

Information regarding online registration and Fee payment of MBA Program Session 2021-2023

A candidate will be admitted in MBA Program of IITA only if he/ she
a) Successfully register in ERP Portal (details below) and
b) Deposit the fees before the due date.

1. The candidates, whose names appear in this list, are advised to register themselves ONLINE on the following Institute Portal: <https://erp.iita.ac.in> using their 'Application ID' as 'Login ID' and their 'Mobile Number' (From which you have registered in MBA admission form) as 'Password'. The online registration facility shall open from **10.00 AM** of **24/07/2021** and close on **30/07/2021 04.00 PM**. Fees along with Hostel Fees is also payable through the same Portal. Candidates are suggested to keep their good quality photos "white background" (30 mm x 50 mm) and scanned signature (10 mm x 30 mm) ready for uploading on the Portal.
2. Online classes are expected to begin from **09/08/2021** (Tentatively)
3. Institute reserves the right to get the Certificates cross-verified from appropriate authorities. In case of any irregularities being found, at any stage, admission of the candidate shall be cancelled together with other legal action, as per law, for which the candidate himself/herself shall be solely responsible.

Schedule of Admission:

July 24th to 30th, 2021 - Registration, Fee deposition & Documents uploading.

August 02th to 04th, 2021 - Documents Verification & Correction.

August 05th, 2021 - Announcement of list of qualified candidates for admission from Waiting List.

August 06th to 08th, 2021 - Registration, Fee deposition & Documents uploading.

August 09th, 2021 - Documents Verification & Correction and tentative classes begin.

For any query please send email to aaa@iita.ac.in / saleem@iita.ac.in

Provisional Admission in MBA Program Academic Session 2021-2023

List of Documents to be uploaded for Online Document Verification

Note: Candidates are required to upload the colored scanned copy of the following original Documents:

1. Document for Proof of date of birth: Class X Marksheet/ certificate issued by the school last attended/ Recognized educational board containing the date of birth of the applicant. In case, class X marksheet/certificate does not contain date of birth, the candidate is required to upload class X marksheet/ certificate and any other Government issued document containing date of birth of the applicant, name and Parent's name such as Passport/ Aadhar Card/ Driving License/ Voter ID Card/ PAN Card/ Birth Certificate issued by Municipal Corporation/authority empowered to register the birth.
2. AADHAR Card.
3. Mark sheet & certificate Class X
4. Mark sheet & certificate of Class XII.
5. Mark sheet & certificate or Degree of Graduation for all semesters
6. If result of Graduation degree is awaited, certificate of course completion from the institute/university last studied must be provided. **(Annexure-1)**
7. Conduct/Character certificate from the Institution last attended.
8. CAT/MAT/XAT/CMAT/GMAT score card.
9. Certificate of category (SC/ST/OBC-NCL/EWS or PH), if applicable, as per Government of India format, issued by the competent authority. **In case of OBC-NCL/ EWS category, the certificate must be issued on or after April 01, 2021. (Annexure-2 for OBC-NCL & Annexure-3 for EWS)**
10. Undertaking by the candidate on OBC-NCL status in the prescribed format. **(Annexure-4)**
11. Original Certificate for Persons with Disabilities (PwD), if applicable, issued by the competent authority. **(Annexure-5)**
12. Medical Examination Report. **(Annexure-6)**
13. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-, duly notarized by the Oath Commissioner. **(Annexure-7)**
14. Anti-Ragging Affidavit by the Parent/ Guardian (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-duly notarized by the Oath Commissioner. **(Annexure-8)**
15. MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme". **(Annexure-9)**

Please note that

- (1) Caste certificate (SC/ST/OBC-NCL) issued by Maharashtra State must be validated by Social Welfare department (in case of SC and OBC-NCL category) and Tribal Welfare department (in case of ST category) of Maharashtra Government. The SC/ST/OBC-NCL candidates of Maharashtra State have to produce their caste validity certificate
- (2) ST certificates from Tamil Nadu state must be issued by the concerned Revenue Divisional Officer.
- (3) Medical examination Report may be got filled in from anywhere, including the candidate's home place. PI. ensures that the same is duly signed and stamped by the Doctor. Doctor should also clearly state his/her MCI / State Council Registration No. along with the State in which Registered in case of State Council Registered Doctors.

