

Indian Institute of Information Technology, Allahabad

Dear Candidate,

Congratulations on your being allotted a seat at Indian Institute of Information Technology, Allahabad (IIITA), in its four year full time residential B.Tech. in Information Technology (IT)/ Electronics and Communication Engineering Degree Program. On behalf of the Institute, it is a pleasure to welcome you onboard into the IIITA family!

We hope that during the time that you spend with us here, we shall be able to assist you in shaping yourself as a professional in the field, on which the society in general and you in particular, shall be proud of. We have adequate infrastructure to support you in your endeavor and hope that you will utilise it fully in your favour, while your stay here (we are further, always in the process of fortifying our infrastructure, to match the pace of latest developments in the field). Further, you would be happy to know that you are about to enter a very special B.Tech. Batch which will have the unique opportunity to upgrade itself into 5+ Yr. B.Tech-M.Tech / B.Tech.-MBA Dual Degree Program, upon the fulfillment of certain conditions, which we will apprise you in due course of time.

As a first step in the direction however, at present you are required to complete certain admission related requirements. So as to take you through them, kindly find as enclosed alongwith, the relevant details. Admission process requires some details to be filled in on our web portal (<https://erp.iiita.ac.in>) alongwith uploading of your Signatures in black colour (in .jpeg format) and coloured Photo (in .jpeg format). While you are free to initiate these admission process related requirements from your place of convenience, you are also free to complete these requirements after meeting us personally (as per the schedule declared by JoSAA 2018. (Admission Hours - 9.30 am to 5 pm). For accessing the web portal, use your JEE Mains Roll Number as **your User Id**. Your Date of Birth is your **password** in yyyy-mm-dd format. In case you are unable to do this or donot have adequate facilities for doing this, donot worry, as we will facilitate it for you when you visit us for admission.

Kindly note that the admission process is completed only after:

- 1) Your credentials are physically verified at the Institute & uploaded on the web portal,
- 2) Requisite academic Fees and Hostel/Mess Charges are received in the Institute,
- 3) Enrollment number is allotted to you,
- 4) Confirming your admission to JoSAA /CSAB 2018 is done, at the Institute.

Your initiating the process of admission before reaching here in person, shall however hasten your admission process, once you are here. **Your personal presence alongwith the Certificates and Documents as detailed in attachments, in ORIGINAL are necessary at the time of admission, as per the JoSAA 2018 declared schedule.**

IIIT Allahabad is a fully electronic payment compliant campus, where NO CASH / Demand Draft based transactions are undertaken. So either transfer the fees and Mess Charges (in separate Accounts) through Net Banking and bring to us the UTR Receipts for our reconciliation OR pay the fees at the time when you come to us for admission through your DEBIT/ CREDIT Card. In such a case, Pl. ensure that your card has a daily limit of funds transfer for upto Rs. 90,000/- (For General & OBC Candidates) / Rs 35,000/- (For SC / ST / PwD Candidates). In case the admission requirements are not completed owing to non materialising of transaction through Debit / Credit Card, the onus of the outcome shall rest with the candidate. Requisite Bank / Card Transaction charges are also payable by the candidate.

Kindly ensure that you donot land up during the last hour of your allocated days for admission, just in case anything falls short, then we are constrained and unable to help. During admission days, we try to facilitate a day's stay in our Institute Visitor's Hostel 1, to the accompanying parents of the candidates. Just in case you would want to avail of the same, drop an email to dndas@iiita.ac.in, stating the day you want to stay. Pl. mention your JEE Mains Roll no in your email, so that your accommodation can be confirmed prior to your arrival. Only those who are confirmed the accommodation can be allowed to stay in the Visitors Hostel 1. Additionally, several budget hotels are also available around the Allahabad Jn. Railway station, in case you reach Allahabad at odd hours. We would try our level best to allot you the hostel the same day, after your admission requirements are completed.

