

Indian School of Mines, Dhanbad
Attention: M.Tech. Admission -2015 for ISM EE Candidates

Notice
for Counselling cum admission Schedule for M. Tech. Programme (ISM EE Qualified Candidates) for the session 2015 – 16

All qualified candidates of M. Tech ISM Entrance Exam 2015 are requested to report for counselling cum admission as per the following schedule **IN PERSON**. Counselling letters have been uploaded and one can download his/her counselling letter using the log-in and password. They are advised to come with all required documents, medical certificate in the prescribed format and completed forms (given below) at the time of counselling:

Date of Reporting	Discipline	Reporting Time	Venue
17.07.2015	1.All candidates of Sub-category Defense Personnel (DP) in all M Tech Courses 2. All Sponsored Candidates in all M Tech Courses 3. All candidates for admission to M. Tech. in CHE, CSE, ECE, ELE, ESE, MEC, PET, STE.	8:00 AM to 10:00 AM ONLY	Penman Auditorium, ISM, Dhanbad
18.07.2015	All candidates for admission to M.Tech. in IEM, GEM, FLE, EHM, EGL, MIN, MME, MLE, PEX, MEX and UST.	8:00 AM to 10:00 AM ONLY	Penman Auditorium, ISM, Dhanbad

Assistant Registrar (Academic & Examination)

INDIAN SCHOOL OF MINES, DHANBAD-826004
CHECK LIST FOR M. Tech ADMISSION 2015-16

Name of Student _____ Date of Birth _____

Course/Discipline _____

Date of admission _____ Registration No.: MT _____

Academic Qualification(s) _____

Category (UR/SC/ST/OBC): _____ Sub-category (JK/PS/PC/DP/NONE) _____

Fees paid Rs. _____ Admission No.(For Office use only) _____

A. Following documents are to be submitted at the time of admission

Sl.No	Particulars	Please Tick		Remarks
		Yes	NO	
1.	Counselling letter			
2.	Medical Certificate in original			
3.	Duly filled students Registration Form			
4.	Insurance Declaration form			
5.	Migration Certificate in Original			
6.	Photographs:- 4 copies of Passport size & 10 copies Stamp Size			
7.	Undertaking from Student			
8.	One set of attested copies of all documents as Sl. No. (a) to (f) of the following section			
9.	Sponsorship Certificate in Original, if applied			

B. Following documents are to be produced at the time of admission for verification

a)	High School/Matriculation Certificate (original) for proof of Date of Birth			
b)	Higher Secondary (10+2) certificate to verify that the candidate has passed H. S. with Mathematics (wherever applicable)			
c)	M.Sc/B.Tech Mark-sheet & degree certificate in Original (Qualifying exam) to verify minimum Qualifying Marks 55% for GEN & OBC and 50% for SC/ST.			
d)	Cast Certificate (in original) for SC/ST & OBC(Non creamy layer)/PC/DP/JK/PS			
e)	Demand Draft of Rs. 30,700/- (for GEN & OBC) Rs. 22,700/- for SC/ST.			
f)	Certificate from Institution/College that candidate has appeared in qualifying examination and the date by which the result are likely to be declared			

Signature of the Candidate

Signature of the Dealing Assistant

INDIAN SCHOOL OF MINES, DHANBAD-826004

COUNSELING FORM FOR ADMISSION IN M. TECH PROGRAMMES (2015–2016)

(TO BE SUBMITTED IN DUPLICATE)

1. BASIC INFORMATION

- a. Name of the Candidate: _____ Mobile No.: _____
- b. Father's Name: _____
- c. Registration ID: MT..... Date of Birth: _____
- d. Date of Counselling: _____
- e. Category (UR / SC / ST / OBC): _____
- f. Sub-Category (JK / PS / PC / DP / NONE): _____
- g. Demand Draft No. & Date: _____ Amount: Rs. _____

2. PREFERENCE OF COURSE FOR ADMISSION (by filling the numbers 1, 2, ...)

(Please give preference for those COURSES for which you have appeared in ISMEE-2015)

Name of Programme	Name of subject for Entrance Examination	PRIORITY
Computer Science and Engineering	Computer Science & Engg. (CSE)	
Computer Science and Engineering (Specialization in Information Security)		
Power Electronics and Electrical Drives	Electrical Engg. (ELE)	
Power System Engineering		
Mine Electrical Engineering		
Mining Engineering	Mining Engg (MIN)	
Opencast Mining		
Mechanical Engineering (Specialization in Thermal Engg.)	Mechanical Engg. (MEC)	
Mechanical Engineering (Specialization in Design Engineering)		
Mechanical Engineering (Specialization in Maint Engineering & Tribology)		
Mechanical Engineering (Specialization in Manufacturing Engineering)		

3. ACADEMIC RECORD

Maths. in Class XII (YES/NO)	% of Marks in Qualifying Degree, if passed (Min. 55% for UR/50% for SC/ST)	Qualifying Degree	Branch /Subject in Qualifying Degree	FOR OFFICE USE	
				Verified (Signature of Dealing officer of Acad. Section)	Verified (Signature of Course Coordinator)

4. MEDICAL CERTIFICATE

Medical Certificate in the prescribed Proforma be endorsed by CMO or equivalent of a government hospital in the format given in Annexure-I	FOR OFFICE USE	
	Verified (Signature of Dealing officer of Acad. Section)	Verified (Signature of Course Coordinator)

I do hereby declare that the statements made in the application and counselling form are true and complete to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or incorrect or incomplete or non-eligibility being detected at any time before, during or after admission, my candidature is liable to be cancelled. I shall be bound by the decision of ISM, Dhanbad. Further, if admitted, I promise to abide by the rules and regulations of ISM.

