

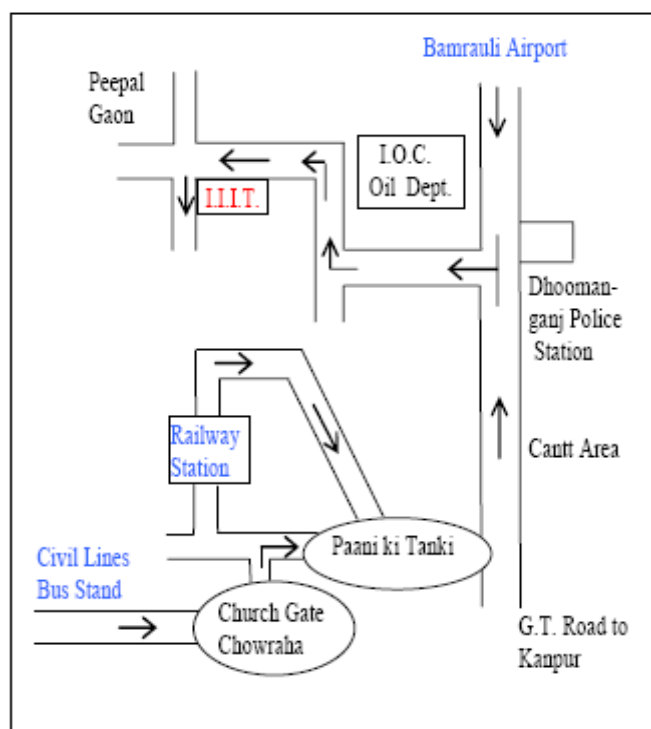
**REPORTING at Examcell (First Floor, Room No. 1715), Admin Building, IIITA and  
depositing balance institute fee from  
JUNE 26 to 29, 2017**

**Semester Registration - July 26, 2017**  
**Commencement of Classes - July 27, 2017**

**How to reach:**

The IIIT Allahabad campus is located at Deoghat Jhalwa (Peepalgaon Road), which is on the outskirts of Allahabad. It is 10 km from the town center and 7 km from the main railway station. Allahabad is very well connected by Trains as well as Air route from both Delhi as well as Kolkata. Railway services to this city from all the mega cities of the country are excellent and quite comfortable. Best is to alight on Platform No. 1 site of Allahabad Junction and hire an auto rickshaw for about Rs. 80 – 100, depending upon day-night timings of your arrival.

**Guide Map for Reaching IIIT Allahabad**



Indian Institute of Information Technology Allahabad  
Deoghat, Jhalwa, Allahabad -211 015 (U.P.), INDIA  
Helpline No.: 0532-2922282

**To save time, you may visit following link to enter all your details and pay Online :**

**[https://apply.iiita.ac.in/student\\_portal/login](https://apply.iiita.ac.in/student_portal/login)**

**2 set of self-attested documents to be brought by the selected candidates at the time of reporting at Examcell (First Floor, Room No. 1715), Admin Building in the same sequence as given here under :**

***Mention FIRST SET & SECOND SET only on the first page of the complete set. All ORIGINAL which you are required to submit, must be kept in the FIRST SET.***

1. Provisional Admission Confirmation Letter
2. Document Verification Certificate (DVC) (Original)
3. Proof of Seat Acceptance Fee Payment
4. Proof of Provisional Admission Confirmation Fee Payment
5. GATE Score Card 2015/ 2016/ 2017
6. Class X (High School) Marksheet & Certificate
7. Class XII (Intermediate) Marksheet
8. Grades/ Mark Sheet of Qualifying Degree
9. Degree /Provisional Certificate ( if course Completed)
10. Category Certificate (OBC/SC/ST), if applicable (OBC certificate in the attached format must have been issued on or after 1.4.17)
11. Certificate of Persons with Disability (for PWD Category), if applicable
12. Photo ID proof, **preferably AADHAAR CARD**
13. Undertaking in required format (for OBC Candidates only)
14. Character Certificate (Original)
15. Migration Certificate (Original)
16. Transfer Certificate (Original)
- **Necessarily bring one additional set of self-attested photocopies of above mentioned documents in the same order. Originals of Sr. No. 5 to 12 will be required only at the time of verification.**
17. **04 Nos. coloured passport size photo of good quality.**

***Attach following documents in FIRST SET. Photocopy of below documents is not required in SECOND SET.***

18. Medical Examination Report (Original).
19. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notarised by the Oath Commissioner. (Original)
20. Anti-Ragging Affidavit by the Parent/ Guardian (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notarised by the Oath Commissioner. (Original)
21. MCAIP Form for “Medical-cum-Accidental Insurance Benefit Scheme” (Submit TWO SET Original, attach both in FIRST SET)