Looking forward to meeting you at IIIT Allahabad, I remain,

With Good Wishes,

Admissions Team, IIIT Allahabad

Note:

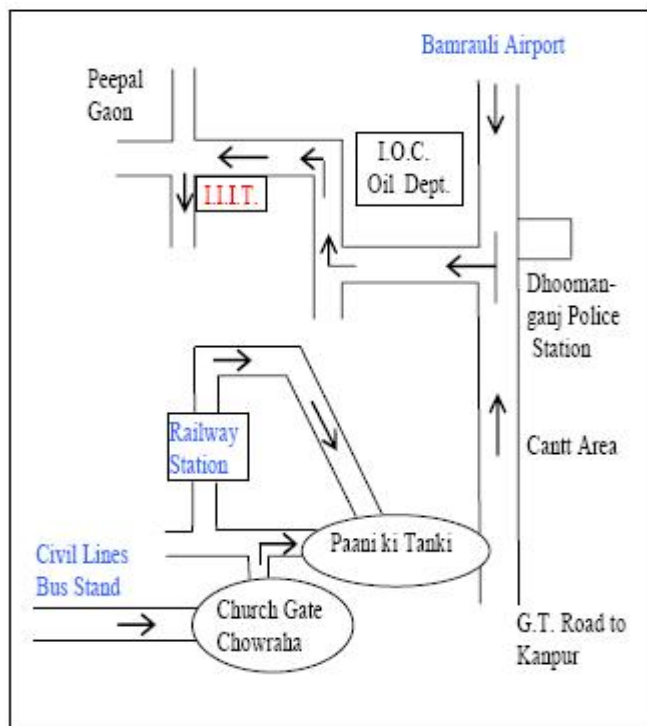
- 1) Those candidates, who choose to access the portal <https://erp.iiita.ac.in> and upload the desired information, before reaching the Institute, shall be eligible to be considered as Green Channel Candidates, which shall enable them faster admission process completion, once they are at the IIITA Premises.
- 2) Candidates desirous of taking admission at IIIT Allahabad after formal allotment of seat to them by JoSAA / CSAB 2018, are encouraged to assemble in the Auditorium of the Admin Block of IIIT Allahabad during the prescribed dates by JoSAA, at either 10.00 am or alternatively at 1.00 pm, for being apprised upon the admission process / queries of the candidates.

**For General Information of ALL candidates
seeking admission at IIIT Allahabad
through Joint Seat Allocation Authority (JoSAA) 2018**

A. How to reach IIIT Allahabad:

The IIIT Allahabad campus is located at Jhalwa (Peepalgaon Road), Allahabad. It is 10 km from the city center and 7 km from the main railway station (Allahabad Junction). Allahabad is very well connected by Trains from all places like Delhi, Kolkata, Guwahati, Mumbai, Chennai etc. Indian Railway services to Allahabad are excellent and quite comfortable. Best is to alight on Platform No. 1 side of Allahabad Junction and hire an auto rickshaw for about Rs. 130, depending upon day-night timings of your arrival. Ola Taxi Service is also available from Platform No. 1 (called Chowk side), Platform No. 6/ 10 (called Civil Lines side). Other Railway Stations under jurisdiction of Allahabad Junction (ALD) are Cheeki (ACOI), Naini (NYN), Allahabad City (ALY) and Prayag (PRG). Allahabad is served by Bhamrauli Airport, which is a defense Airport having the code IXD. Direct daily flights from Delhi (DEL) are available from here. It is about 7 kms from the Institute Campus.

Guide Map for Reaching Deoghat, Jhalwa, IIIT Allahabad - 211015



B. Documents required at the time of admission:

One set of Clear Photocopied documents (A-4 Sized, self-attested) as follows are required to be brought by the selected candidate at the time of reporting to Admission, Assessment and Award Section (AAA Section), IIIT Allahabad for deposition at the Institute.

Reporting Site: Auditorium, Admin Building , IIIT Allahabad, Jhalwa, Allahabad-211015

1. Provisional Seat Allocation Letter from CSAB 2018. (web copy)
2. Document Verification-cum-Seat Acceptance Letter from Reporting Centre Incharge. (In Original)
3. Receipt of Initial Fee Payment. (In Original)
4. JEE Mains 2018 Admit Card. (as received from CBSE Website)
5. JEE Mains 2018 All India Score-cum-Rank Card (web copy)
6. Class X Certificate & Marksheet. (In Original)
7. Class XII Certificate & Marksheet. (In Original)
8. Caste Certificate (if applicable, for SC/ST/OBC in the Format given in the Joint Seat Allocation Authority Website (Issued by the Competent Authority)). **OBC certificate must have been issued on or after 01/04/2018.** (In Original)
9. Certificate for Persons with Disability in the attached format (for PWD Category candidates only, as may be applicable). (In Original)
10. AADHAAR CARD (In Original)
11. Undertaking in the required format (for OBC Candidates only, on plain paper in format by JoSAA 2018) (In Original for retention at the Institute)
12. Character Certificate (In Original) from the Institution last attended. (In Original)
13. Transfer/ Migration Certificate (In Original) from the Institution last attended. (In Original)
14. FIVE identical coloured passport sized photographs of GOOD QUALITY on Matt Finish against white background (size 35x50mm). (2 Photos for MCAIP Forms, One on Medical Examination Report, One on Medical Booklet, One for Office Records) (All in Original, for deposition at the Institute)
15. Medical Examination Report. (In Original in the format attached). Medical examination Report may be got filled in from anywhere, including the candidate's home place. Pl. ensure 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. OR else the same may be got done from IIIT Allahabad Health Centre Doctors against the payment of a fee of Rs 250/-.
16. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-, duly notarized by the Oath Commissioner. (In Original for deposition at the Institute)
17. 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. (In Original for deposition at the Institute)
18. MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme" (TWO SETs in Original, to be deposited at the Institute).

