| S.<br>No. | Particulars                                                                       | Fee for<br>General /OBC-<br>NCL /OBC / | Fee for<br>SC / ST<br>Category | Fee for PwD<br>Category |
|-----------|-----------------------------------------------------------------------------------|----------------------------------------|--------------------------------|-------------------------|
| Α         | Institute Fees                                                                    |                                        |                                |                         |
| 1         | Tuition Fees                                                                      | 30000                                  | 0                              | 30000                   |
| 2         | Examination Fees                                                                  | 1500                                   | 1500                           | 1500                    |
| 3         | Library Fee                                                                       | 2000                                   | 2000                           | 2000                    |
| 4         | Registration/Enrolment Fees                                                       | 1000                                   | 1000                           | 1000                    |
| 5         | Internet and Computer Charges                                                     | 2000                                   | 2000                           | 2000                    |
| 6         | Medical Facilities                                                                | 1500                                   | 1500                           | 1500                    |
| 7         | Cultural Activities                                                               | 1000                                   | 1000                           | 1000                    |
| 8         | Sports and Techno Managerial<br>Fee                                               | 1000                                   | 1000                           | 1000                    |
| 8         | One Time Payments<br>(at the time of admission)                                   | 22250                                  | 22250                          | 22250                   |
| 9         | Hostel Room Charges                                                               | 12000                                  | 12000                          | 12000                   |
|           | Total Institute and<br>Hostel Fee (A) :                                           | 74250                                  | 44250                          | 74250                   |
|           | Less: Seat acceptance fees for<br>Regular Round *                                 |                                        |                                |                         |
|           | Less: Partial admission fee for<br>online PI reporting for seat<br>confirmation   |                                        |                                |                         |
|           | Less: Seat acceptance fees for<br>Special Round (SR)/National<br>Spot Round (NSR) |                                        |                                |                         |
| В         | Mess Fees                                                                         |                                        |                                |                         |
| 2         | Hostel Mess Fee                                                                   | 20000                                  | 20000                          | 20000                   |
| 3         | Hostel Mess Security Deposit                                                      | 5000                                   | 5000                           | 5000                    |
|           | Total Hostel Fee (B) :                                                            | 25000                                  | 25000                          | 25000                   |
|           |                                                                                   |                                        |                                |                         |

## Fees for M Tech/MS (AI-DS) and M Tech -PhD (July to December 2025)

\*Non-refundable registration fee deposited for participating in CCMT/CCMN 2025 will not be adjusted against the fee paid to CCMT/CCMN.

Candidates are require to pay the balance fees as applicable above.

| 1  | Name                                                                                              |                                                                                                                                 |
|----|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 2  | Roll No                                                                                           |                                                                                                                                 |
| 3  | Program                                                                                           | M Tech/MS (AI-DS) and<br>M Tech -PhD                                                                                            |
| 4  | Academic Year                                                                                     | 2025-26                                                                                                                         |
| 5  | Semester                                                                                          | July to December 2025                                                                                                           |
| 6  | Amount                                                                                            |                                                                                                                                 |
| 7  | Date of Transaction                                                                               |                                                                                                                                 |
| 8  | Name of Bank                                                                                      |                                                                                                                                 |
| 9  | Name of Person who has done the transaction                                                       |                                                                                                                                 |
| 10 | Account Number through which the transaction has been debited                                     |                                                                                                                                 |
| 11 | Account Number in which the amount<br>has been credited for <b>Institute and</b><br><b>Hostel</b> | A/c No- 99913777888999<br>Customer ID- 258980179<br>Account Name- ABV-IIITM GWL<br>IFS Code- HDFC0002744                        |
| 12 | Account Number in which the amount has been credited for <b>Mess Fees</b>                         | A/c No- 99904111222333<br>Customer ID- 266402298<br>Account Name- ABV-IIITM<br>STUDENT WELFARE SOCIETY<br>IFS Code- HDFC0002744 |
| 12 | UTR No<br>(Attach the copy of transaction slip)                                                   |                                                                                                                                 |

Date: Place: Name: Signature:

## UNDERTAKING IN RESPECT OF ASSISTANTSHIP RECEIVED BY M.TECH STUDENTS

| Mr/Miss.             | Gate Roll No                     | _Gate Roll No          |  |
|----------------------|----------------------------------|------------------------|--|
| Programme: M. Tec    | h./Ph.D. Department              | I semester Date of     |  |
| initial registration | during the academic session.2023 | -04, son/daughter/wife |  |
| of                   | hereby undertake that:           |                        |  |

1. I will not receive any salary, \_scholarship, stipend or other financial benefits from any other source, except the institute assistantship during the period of my study at the Institute.