**You have to upload scanned copy of all academic qualification marksheets, certificate, GATE Score Card, passport size color photograph and signature at the time of registration. It is, therefore, advised to bring scanned copy of all documents to save time or you may scan it at the time of reporting at IIITA.**

**To save time, you may visit following link to enter all your details and pay Online :**

**[https://apply.iiita.ac.in/student\\_portal/login](https://apply.iiita.ac.in/student_portal/login)**



### **Mode of Fee Payment:**

*Please note that the fee amount (Rs. 30,000) which has already been deposited to CCMT as fee and will be transferred to IIIT-Allahabad may be deducted from the total fee amount mentioned in the fee structure i.e. Rs. 65,500/-.*

(i) Fee will be paid through Online Portal/ NEFT/ DD.

(a) Pay through Online Portal i.e. [https://apply.iiita.ac.in/student\\_portal/login](https://apply.iiita.ac.in/student_portal/login)

**OR**

(b) **Detail for Direct Transfer of fee through NEFT:**

**Account holder name:** IIIT-A FEE A/C

**Fees Account No.:** 035001000060472

**Bank Name and address:** Indian Overseas Bank, Civil Lines, Allahabad – 211001 (U.P.)

**IFSC Code:** IOBA0000350

**OR**

(c) Fee DD will be made in favour of "**IIIT-Allahabad**" payable at Allahabad. **Name, Enrollment Number (you will get at the time of reporting) and Mobile Number should be clearly written on the backside of the draft.**

*Also note that you have to provide payment details in the online portal ([https://apply.iiita.ac.in/student\\_portal/login](https://apply.iiita.ac.in/student_portal/login)) at the time of reporting, if paid by DD/NEFT.*

(ii) **Mess fee of Rs. 13,566/-** will be paid through NEFT/ DD only (subject to change as per actual)

(a) **Detail for Direct Transfer of Mess Charges through NEFT:**

**Account name:** Council of Wardens IIIT-Allahabad

**Fees Account No.:** 035001000060854

**Bank Name and address:** Indian Overseas Bank, Civil Lines, Allahabad – 211001 (U.P.)

**IFSC Code:** IOBA0000350

**OR**

(b) Mess fee Demand Draft will be made in favour of "**Council of Wardens IIIT-Allahabad**" payable at Allahabad. **Name, Enrollment Number (you will get at the time of reporting) and Mobile Number should be clearly written on the backside of the draft.**

**NOTE:- In case mess fee DD has already been prepared for lesser amount [i.e., Rs. 12000/-] OR paid through NEFT as per earlier notice the difference amount [i.e., Rs.1566/-] may be transferred to the above a/c "Council of Wardens IIIT-Allahabad" OR a separate Demand Draft for balance amount [i.e., Rs.1566/-] should be made in favour "Council of Wardens IIIT-Allahabad" payable at Allahabad which should be deposited at the time of registration.**

# MEDICAL EXAMINATION REPORT

## GENERAL EXPECTATIONS

*Candidates will have good general physique with*

- a) Normal vision. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye.*
- b) Normal Hearing. Defective hearing should be corrected.*
- c) Normal Heart and lungs and having no history of mental disease or epileptic fits.*

## PERSONAL HISTORY

1. Name .....
2. Parent/ Guardian's Name:
  - (a) Father's Name .....
  - (b) Mother's Name .....
3. Age: ..... Years ..... Months.....
4. Sex:..... Blood group.....
5. Identification Marks on the Body: .....  
(This can be a mole or scar)
6. Major illness / operation: .....  
(Specify nature of illness / operation.)
7. Allergies if any: .....
8. Any Chronic illness for which he/she is taking treatment: .....  
(Eg. Diabetes, Asthma, Epilepsy, Kidney disease, Bleeding disorder, etc.)
9. Any kind of disability: .....

## MEDICAL CERTIFICATE

(To be issued by registered medical practitioner not less than MBBS)

(The following are to be filled by the Medical Officer conducting the medical examination at the candidate side.)

1. Height :.....cm. 2. Weight:.....kg.
3. Skin ..... 4. Ears/Hearing:.....
5. Vision with or without glasses :
  - a) Right eye : ..... c) Colour Blindness :.....
  - b) Left eye : ..... d) Unocular Vision :.....
6. Respiratory system :..... 7. Nervous system:.....
8. Heart : ..... 9. Abdomen :.....
  - a) Sounds :..... a) Liver: .....
  - b) Murmur :..... b) Spleen :.....
10. a) Hernia :..... b) Hydrocele :.....