(Signature of the Candidate with date)

..... FOR OFFICE USE ONLY.....

All Documents enclosed and verified (as per attached list) :	YES/NO
Category & Sub-category (if any) claimed is Correct :	YES/NO
Signature of Dealing Officer (Acad. Section)	

Allotment Counter (to be filled by the course coordinator)

Recommendation of the Course Coordinator:

The candidate, Mr. / Ms. _____ is **ELIGIBLE/ NOT**

ELIGIBLE for the M. Tech course: _____

and the Rank allotted is : _____

(If NOT ELIGIBLE then please specify the reasons):

(Signature of Course Coordinator with date)

Name:

INDIAN SCHOOL OF MINES, DHANBAD-826004

Academic Section

REGISTRATION FORM OF M.TECH PROGRAMME

ACADEMIC SESSION- 2015 – 2016

1. Adm. No. (To be filled)	1	5	M	T						Photo
2. Fee Receipt No. & date & Amount										
3. Roll No.										
4. Blood Group										
5. Name of Student (In Block Letters)										

(First Name)	(Middle Name)	(Surname)
6. Name of student (in Hindi)		

7. Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DOB In words:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Birth Place:
DD	MM	Y	Y	Y	Y	State :

8. E-mail/Telephone No.of Student (if any)

E-mail address	
Telephone No.	

9. Father's Name & Particulars (Guardian's, in case Father is not alive)

Name in Block Letters	Occupation/Profession
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10. Mother's Name & Particulars

Name in Block Letters	Occupation/Profession
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11. Category(Please tick appropriate box

UR		SC		ST		OBC		Sub Cat.	PS		JK		PC		DP		No- ne	
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12. Permanent Address with pin code(In Block Letters)

Pin Code
Telephone No with STD Code No./ Mobile No.

13. Academic Record

Examination Passed	Name of the School College where studied	Board/University	Year of Passing	% of Marks of Grade	Subject

14. Details of Employment

Sl. No.	Name of Organisation	Position Held	From	To	Emoluments	Remarks

15. Any other relevant information:

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16. Personal identification mark of student, if any :

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17. SPACE FOR CHANGE OF ADDRESS

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Particulars of Scholarships/rewards, if any	Particulars of fine/penalty, if any
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CERTIFICATE

Certified that the above information is correct to the best of my knowledge and belief and if any time it is found that false information have been furnished action may be taken against me.

I also undertake that I shall abide by the rules & regulation of the university and shall pay all dues related with my studies at the School in time and shall not involve in any unlawful activities during the period of study at the School.

(Full Signature of student)

INDIAN SCHOOL OF MINES, DHANBAD

Insurance Declaration Form

Declaration to be submitted by the individual student admitted in Indian School of Mines,
Dhanbad for the Academic year 2015-16

1. Name of the student: _____

2. Date of Birth & Age: _____

3. Father's Name: _____

4. Name of Guardian: _____

(If Father not alive)

5. Permanent Address: _____

6. Programme in which admitted: _____

7. Date of Admission: _____

8. Local Address: _____

MEDICAL FITNESS CERTIFICATE OF APPLICANT
FOR ADMISSION IN ISM DHANBAD

(To be provided by a CMO of a Government Hospital)

I, Dr..... after examining (with necessary investigations) Mr./Ms.....Son/Daughter of Mr./Mrs..... Born on....., certify that Mr./Ms has fairly sound constitution, and that he/she has no disease or physical or mental infirmity unfitting him now, or likely to unfit him in future, for active outdoor work as practical Engineer/Technologist which involves considerable fatigue and exposure.

The following are the results of tests, measurements, etc.:-

1. Mark of identification :
2. Weight :
3. Height (in cm) :
4. Blood Pressure :/.....
5. Pulse rate (beats/min) :
6. Blood Group :
7. Abuse of substances (if any) : Smoking / Alcohol / Drugs / Any other
8. Chest measurements : Contracted:cm Expanded:.....cm
9. Vision: Right Eye: Near: Distant:
Left Eye: Near: Distant:
10. Colour Blindness, congenital or other disease of eye (if any):
11. Hearing: Right ear: GOOD / FAIR / POOR
Left ear: GOOD / FAIR / POOR
12. X-ray PA view of chest with proper identification mark : Satisfactory / Not satisfactory
If not satisfactory, then specify why:

13. Pathological report of the following tests:

Test	Result	Comment (if any)
HB	Satisfactory / Not satisfactory	
TC	Satisfactory / Not satisfactory	
DC	Satisfactory / Not satisfactory	
ESR	Satisfactory / Not satisfactory	
HBS Ag	Satisfactory / Not satisfactory	
Routine examination of urine	Satisfactory / Not satisfactory	
HIV – I & II	Satisfactory / Not satisfactory	

14. Current Vaccination Status(All candidates who do not have adequate active/passive immunity against diseases mentioned below should take these injections/adult booster dose as recommended, before joining ISM and the date to be mentioned below).

VACCINATION AGAINST DISEASES	First Injection	Last Booster

	Date	Yes/No	Date	Yes/No
BCG				
Diphtheria-Tetanus-Poliomyelitis				
Measles, Mumps, Rubella				
Hepatitis B				
Hepatitis A				
Meningitis				
Typhoid				
Chicken pox				

15. If any other abnormality noticed:

16. Remarks / Special Recommendations, if any:

Conclusion: Certified that the above mentioned student is free of any communicable disease and fit to stay in hostels provided by ISM and attend classes with co-students

(Signature and Seal)

Date :

Place :

Declaration by the candidate: I declare that all the statements above are true and correct to the best of my knowledge. I fully understand that I am responsible for the accuracy of all statements given.

Candidate's Signature with date: