

CHECK LIST

(To be submitted to the DORA Office)

IMPORTANT: At the time of joining, the candidate has to bring the following documents and personally handover/submit them to TATA TRUSTS Project Under DORA - Recruitment:

1. Joining Report **(Annexure- 1)**
2. Character Certificate **(Annexure- 2)**
3. Attestation Form **(Annexure- 3)**
4. Undertaking Form **(Annexure- 4)**
5. Relieving Certificate from the present employer (wherever required) **(Annexure- 5)**
6. Resume/Bio-Data **(Annexure- 6)**
7. X Std Certificate (self-attested) **(Annexure- 7)**
8. XII Std Certificate (self-attested) **(Annexure- 8)**
9. All Degree / Diploma & Ph.D Certificate(s) (self-attested) **(Annexure- 9)**
10. GATE / NET exam Certificate (wherever required) (self-attested) **(Annexure- 10)**
11. Medical Certificate **(Annexure- 11)**

I, _____ son/daughter/wife of _____ certify that the information/documents furnished along with the joining report are true and authentic to the best of my knowledge and belief. I am well aware that furnishing false/misleading information or fabricated documents would lead to termination of my appointment at any stage and the Institute reserves the right to recover salaries paid and take legal action.

Date: _____ Signature: _____

Place: _____ Name: _____

JOINING REPORT

From: _____

Date: _____

To,

The Assistant Registrar,
DORA Office,
IIT Mandi – 175 075 (H.P)

Sir/Madam,

With reference to the Offer Letter No. _____ dated _____, I accept the terms & conditions, including the duration of appointment contained in the letter, and report for duty on the forenoon/afternoon of _____.

Yours faithfully,

Signature

FORWARDED

PROJECT INVESTIGATOR(PI)/CO-PI

Chairperson, C3DAR

**TATA TRUSTS PROJECT UNDER DORA, IIT MANDI
UNDERTAKING ON ACCEPTANCE OF THE APPOINTMENT**

I, _____ son/daughter/wife of _____ residing at _____ have been offered the post of _____ under the TATA Trusts Project under DORA, Indian Institute of Technology Mandi, to work on the Project _____ in the School/Centre of _____ under PI/Co-PI _____ under Research Scheme.

I accept the offer and undertake that:

1. During the entire tenure of the appointment, I shall abide by the Rules and Regulations of the DORA Office/Institute.
2. I shall abide by the rules/discipline of the School/Centre where I have to work.
3. I shall devote my time to research during the period of my employment in the Project.
4. I declare that if the results of research can be commercially exploited, the rights will rest exclusively with TATA TRUSTS PROJECT UNDER DORA, IIT MANDI.

Signature of the Project Staff: _____

Date: _____

Place: _____

Countersigned by:

Principal Investigator(PI)/Co-PI: _____

CERTIFICATE OF IDENTITY AND CHARACTER

Certified that I have known Dr./Mr./Sh./Smt./Kumari

_____ and he/she bears good character and has no antecedents which render him/her unsuitable for employment in TATA TRUSTS PROJECT UNDER DORA, IIT MANDI.

2. Dr./Sh./Smt./Kumari _____ is not related to me.

Place: _____

Date: _____

Signature: _____

Designation: _____

This certificate should be obtained from the head of the educational Institution last attended by the candidate if he/she was not previously employed or from his/her last employer, as the case may be or from a Gazetted Officer.

ATTESTATION FORM

WARNING: Furnishing false information or suppressing any factual information in this Attestation Form shall be treated as a disqualification and may render the candidate unfit for employment. If at any stage it is found that false information has been provided or factual information has been suppressed, his/her services shall be liable for termination.