For any query please send email to aaa@iiita.ac.in / saleem@iiita.ac.in

Indian Institute of Information Technology Allahabad

FORMAT OF COURSE COMPLETION CERIFICATE

[TO BE ISSUED IN THE OFFICIAL LETER HEAD OF THE INSTITUTE/UNIVERSITY]

This is to certify that

1. Mr. /Ms. _____(full name) bearing Roll No. _____ is a bonafide student of _____(course / program) in our institute/university.
2. He / She has completed all requirements of the course / program and all of his/her examinations will be / has been completed by August 15, 2021.
3. His / Her final result is awaited and will be published on or before September 30, 2021.

Date - _____

**Signature (with Seal) of
the Authorised
Signatory of the
Institute/University**

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FORMAT FOR OBC [NCL] CERTIFICATE

To be produced by Other Backward Classes Applying for Admission in MBA program in IIITA

[This certificate MUST have been issued on or after 1st April 2021]

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri/Smt.

_____ of Village/Town _____

District/Division _____ in the _____ State/UT

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. 12016/9/2000-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.
- (xvi) Resolution No. 12015/2/2007-BCC, dated 18/08/2010.

- (xvii) Resolution No. 12015/2/2007-BCC, dated 11/10/2010.
- (xviii) Resolution No. 12015/13/2010-BC-II, dated 08/12/2011.
- (xix) Resolution No. 12015/05/2011-BC-II, dated 17/02/2014.
- (xx) Resolution No. 12011/6/2014-BC-II, dated 07/12/2016.
- (xxi) Resolution No. 12011/13/2016-BC-II, dated 22/12/2016
- (xxii) Resolution No. 20012/1/2017-BC-II, dated 19/01/2017
- (xxiii) Resolution No. 12011/7/2017-BC-II, dated 31/07/2017

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the

_____ District/Division of _____ State/UT. 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. 36 012/22/93-Estt.(SCT), dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.), dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res) dated 14/10/2008, again further modified vide OM No. 36036/2/2013-Estt (Res) dated 30/05/2014.

Place _____

Signature _____

Date _____

Designation _____

(with seal of office)

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 / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1ST Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.
- (C) OBC Certificate issued from Maharashtra State must be validated by the Social Welfare Department of Maharashtra Government.

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INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKERSECTIONS

Government of

(Name & Address of the authority issuing the certificate)

[This certificate MUST have been issued on or after 1st April 2021]

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

1. This is to certify that Shri/Smt./Kumari _____, son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year. His/her family does not own or possess any of the following assets***:
- I. 5 acres of agricultural land and above;
 - II. Residential flat of 1000 sq. ft. and above;
 - III. Residential plot of 100 sq. yards and above in notified municipalities;
 - IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.
2. Shri/Smt./Kumari _____ belongs to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).s

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport
size attested
photograph of the
applicant

The income and assets of the families as mentioned would be required to be certified by an officer not below the rank of Tehsildar in the States/UTs.

Note:

* Income covered all sources i.e. salary, agriculture, business, profession, etc.

** The term 'Family' for this purpose includes the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*** The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

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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, 2021.

Place:**Signature of the Candidate*****Date:******Declaration/undertaking not signed by Candidate will be rejected***

DISABILITY CERTIFICATE FORMAT - II

{In cases of amputation or complete permanent paralysis of limbs and in cases of blindness} (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING

THE CERTIFICATE)

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport
size
photograph
of the
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[Age - _____ years], male/female, Registration No. _____ permanent resident of

House No. - _____, Ward/Village/Street _____ Post Office

_____ District _____ State _____, whose

photograph is affixed above, and am satisfied that

1. he/she is a case of (Please tick as applicable):

a. locomotor disability

b. blindness

2. The diagnosis in his/her case is _____.

3. He / She has _____% (in figure) _____ percent (in words)

permanent physical impairment/blindness in relation to his/her _____

(part of body) as per guidelines (to be specified).