Originals of Sr. No. 6 to 10 will be required only at the time of verification & returned thereafter.

Also pl. have the documents as at Sl No 15-17 made from your home place / any place, before coming to take admission. These can be made at Allahabad also, but then it may take you an extra day to get them made. Formats of the documents are attached along with for your convenience.

(Note – Kindly maintain the same sequence of documents as given above)

C. Details of Documents etc to be uploaded on the web admission portal of the Institute (OPTIONAL):

- (i) Passport size color photograph (35x50 mm size, upto 500kb size) and signature (10x30mm, 100 kb size, black coloured), both in .jpeg format.
- (ii) All academic qualification marksheets, certificate, JEE Score Card in .pdf format at the time of registration or you may upload (in .pdf format, each file size upto 500kb) and fill all details at the student portal (please refer the link at page 1) before reporting at the Institute. Due to any reason, if you could not upload at the student portal, you may bring the documents in original for scanning and uploading at IIIT Allahabad. Documents in Original MUST be brought at the time of Admission.

D. Banking Facility:

- ATM counters of Canara Bank, Indian Overseas Bank and HDFC Bank exist at the Institute premises. Students can open their personal accounts also in these banks, who service the Institute, if they so desire.

E. Hostel Facility:

- The Institute is a fully residential campus. All the Hostels (includes five boys hostel & three girls hostel) are provided with modern boarding and lodging facilities. Hostels have adequate recreational facilities including sports. Each student is provided with a Cot, Table, Chair and an Almirah space, the suggested list of items that may be required by a Hosteler during the course of his/ her stay on campus is likely to include the following:
- One bucket with mug + soap with soap case + Door Lock (Good Quality)
- Bedding with warm clothing, Blanket/ Quilt & Mosquito Net.
- Temperature at Allahabad ranges between 7-10 in winters (December - January) and 40 – 49 in summers (April – June).
- Table Lamp – In case you are habitual otherwise Tube lights are provided in all rooms.
- Appropriate Clothing & Shoes.

F. Medical Facility:

Round the clock medical facility is available at the Institute campus. MEDICLAIM cum Accidental Insurance Policy (MCAIP) is also available at the Institute.

G. Fee Structure for candidates, to be admitted in 2018 at IIITA

FEE STRUCTURE FOR B.TECH. (IT / ECE) IIIT-ALLAHABAD (General & OBC Categories) For Academic Session 2018-19*			
Sl. No.	Items of Fee	1st Sem.	2nd Sem
A	<u>One Time FEE</u>		
	Admission Fee	2500	-
	Enrolment Fee	1000	-
	Identity Card Fee	1000	-
	Alumni Fund	8000	-
B	<u>Annual Dues</u>		
	Benevolent Fund	500	-
	Group Insurance and Student Welfare Fund	1000	-
	Library Fee	1000	-
C	<u>Semester Fees</u>		
	Tuition Fee	54000	54000
	Hostel rent (Double Occupancy Rs. 5400/-)	5400	5400
	Gymkhana Fees	1000	1000
	Examination Fee	1000	1000
	Grade Card Fee	500	500
	Medical Fee	500	500
TOTAL Fee (A+B+C)		77,400/-	62,400/-
D	<u>Mess Charges</u> (TO BE PAID SEPARATELY – IN SEPARATE Bank ACCOUNT AS DETAILED IN H-2 Below) (Charges will be calculated on exact no. of days basis in the beginning of each Semester and payable as per actuals only)	15,344	15,344
TOTAL including Mess Charges		92,744/-	77,744/-
* Subject to revision annually.			