1. Name in full (CAPITAL LETTERS)

Surname: _____

Name: _____

2. Present Address

3. Permanent Address

4. Particulars of places (with periods of residence) where you have resided for more than one year at a time during the preceding five years:

From To Residential Address (in full) District Headquarters

5.

a) Father's / Spouse Name in Full: _____

b) Present Postal Address: _____

c) Permanent Address: _____

d) Profession: _____

e) If in service, give designation and official address:

6. Nationality of

a) Father: _____

b) Mother: _____

c) Husband/Wife: _____

d) Candidate: _____

7. Date of Birth (as per Matriculation Certificate)

8.

a) Place of Birth (District and State): _____

b) District and State to which you belong: _____

9. Do you belong to the Scheduled Caste / Scheduled Tribe / OBC?

Answer 'Yes' or 'No': _____

If 'Yes', specify the category: _____

10. Educational Qualifications (schools/colleges from age 15 onwards)

Name of School/College Date of Entering Date of Leaving Examination Passed

11. Employment details (if any):

Designation / Nature of Work Period (From-To) Full Office Address Reason for Leaving

12.

Have you ever been prosecuted, kept under detention, bound down, or convicted by a Court of Law for any offence?

Have you ever been debarred/disqualified by any Public Service Commission from appearing in examinations/selections?

If 'Yes', provide full details:

Is any case pending against you in any Court of Law at the time of filling this form?

If 'Yes', give details:

13. Names & addresses of two responsible persons of your locality or two referees who know you personally:

(i) Name: _____

Address: _____

(ii) Name: _____

Address: _____

DECLARATION

1. I certify that the information provided above is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances that might impair my fitness for employment.
2. I declare that I am not under any bond, agreement, or obligation to serve any Central Government department, University, Public Authority, or Public Undertaking.
3. I declare (tick the correct option):
 - i) I am unmarried / widower / widow
 - ii) I am married and have only one wife living
 - iii) I am married, and my husband has no other living wife, to the best of my knowledge

Date: _____

Place: _____

Signature of the Candidate: _____

(Annexure- 5)

[Please affix a recent colour passport-size photograph here]

**TATA TRUSTS PROJECT UNDER DORA, IIT MANDI
INDIAN INSTITUTE OF TECHNOLOGY MANDI
MANDI – 175001 (H.P.)**

PROJECT STAFF DATA FORM

(Please fill in BLOCK LETTERS and provide all required information)

1. Name: _____

2. Sex: Male / Female

3. Date of Birth: _____

4. Project No.: _____

5. Project Title: _____

6. Nature of Appointment:
ADHOC / Walk-in Interview / Through Advertisement
(Strike out whichever is not applicable)

7. Designation: _____

8. School: _____

9. Phone (Mobile): _____

10. E-mail ID: _____

11. Principal Investigator (PI): _____

12. Date Joined: _____

13. Valid Till: _____

14. Blood Group: _____

Rh: Positive / Negative

15. Marital Status: Married / Unmarried

16. Present Address:

Pin Code: _____

Phone No.: _____

17. Permanent Address:

Pin Code: _____

Phone No.: _____

18. Emergency Contact Person:

Name: _____

Full Address: _____

Phone No.: _____

19. Drug Allergy (if any):

20. Major Illness / Operation / Accidents (if any, with date):

Date: _____

Signature of the Staff Member: _____

Signature of Asstt. Registrar, DORA: _____

Signature of Principal Investigator(PI)/Co-PI: _____

TATA TRUSTS PROJECT UNDER DORA, IIT MANDI, UNDERTAKING

I, _____ (hereinafter referred to as *Employee*),
son/daughter/wife of _____, residing at
_____, in
consideration of the temporary employment that I hold under the sponsored/consultancy project
titled:

_____,
under the School/Centre of _____,
with _____ as Principal Investigator(PI)/Co-PI
(hereinafter referred to as *Principal Investigator (PI)/Co-PI*), taken up at the Indian Institute of
Technology Mandi (hereinafter referred to as "Institute"),
agree and declare as follows:

