Registered Medical Practitioner)

PERSONAL HISTORY

1. Name
2. JAM 2014 Registration No.
3. Parent/ Guardian's Name.....
4. Age Years Months
5. Sex.....
6. Identification Mark on the Body, if any
(This can be a mole, scar or birthmark)
7. Major illness/ surgery, if any
(Specify nature of illness/ surgery)

CERTIFICATE

(The following are to be filled by the Medical Officer conducting the medical examination)

- | | |
|-----------------------------------|--------------------------|
| 1. Heightcm | 2. Weight kg |
| 3. Past History | 4. Chest |
| a) Mental Disease | a) Inspirationcm |
| b) Epileptic Fit | b) Expirationcm |
| 5. Blood Group | 6. Hearing..... |
| 7. Vision with or without glasses | |
| a) Right Eye..... | b) Left Eye..... |
| c) Colour Blindness | d) Unocular Vision |
| 8. Respiratory system | 9. Nervous system |
| 10. Heart | 11. Abdomen |
| a) Sounds..... | a) Liver..... |
| b) Murmur | b) Spleen |
| 12. a) Hernia | |
| b) Hydrocele | |
| 13. Any other defects..... | |

Certified that.....

Son/daughter of

is in sound physical health to pursue his/her higher studies.

Signature of the Medical Officer

Signature of the Candidate

Date.....

Full Name.....

Medical/Registration No. and Official Seal