2. I Shall not appear in any competitive examination, not related to Engg. & Technology.

3. I shall no accept any job without obtaining prior permission of the Institute.

4. I understand that shall not, be permitted to leave the programme mid-way or during the entire duration of the programme. (1.e. without its completion) and in case of any default I shall have to refund the entire amount of assistantship received by me.

5. I also understand that in case I withdraw from the enrolled M.Tech./Ph.D. programme without the approval of the institute, the caution money paid shall not be refunded to me.

Date:

Signature of students

Mobile No.

Email Id:

## ABV-IIITM, Gwalior

|                       | MEDICAL CERTIFICATE<br>(to be issued by a Desistand Medical Prestition on)                                                                                                                                                                                                                                                                                           |                                                                |                                          |                                                      |                                                               |                                               |  |  |  |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|--|--|--|
|                       | (to be issued by a Registered Medical Practitioner)<br><u>GENERAL EXPECTATIONS</u>                                                                                                                                                                                                                                                                                   |                                                                |                                          |                                                      |                                                               |                                               |  |  |  |
| Cand                  | Candidates should have good general physique. In particular,                                                                                                                                                                                                                                                                                                         |                                                                |                                          |                                                      |                                                               |                                               |  |  |  |
| ci<br>b)<br>6,<br>ci  | ) Chest measurement sl<br>ontraction.<br>) Vision should be norr<br>/6 in the better eye. Co<br>ourses.<br>) Hearing should be nor<br>) Heart and lungs shoul                                                                                                                                                                                                        | nal. In cas<br>blour blin<br>rmal. Defe                        | se of defec<br>d and uni-<br>ective hear | ctive vision, it<br>ocular persons<br>ring should be | should be corrected to<br>are restricted from a<br>corrected. | o 6/9 in both eyes or<br>admission to certain |  |  |  |
| il                    | lness and epileptic fits.                                                                                                                                                                                                                                                                                                                                            |                                                                | -                                        | -                                                    |                                                               |                                               |  |  |  |
| 1                     | Name of the candidate                                                                                                                                                                                                                                                                                                                                                | :                                                              |                                          |                                                      |                                                               |                                               |  |  |  |
| 2                     | Identification Mark (a mole, scar or birthmark), if any                                                                                                                                                                                                                                                                                                              |                                                                |                                          |                                                      |                                                               |                                               |  |  |  |
| 3                     | Major illness/operation, if any (specify nature of illness/operation)                                                                                                                                                                                                                                                                                                |                                                                |                                          |                                                      |                                                               |                                               |  |  |  |
| 4                     | Height in cm:                                                                                                                                                                                                                                                                                                                                                        | Weight in kg: Blood Group:                                     |                                          |                                                      | ıp:                                                           |                                               |  |  |  |
| 5                     | Past History                                                                                                                                                                                                                                                                                                                                                         | <ul><li>(a) Mental illness</li><li>(b) Epileptic Fit</li></ul> |                                          |                                                      |                                                               |                                               |  |  |  |
| 6                     | Chest (a) Inspiration                                                                                                                                                                                                                                                                                                                                                | in cm (b) Expiration in cm                                     |                                          |                                                      |                                                               |                                               |  |  |  |
| 7                     | Hearing                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                          |                                                      |                                                               |                                               |  |  |  |
| 8                     | Vision with or without glasses:                                                                                                                                                                                                                                                                                                                                      | Right Eye L                                                    |                                          | Left Eye                                             | Colour Blindness                                              | Uniocular vision                              |  |  |  |
| 9                     | Respiratory System                                                                                                                                                                                                                                                                                                                                                   | •                                                              |                                          |                                                      |                                                               |                                               |  |  |  |
| 10                    | Nervous System                                                                                                                                                                                                                                                                                                                                                       | Nervous System                                                 |                                          |                                                      |                                                               |                                               |  |  |  |
| 11                    | Heart (a) So                                                                                                                                                                                                                                                                                                                                                         | (a) Sounds (b) Murmur                                          |                                          |                                                      |                                                               |                                               |  |  |  |
| 12<br>(a)<br>(b)      | Abdomen<br>Liver<br>Spleen                                                                                                                                                                                                                                                                                                                                           | Hernia                                                         |                                          | Hydrocele                                            |                                                               |                                               |  |  |  |
| 13                    | Any other defects:                                                                                                                                                                                                                                                                                                                                                   | Any other defects: Candidate Signature :                       |                                          |                                                      |                                                               |                                               |  |  |  |
|                       | Certificate of Medical Fitness  The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceutics/ Science Course The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects: |                                                                |                                          |                                                      |                                                               |                                               |  |  |  |
| Name of the Doctor Si |                                                                                                                                                                                                                                                                                                                                                                      |                                                                | ature                                    | Registrati                                           | ion number                                                    | Seal                                          |  |  |  |