- a) I shall, from time to time, fully disclose the progress of any investigation or inventions carried out by me to the Principal Investigator(PI)/Co-PI during my employment in the project.
- b) I shall hold any information or investigation arising out of, or in connection with, the said investigation in trust on behalf of the Institute and shall forthwith disclose to the Principal Investigator(PI)/Co-PI a full and complete description of the nature of the said invention and the mode of performing the same.
- c) I shall not make copies of any documents or software without the consent of the Principal Investigator(PI)/Co-PI.
- d) I shall not publish the results of the said investigation without the prior approval of the Principal Investigator(PI)/Co-PI.
- e) I shall, whenever required, join the Principal Investigator(PI)/Co-PI in applying for Patent(s) in India or abroad for the said invention or any improvements thereon, and shall execute all necessary documents to vest the said invention and related patents in the Institute or in any person appointed by the Institute.
- f) The Institute, as the sole owner or joint owner of such invention, may make such arrangements as it deems fit, without reference to me, for the development or exploitation of such invention.
- g) During my employment and for a period of five years thereafter, or for such time as required by any MoU of the project, I shall not disclose to any person, or use for any purpose other than my work for the Institute:
 - 1) any confidential or proprietary information;
 - 2) any information received by the Principal Investigator from a third party that is obligated to be kept confidential.
- h) I shall not disclose confidential or proprietary information to any Institute/Project employee except on a "need-to-know" basis, nor disclose any third-party confidential or proprietary information except as permitted.

"Confidential or proprietary information" includes all data/information, in any form, not generally known to the public, including but not limited to:

 - past, present, or future development activities
 - manufacturing information
 - technical specifications, drawings, designs
 - prototypes

- computer programs
- databases
- i) Upon termination of my employment in the project, I shall return to the Principal Investigator(PI)/Co-PI all property belonging to the project, or received from any third party, whether or not containing confidential information. This includes storage media, drawings, notebooks, reports, and all documents.

Executed on: ____ / ____ / _____

Signature of Employee: _____

Signed in my presence:

Signature of Principal Investigator(PI)/Co-PI: _____

PROJECT STAFF DATA FORM

(Use BLOCK LETTERS)

Passport Photo

Name:

Sex: M/F

DOB:

Project No.:

Project Title:

Nature of Appointment: ADHOC/Walk-in/Advertisement

Designation:

School:

Phone/Mobile:

Email:

PI:

Joined on:

Valid Till:

Blood Group: _____ Rh: ____

Marital Status: Married/Unmarried:

Present Address (with PIN & Phone):

Permanent Address (with PIN & Phone)

Emergency Contact Person & Address:

Drug Allergy:

Major Illness/Operation:

Date: _____

Signature of Staff Member: _____

Signature of Asst. Registrar, DORA

Signature of PI/Co-PI

**CENTRE FOR DORA, IIT MANDI
UNDERTAKING**

I, _____ (Employee), son/daughter/wife of _____, residing at _____, in consideration of temporary employment under the project _____ under PI/Co-PI _____ agree that:

1. I shall fully disclose research progress to the PI/Co-PI.
2. I shall hold all information/inventions in trust for the Institute.
3. I shall not copy documents/software without the PI's/Co-PI's consent.
4. I shall not publish results without the PI's/Co-PI's approval.
5. I shall assist in patent applications if required.
6. The Institute may use the invention as it deems fit.
7. I shall not disclose confidential information during and up to five years after employment.
8. I shall return all project property upon leaving.