11. Any other health issue : .....

12. Basic Path. Investigations (Blood Exam and Urine Testing):.....

\_\_\_\_\_  
**Signature of the Medical Officer**

\_\_\_\_\_  
Signature of the Candidate

Full Name : .....

MCI Registration No. ....

Official Seal : .....

Date : .....

### **MEDICAL CERTIFICATE**

(To be issued by IIIT-A Health Centre in Allahabad)

**Certified** that .....  
son/daughter of .....

a) Fulfills the prescribed standard of physical fitness and is FIT for admission to M.Tech. Programs offered by IIIT-A.

b) Does not fulfill the prescribed standard of physical fitness and is unfit / temporarily unfit to admission due to following defects:

\_\_\_\_\_  
**Signature of the Medical Officer at IIIT-A**

### **Declaration**

I hereby declare that I am not suffering from any disease other than mentioned in the medical report. In case if any other disease is found for which I am taking treatment for long time and that is not reported to the Institute at the time of admission then the Institute will not bear the cost of treatment.

\_\_\_\_\_  
**Signature of the Candidate**

**Note:** Institute is not liable for the chronic disease treatment which required the prolonged/ lifelong treatment.

## **OBC Certificate Format**

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING  
FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS  
(CEIs), UNDER THE GOVERNMENT OF INDIA

**“This certificate MUST have been issued on or after 1<sup>st</sup> April 2017.”**

This is to certify that Shri/Smt./Kum. \_\_\_\_\_ Son/Daughter of Shri/Smt. \_\_\_\_\_  
\_\_\_\_\_ of Village/Town \_\_\_\_\_  
District/Division \_\_\_\_\_ in the \_\_\_\_\_ State belongs to the  
\_\_\_\_\_ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Shri/Smt./Kum. \_\_\_\_\_ and/or his family ordinarily reside(s) in the \_\_\_\_\_  
District/Division of \_\_\_\_\_ State. This is also to certify that he/she does not belong to the  
persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department  
of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No.  
36033/3/2004 Estt.(Res.) dated 09/03/2004.

Dated:

District Magistrate/  
Deputy Commissioner, etc.

Seal

NOTE:

- (a) The term ‘Ordinarily’ used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
  - (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar and
  - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.



OBC Certificate issued from Maharashtra State must be validated by social welfare Department of Maharashtra Government

## **OBC Undertaking**

### **Declaration / undertaking - for OBC Candidates only**

I, \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_ resident of village/town/city \_\_\_\_\_  
district

\_\_\_\_\_ State hereby declare that I belong to the \_\_\_\_\_ community which is recognised as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2017.

**Place:**

**Signature of the Candidate**

**Date:**

**Declaration/undertaking not signed by Candidate, his/her candidature will be rejected**



### **AFFIDAVIT BY THE STUDENT**

1) I,..... (full name of student with admission/registration/enrolment number) s/o d/o Mr./ Mrs./ Ms. ...., having been admitted to (name of the institution) , have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_ day of \_\_\_\_\_ month of \_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent

Name:

**VERIFICATION** Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ (place) on this \_\_\_ day of \_\_\_\_ Month of the \_\_\_\_\_ Year.

Signature of deponent

Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

**Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.**

### **AFFIDAVIT BY PARENT/GUARDIAN**

1) I, Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of \_\_\_\_\_ (full name of student with admission/registration/enrolment number), having been admitted to \_\_\_\_\_ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this \_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent

Name:

Address:

Telephone/Mobile No.:

#### **VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ (place) on this \_\_\_\_ day of \_\_\_\_\_ Month of the \_\_\_\_ Year.

Signature of deponent

Solemnly affirmed and signed in my presence on this the \_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

**Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.**

# Mediclaim-cum-Accidental Insurance Benefits Scheme (MCAIP)

offered by

**National Insurance Company Limited**

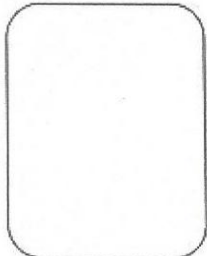
**EXCLUSIVELY for all IIITA Students**

## Broad Features of the Scheme\*

- MEDICLAIM Hospitalisation Cover – Upto Rs. 60,000/- per annum.
- Accidental Death OR Permanent Disablement of Insured Student – Upto Rs. 5 Lakhs.
- Carriage of Dead Body of the Insured, upon Accidental Death to place of Normal Residence – Rs. 5,000/-
  - Upon Accidental Death of Fee Paying Parent / Guardian – Rs. 3 Lakhs.
- Education Expenses to Dependent Children of Married Insured Students – Upto Rs. 25,000/- per child.
  - Mediclaim coverage extends throughout India on 24x7 basis.
- Territorial limits for Accidental Death / Permanent Disablement Insurance extend throughout the world.
  - Treatments under Allopathic System of Medicine are only covered.
  - Dental treatments and Physiotherapy are not covered for claims/ reimbursements.
- CASHLESS ACCESS SERVICES, at designated Hospitals, subject to Pre – Authorisation.
- Spouse of married Students AND also their dependent Children CAN be covered, for extension benefits, upon payment of additional premiums. NOT COVERED by default in this cover.

