MEDICAL CERTIFICATE - IITM BS Degree

For Initial Admission to IIT Madras Non-Campus Degree/Diploma Programs

To be completed on the letterhead of a Registered Medical Practitioner holding at least an MBBS degree and registered with the National Medical Commission (NMC) or the State Medical Council

CANDIDATE INFORMATION

Full Name of Candidate: _____

Father's/Mother's/Guardian's Name: _____

Date of Birth: _____ **Age:** _____ **Gender:** ☐ M ☐ F ☐ Others

Residential Address: _____

_____

Mobile Number registered with the program: _____

Secondary Mobile Number: _____

Email ID registered with the program: _____

Secondary Email ID: _____

Program Applied For:

☐ BS in Data Science and Applications ☐ BS in Electronic Systems ☐ Direct Entry Diploma

IITM Application/Registration Number: _____

ACKNOWLEDGMENT AND DECLARATION BY CANDIDATE

I, _____, hereby acknowledge and declare that:

1. I understand that these BS programs from IIT Madras are non-campus programs designed for flexible, remote learning.
2. I will not require on-campus residential facilities.
3. I am aware that these programs involve online coursework with regular in-person examinations at designated centers. I understand the responsibilities of online learning.
4. I can use a keyboard/mouse effectively and participate in video conferencing/online classes.
5. I understand that some programs might also require in-person laboratory sessions.
6. While IIT Madras is committed to providing an inclusive and supportive learning environment, I acknowledge that, as a non-campus program, ongoing medical support is primarily my personal responsibility, and I understand that the institute is not required to provide assistance.
7. I am either not diagnosed with any mental illness, or if diagnosed, I am under appropriate treatment.
8. In case of any significant health changes that may affect my ability to participate in academic activities, I will inform the institute and take full responsibility for seeking appropriate medical assistance, while the institute may offer moral support.
9. I acknowledge that IIT Madras, while deeply caring about student welfare, cannot be held liable for:
    a. Any deterioration in my physical or mental health during the program
    b. Delays in my academic progress due to personal health issues
    c. Consequences arising from my failure to seek appropriate medical care
    d. Health issues arising from excessive screen time or poor ergonomic practices during online learning
10. I understand that this acknowledgment is made to enable IIT Madras to provide educational opportunities while ensuring appropriate boundaries of institutional responsibility

All information provided in this certificate is true and accurate to the best of my knowledge.

Signature of Candidate: _____ Date: _____

FINAL MEDICAL ASSESSMENT AND CERTIFICATION

I, Dr. _____, having conducted a medical examination of the above-mentioned candidate on _____ (date), hereby certify the following:

Basic Health Parameters :

Height**:** _____ cm Weight**:** _____ kg

Vision**:** Right Eye: _____ Left Eye: _____

Hearing**:** Normal ☐ Impaired ☐

(If impaired, specify)

_____

Major illness/operation if any (specify nature of illness/operation):

_____

Current Physical / Mental Health Treatment (if any): _____

_____

Based on my examination conducted on _____ (date), I certify that :

Mr./Ms. _____ is:

☐ **FIT FOR ADMISSION** - They are free from any physical illness and do not have a history of mental illness that would hinder their ability to efficiently participate in the academic activities of IIT Madras' Non-Campus BS Program in _____

☐ **FIT FOR ADMISSION WITH CONDITIONS** - They suffer from mental and/or physical illness(es) that is currently managed through proper treatment (specify conditions below). These conditions WILL NOT hinder their ability to efficiently participate in the academic activities of IIT Madras' Non-Campus BS Program in _____

Specific Conditions/Recommendations (if any):

_____

_____

☐ **UNFIT/TEMPORARILY UNFIT** - They have a history of mental illness or suffer from physical illness(es) that would likely hinder their ability to efficiently participate in the academic activities of IIT Madras' Non-Campus BS Program in _____

Specific Conditions/Recommendations (if any):

_____

_____

MEDICAL PRACTITIONER DETAILS

Doctor's Name: _____

Qualification: _____

Registration Number: _____

(NMC/State Medical Council Registration)

Hospital/Clinic Name: _____

Date of Examination: _____ **Date of Issue:** _____

Doctor's Signature with Official Stamp:

_____

(Official Setup)

IMPORTANT INSTRUCTIONS

For Candidates:

1. This certificate must be submitted within 4 weeks of the first term of entering into the program.
2. Inform the IIT Madras BS Office immediately of any significant health changes that may affect your studies
3. Practice good digital hygiene (ergonomic setup, regular breaks, eye care) during online learning

For Medical Practitioners:

1. This certificate should only be issued after thorough examination and counseling
2. Focus assessment on the candidate's ability to Learn from online content
3. Consider the self-directed, digital nature of these programs in your evaluation
4. Provide appropriate health maintenance counseling during the examination
5. The certificate must be issued within **4 weeks** of the program admission date.

Validity and Compliance:

- Must be issued by an NMC/State Medical Council-registered MBBS practitioner
- Required for initial admission only
- Subject to verification by IIT Madras if required