FEE STRUCTURE FOR B.TECH IIIT-ALLAHABAD (SC, ST & PwD Categories ONLY) For Academic Session 2018-19*			
Sl. No.	Items of Fee	1st Sem.	2nd Sem
A	<u>One Time FEE</u>		
	Admission Fee	2500	-
	Enrolment Fee	1000	-
	Identity Card Fee	1000	-
	Alumni Fund	8000	-
B	<u>Annual Dues</u>		
	Benevolent Fund	500	-
	Group Insurance and Student Welfare Fund	1000	-
	Library Fee	1000	-
C	<u>Semester Fees</u>		
	Tuition Fee	-	-
	Hostel rent (Double Occupancy Rs. 5400/-)	5400	5400
	Gymkhana Fees	1000	1000
	Examination Fee	1000	1000
	Grade Card Fee	500	500
	Medical Fee	500	500
	TOTAL Fee (A+B+C)	23,400/-	8,400/-
D	<u>Mess Charges</u> (TO BE PAID SEPARATELY– IN SEPARATE ACCOUNT AS DETAILED IN H-2 Below) (Charges will be calculated on exact no. of days basis in the beginning of each Semester and payable as per actuals only)	15,344	15,344
	TOTAL including Mess Charges	38,744/-	23,744/-
* Subject to revision annually.			

**Fees applicable at the time of admission - Rs. 77,400/- OR Rs. 23,400/-
(As per Category of admission)**

Please note that the fee amount which has already been deposited to CSAB as fee will be transferred to IIIT-Allahabad and therefore must be deducted from the total fee amount mentioned in the first semester fee structure. Small balances, if any, may be paid by Debit/ Credit Card at the Institute.

H. Fee and Mess Charges Payment Methodology:

- Fees will be paid through Online Portal/ NEFT (From ANY BANK)/ Credit/ Debit Card (OF ANY BANK). No DD's are acceptable.

(a) Pay through Online Portal i.e. <https://erp.iiita.ac.in> or visit our homepage www.iiita.ac.in for the link. (Activated ONLY after seats are allotted by CSAB 2018)

OR

(b) Details for Direct ONLINE Transfer (NEFT) of 'Fee' ONLY through **EITHER** of the following Three Banks:

NEFT: Account holder name: IIIT-A FEE A/C
Account Type: Savings Account
Fees Account No.: 035001000060472
Bank Name and address: **Indian Overseas Bank**, Civil Lines, Allahabad – 211001 (U.P.)
IFSC Code: IOBA0000350

OR

NEFT: Account holder name: IIIT-A FEES ACCOUNT
Account Type: Savings Account
Fees Account No.: 0627101019766
Bank Name and address: **CANARA Bank**, Civil Lines, Allahabad – 211001 (U.P.)
IFSC Code: CNRB0000627

OR

NEFT: Account holder name: IIIT A FEE ACCOUNT
Account Type: Savings Account
Fees Account No.: 50100210245436
Bank Name and address: **HDFC Bank**, Sulem Sarai, Allahabad – 211001 (U.P.)
IFSC Code: HDFC0004498

2. Mess Charges* of Rs. 15,344/- is to be paid through NEFT -SEPARATELY

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

NEFT Account Holder Name -Council Of Wardens IIIT Allahabad
Account Number-50100237089533
IFSC Code -HDFC0004498
Bank & branch -HDFC Bank Sulem Sarai Allahabad

*(subject to change as per actuals and settlement on either sides accordingly)

I. **For Important links on Institute Rules and Regulations visit:**
www.iiita.ac.in & <https://aaa.iiita.ac.in/>

J. **Contact Persons in case of any difficulty:**

- | | |
|---|---|
| 1) Mr. Ashutosh Shukla (0532-2922085) | 2) Mr. Ramesh Rai (0532-2922286) |
| 3) Mr. Vivekanand Sinha (0532-2922032) | 4) Mr. Md. Saleem Ansari (0532-2922030) |
| 5) Mr. Kaushal Kumar Singh (0532-2922033) | 6) Mr. Shivam Dubey (0532-2922282) |
| 7) Mr. Niranjan Kumar (0532-2922013) | |

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

<https://erp.iiita.ac.in>

(Above link will be activated only after the Institute gets the list of allotted students from CSAB, 2018)

Imp: Pl. note that the formats attached alongwith might change at a later date to align with JoSAA / CSAB 2018 requirements. In such a case, it is desired that the candidates keep visiting this page on iiita homepage for the latest and updated information. JoSAA / CSAB 2018 prescribed Formats shall prevail in case of any conflict.