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

**[Authorized Signatory of notified Medical Authority]
Name:**

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DISABILITY CERTIFICATE FORMAT - III

{In cases of multiple disabilities}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport
size
photograph
of the
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[Age - _____ years], male/female, Registration No. _____ permanent resident of

House No. - _____, Ward/Village/Street _____ Post Office

_____ District _____ State _____, whose

photograph is affixed above, and am satisfied that

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be

In figures: _

In words: _

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to

4. Reassessment of disability is:

(i) Not Necessary[or]

(ii) Is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY)_____.

@ - e.g. Left/Right/both

arms/legs # - e.g. single

eye/both eyes

£- e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

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DISABILITY CERTIFICATE FORMAT - IV

{In cases of any other case not covered in Format – II & III}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport
size
photograph
of the
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[Age - _____ years], male/female, Registration No. _____ permanent resident of

House No. - _____, Ward/Village/Street _____ Post Office

_____ District _____ State _____, whose

photograph is affixed above, and am satisfied that

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be

In figures: _

In words: _

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to

4. Reassessment of disability is:

(i) Not Necessary[or]

(ii) Is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY)_____.

**@ - e.g. Left/Right/both
arms/legs # - e.g. single
eye/both eyes
£- e.g. Left/Right/both ears**

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorized Signatory of notified Medical

Authority*] Name: _____

* In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

Countersign

Official

[CMO/Medical Superintendent/Head of Govt.

Name: _____

^ Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in

MEDICAL EXAMINATION REPORT

Annexure-6

PART - A GENERAL EXPECTATIONS

Coloured
Passport
Size
PHOTO

Candidates will have good general physique with

- a) Chest measurement should not be less than 70 cm, with satisfactory norms of expansion and contraction.
- b) Normal vision. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye.
- c) Normal Hearing. Defective hearing should be corrected.
- d) Normal Heart and lungs without any abnormality and having no history of mental illness and/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. Gender:..... Blood group.....
- 5. Identification Marks on the Body:
(This can be a mole or scar)
- 6. Major illness / operation (in past):
(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 :.....

_____ **Signature of the Medical Officer**

Full Name :.....

MCI Registration NoOR
State Council Registration Number:

State with whose Council Registered:

Official Seal :..... Date :.....

PART - B
MEDICAL CERTIFICATE

Certified that
son/daughter of

a) Fulfills the prescribed standard of physical fitness, as per general expectations stated in Part A and is FIT for admission to B.Tech. / Dual Degree B.Tech.- M.Tech./ Dual Degree B.Tech.-MBA/ M.Tech. Program offered by the Institute.

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**

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.

Undertaking by the Student (As per UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009)

(To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notarized by the Oath Commissioner)

- 1) I,..... (full name of studentwithadmission/registration/enrolmentnumber)s/o,/d/oMr./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

Undertaking by the parent/guardian (As per UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009)

(To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notarized by the Oath Commissioner)

- 1) I, Mr./Mrs./Ms. _____ (full name) of _____ 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 _____ day of _____ Month of _____ Year
this _____ the _____.

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

Mediclaim-cum-Accidental insurance Benefits Scheme (MCAIP)

(Annexure-9)

Offered by

National Insurance Company Limited


Exclusively for all IITA Students

Broad of Feature of Scheme*

- MEDICLAIM Hospitalization Cover- Upto Rs. 90,000/- per annum.
- Accidental Death OR Permanent Disablement of Insured Student – Upto Rs. 5Lakhs
- Carriage of Dead Body of the Insured, upon Accidental death to place of Normal Residence- Rs. 7500/•
- Upon Accidental death of Fee Paying Parent / Guardian – Rs. 3 Lakhs.
- Education Expenses to Dependent Children of Married Insured Students on accidental death - Rs. 25,000/- One child & Rs. 60,000/-* two Child.
- Mediclaim coverage extends throughout India on 24x7basis.
- Territoriallimits 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-Authorization.
- Spouse of married Students AND their dependent Children CAN be covered, for extension benefits, upon payment of additional premiums. NOT COVERED by default in this cover.