Executed on: //_____

Signature of Employee: _____

Signed in presence of PI/Co-PI: _____

Indian Institute of Technology Mandi				
MEDICAL REPORT				
(to be issued by a Registered Medical Practitioner)				
1	Name of the candidate:	2. Gender	3. Age	
4.	Identification Mark (a mole, scar or birthmark), if any			
5.	Major illness/operation, if any (specify nature of illness/operation, enclose details)			
Part-A				
6	Self Declaration (to be filled by the candidate)			
Candidate's Medical details		Yes	No	Please provide the details
(I)	General Declaration			
	<ul style="list-style-type: none"> • Do you suffer from any defect of vision? • If yes, has it been corrected by suitable spectacles? 			
	<ul style="list-style-type: none"> • Can you readily distinguish between the pigmentary colors, Red and Green? 			
	<ul style="list-style-type: none"> • Do you suffer from a degree of deafness which would prevent you from hearing normal conversation and ordinary sound signals? 			
	<ul style="list-style-type: none"> • Do you have any physical deformity/handicap or use any mechanical/physical assistance for mobility? 			
	<ul style="list-style-type: none"> • Do you have any congenital disorder/abnormality? 			
	<ul style="list-style-type: none"> • Have you ever been diagnosed to have any Psychiatric ailment including Depression, Anxiety Neurosis, Phobic Disorders, Schizophrenia, Manic Depressive Psychosis or any other Psychiatric illness? 			
	<ul style="list-style-type: none"> • Have you had any form of critical illness or operation in the last two year? 			
	<ul style="list-style-type: none"> • Have you ever been diagnosed to have Cancer, Tumor, Cyst or any similar type of growth? 			
	<ul style="list-style-type: none"> • Have you had any Epileptic Fit 			
	<ul style="list-style-type: none"> • Have you ever been diagnosed with an alcohol or drug abuse problem? If yes, are you on treatment for the same? 			
(II)	Declaration about Past Medical/Surgical Treatment undertaken			
	<ul style="list-style-type: none"> • Allergies/Bronchial asthma/Tuberculosis 			
	<ul style="list-style-type: none"> • Abdomen including Urinary Tract 			
	<ul style="list-style-type: none"> • Locomotor system (Spinal/Vertebral column/Joints) 			
	<ul style="list-style-type: none"> • Cardiovascular system 			
	<ul style="list-style-type: none"> • Neurological disorder/Psychological disorders 			
	<ul style="list-style-type: none"> • Sexually-transmitted/Venereal Diseases/Skin 			
	<ul style="list-style-type: none"> • Hepatitis 			
	<ul style="list-style-type: none"> • Diabetes 			
	<ul style="list-style-type: none"> • Rheumatism 			
	<ul style="list-style-type: none"> • Thyroid Disease 			
(III)	Declaration about Family History of any major illness			
	<ul style="list-style-type: none"> • Tuberculosis 			
	<ul style="list-style-type: none"> • Leprosy 			
	<ul style="list-style-type: none"> • Diabetes 			

	• Hypertension			
	• Ischemic Heart diseases			
	• Psychiatric illness			
	• Cancer			
Candidate's Undertaking				
<p>I declare that to the best of my knowledge, the answer to the questions in this form as given above are correct and that I am not suffering from any disease/illness, the presence of which has not been revealed here. I fully understand that any misrepresentation of this declaration could lead to the termination of my offer/admission. I have no objection to IIT Mandi seeking or going for specific investigations either through institute Medical Unit or outside institute to examine the declaration. In case of any discrepancy arising out of my declaration, I will be undergoing the medical check-up by the institute suggested medical clinic/doctor (at my own cost) and their finding will be fully binding on me and any action thereon towards my admission will be accepted by me.</p>				
Date: _____ Name & Signature: _____				
To be filled by a Medical Officer at IIT Mandi Medical Unit				
7	Height in cm		Weight in Kg	
8	Blood Group			
9	Blood Pressure (at the time of examination)			
10	Respiratory System			
11	Nervous System			
12	Heart	(a) Sounds	(b) Murmur	
13	Any other defects:			
<u>Doctor's Certification</u>				
<p>The candidate has been examined without any intrusive investigation. In general, the fitness of the candidate is appears normal and fir for the purpose of admission to IIT Mandi. The certificate is only meant for admission at IIT Mandi and carries no medico-legal implications other than those made under self-declaration.</p>				
Signature				
Name of the Doctor			Seal of the Doctor	
Date: _____				