(\*Conditions Apply)

## Information required from each student to enable him/ her avail the benefit under the Scheme

Sl. No.	Item	Information	Remark
1	Name of the Student to be Insured	Mr./ Ms./ Dr..... s/o OR d/o ..... ..... Address:..... ..... Enrollment No:..... Degree Program of Enrollment at IIIT-A / IIITL :..... Nationality : .....	 <p>A Colored Photograph of the Student being Insured, duly Self Attested</p>
2	Complete Address of NORMAL RESIDENCE of the Enrolled Student	..... ..... ..... Phone Number:..... Email:..... PIN Code:..... Police Station:.....	
3	Details of the FEE PAYING Parent / Guardian of the Enrolled Student	Name:..... Relationship with the Student: .....	<p>In the event of the fee paying Parent / Guardian not remaining alive (owing to accidental death, during the Policy Period), during the course of the continuation of the enrolled Degree Program of the student, the student shall be eligible for a payment of Rs. 3.00 Lakh, to assist with the continuation of the studies of the student.</p>
	(a) Marital Status of the Enrolled Student	Address:..... ..... Phone Number:..... PIN Code:..... Email:.....	
		Married / Un Married	



4	(b) In Case " <b>Married</b> ", then Pl. provide the following:	(a) Name of Spouse:..... (b) Age:.....Yrs..... (c) Address:..... Phone Number:..... PIN Code:..... Email:.....	policy period, who is survived by a Spouse, Spouse shall be the NOMINEE for receiving the Insurance benefits, unless otherwise specified. In respect of Unmarried students, the Normal Fee Paying Parent / Guardian shall be the beneficiary.
4 Contd.	(c) Do you have dependent Children	Yes / No	In case of accidental death of the Insured Student, during the policy period, survived by his dependent children, upto TWO dependent children are eligible for receiving a sum of upto Rs. 25,000/- each, as a onetime assistance by the Insurance company.
	(d) In case " <b>Yes</b> " to (c) above, Pl. provide the details:	<u><b>In respect of First Child (Elder One):</b></u> (a) Name of Child:..... (b) Age:.....Yrs. Sex: M / F (c) Address:..... Phone Number:..... PIN Code:..... Email:..... <u><b>In respect of Second Child (Younger One):</b></u> (a) Name of Child:..... (b) Age:.....Yrs. Sex: M / F (c) Address:..... Phone Number:..... PIN Code:..... Email:.....	
5	<b>Pre Existing Diseases*</b> , at the time of admission into the Institute. (* The ones that exist at the time of enrolling at the Institute PLUS the ones those arise within 30 days of the inception of the Insurance Policy. Also include diseases attributable to Pre-existing diseases.)	(a)..... (b)..... (c)..... (d)..... (e)..... (Pl. add if more)	<b>PRE EXISTING Diseases</b> qualify for claim only after four continuous claim free years, in respect of those diseases. Few diseases, that arise after the inception of the coverage, are however included in the list of diseases that are not payable only during the FIRST year of operation of Policy. (Refer Policy document for details)

(Note: The above is a brief description of the salient features of the intended Insurance Policy and is not a replica of the full Policy document. For details, reference to the Policy document should be made.)

#### UNDERTAKING:

- I willingly AGREE to abide by the Terms and Conditions of the MEDICLAIM – cum – Accidental Insurance Policy as briefed herein above.
- I shall personally be responsible for the correctness and completeness of the information provided above and to the satisfaction of the Insurance Company. Also in case of change in my Marital Status, for being eligible for the accrued benefits by the Insurance Company in the same respect, I shall keep the Institute duly apprised.
- Also, I understand that all claims pertaining to Mediclaim-cum-Accidental Insurance Scheme shall be settled by Insurance Company only and Institute's liability in this respect shall be restricted to being assistive only.

Signature of the Enrolled Student:.....

Name of the Enrolled Student:.....

Enrollment Number of the Student :.....

Signature of Father / Mother / Guardian of the Enrolled Student:.....