(*Condition 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 IIT- A..... Nationality:.....	 A Colored Photograph of the Student being Insured, duly Self Attested
2	Complete Address of NORMAL RESIDENCE of the Enrolled Student Phone No: E-Mail: Pin Code:..... Police Station:.....	Date of Birth:...../...../..... Sex: Male /Female Blood Group:.....
3	Details of the FEE PAYING Parent/ Guardian of the Enrolled Student	Name:..... Relationship with Student:..... Address:..... Phone No: E-Mail: Pin Code:.....	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,
4	(a) Marital Status of the Enrolled Student	Married /Un Married	In case of accidental death of the enrolled student, during the 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.
	(b) In Case "Married", then Pl provide the following		
	(c) Do you have dependent Children	Yes /No	

4 Contd.	(d) In case "Y" to (c) above ,Pl. provide the details :	<p><u>In respect of First Child (Elder one): -</u></p> <p>a) Name of Child:..... b) Age:.....Yrs. Sex: M/ F c) Address:..... Phone No:..... PIN Code:..... E-Mail:.....</p> <p><u>In respect of Second Child (Younger one): -</u></p> <p>d) Name of Child:..... e) Age:.....Yrs. Sex: M/ F f) Address:..... Phone No:..... PIN Code:..... E-Mail:.....</p>	<p>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 25000/- each, as a onetime assistance by the Insurance company.</p>
5.	<p>Pre Existing Diseases*, at the time of admission into the Institute: (The ones that exist at the time of enrolling at the institute PLUS the those arise within 30 days of the Inception of the Insurance Policy. Also, Include diseases attributable to Pre-existing diseases.)</p>	<p>(a)..... (b)..... (c)..... (d)..... (e).....</p> <p>(Pl. add if more)</p>	<p>Pre Existing Diseases qualify for claim only after four continuous claim three year, in respect of those diseases,</p> <p>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)</p>

(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:.....

Indian Institute of Information Technology Allahabad

Format of Self Declaration about submission of -----

(Applicable only for Sr. No. 06, 07, 12, 13 & 14)

I, _____ (Name of candidate)

Application ID. _____,

S/D/O _____ resident of _____

_____ do hereby declare on oath as under:

That I will submit my certificates as hare under, upto 30th September, 2021. Failing which I understand that my admission in MBA. Program may be cancelled.

List of certificates for which times extension is requested. (Please tick the relevant boxe/s)

- | | |
|---|--------------------------|
| 1) Course completion Certificate. | <input type="checkbox"/> |
| 2) Conduct/Character Certificate. | <input type="checkbox"/> |
| 3) Medical Examination Report. | <input type="checkbox"/> |
| 4) Anti-Ragging Affidavit by the student. | <input type="checkbox"/> |
| 5) Anti-Ragging Affidavit by the Parent/Guardian. | <input type="checkbox"/> |

Place: _____

Date: _____

Signature of the Candidate

Name of Candidate:

Mobile. No:

Application ID

Indian Institute of Information Technology Allahabad
Provisional Fee Structure from Jul-Dec-2021 to Jan-Jun 2023

Course: MBA		Categories :Gen/OBC/EWS/OBC/SC/ST/PwD			
Academic Session		Jul-Dec 2021	Jan-Jun, 2022	Jul-Dec 2022	Jan-Jun, 2023
S N	General Fees & Dues (All Figures in ₹)	1st Sem	2nd Sem	3rd Sem	4th Sem
A	One Time Fee				
1	Admission Fee	2750			
2	Enrolment Fee	1100			
3	Identity Card Fee	1100			
4	Alumni Fund	8800			
	Total (A)	13750			
B	Annual Dues				
1	Benevolent Fund	550		610	
2	Group Insurance and Student Welfare Fund	1100		1210	
3	Library Fee	1100		1210	
	Total (B)	2750		3030	
C	Semester Fees				
1	Tuition Fee	68000	68000	75000	75000
2	Hostel Fee	6000	6000	13200	13200
3	Gymkhana Fee	1100	1100	1210	1210
4	Examination Fee	1100	1100	1210	1210
5	Grade Card Fee	550	550	610	610
6	Medical Fee	550	550	610	610
7	Transport	0	300	330	330
8	Cooler Usage Charges	0	500	550	550
9	Internet Expenses Subsidy	-1100	0	0	0
	Total (C)	76200	78100	92720	92720
	Total Fee [A+B+C] (₹)	92700	78100	95750	92720
D	Mess Charges (As per actual)	0	12000	12000	12000
	Grand Total [A+B+C+D]	92700	90100	107750	104720