MEDICAL EXAMINATION REPORT

PART - A GENERAL EXPECTATIONS

Coloured
Passport Size
PHOTO

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. Gender: 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. OR State Council Registration Number:

Mention the 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 and is FIT for admission to B.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.

ANNEXURE 8

MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)					
<u>GENERAL EXPECTATIONS</u>					
<p>Candidates should have good general physique. In particular,</p> <p>Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction. Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and uniocular (having vision in only one eye) persons are restricted from admission to certain courses.</p> <p>Hearing should be normal. Defective hearing should be corrected.</p> <p>Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.</p>					
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:
5	Past History	(a) Mental illness (b) Epileptic Fit			
6	Chest (a) Inspiration in cm		(b) Expiration in cm		
7	Hearing				
8	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Uniocular vision (having vision in only one eye)
9	Respiratory System				
10	Nervous System				
11	Heart	(a) Sounds		(b) Murmur	
12	Abdomen (a) Liver (b) Spleen	Hernia		Hydrocele	
13	Any other defects:				
Certificate of Medical Fitness					
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceuticals/ Science Course</p> <p>The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:</p> </div> </div>					
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> Name of the Doctor Signature Registration number Seal </div>					

FORM-OBC-NCL**OBC-NCL Certificate Format****FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL) APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kum* _____ Son/
 Daughter* of Shri/Smt.* _____ of Village/
 Town* _____ District/Division* _____ in the
 State/Union Territory _____ belongs to the
 _____ community that is recognized as a backward class
 under Government of India**, Ministry of Social Justice and Empowerment's Resolution No.
 _____ dated _____ ***

Shri/Smt./Kum. _____ and/or _____
 his/her family ordinarily reside(s) in the _____ District/Division of
 the _____ State/Union Territory. 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, 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) dtd. 30/05/2014.

District Magistrate /
 Deputy Commissioner /
 Any other Competent Authority

Dated:

Seal

* Please delete the word(s) which are not applicable.
 ** As listed in the Annexure (for FORM-OBC-NCL)
 *** The authority issuing the certificate needs to mention the details of Resolution of
 Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term 'Ordinarily resides' 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

ANNEXURE for FORM-OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12018/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014

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, 2018.

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

FORM-SC/ST**SC/ST Certificate Format****FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES**

1. This is to certify that Shri/ Shrimati/ Kumari* _____ son/daughter*
of _____ of Village/Town* _____
District/Division* _____ of State/Union Territory* _____ belongs
to the _____ Scheduled Caste / Scheduled Tribe* under :-

* The Constitution (Scheduled Castes) Order, 1950

* The Constitution (Scheduled Tribes) Order, 1950

* **The Constitution (Scheduled Castes) (Union Territories) Order, 1951**

* The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

* The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;

* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;

* **The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;**

* The Constitution (Dadara and Nagar Haveli) Scheduled Tribes Order, 1962;

* The Constitution (Pondicherry) Scheduled Castes Order, 1964;

* The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

* The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;

* The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;

* The Constitution (Nagaland) Scheduled Tribes Order, 1970;

* The Constitution (Sikkim) Scheduled Castes Order, 1978;

* The Constitution (Sikkim) Scheduled Tribes Order, 1978;

* The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989;

* The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;

* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;

* The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

2. # This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri /Shrimati*
_____ father/mother* of Shri /Shrimati /Kumari* _____ of Village/Town*
_____ in District/Division* _____ of the State State/Union
Territory* _____ who belong to the Caste / Tribe* which is recognised as a Scheduled Caste /
Scheduled Tribe* in the State / Union Territory* _____ issued by the _____ dated
_____.

3. Shri/ Shrimati/ Kumari * _____ and / or* his / her* family ordinarily reside(s)** in Village/Town*
_____ of _____ District/Division* of the State Union Territory* of _____.

Signature: _____

Designation _____

(with seal of the Office)

Place: _____ State/Union Territory* _____

Date: _____

* Please delete the word(s) which are not applicable.

Applicable in the case of SC/ST Persons who have migrated from another State/UT.

IMPORTANT NOTES

The term "ordinarily reside(s)"** used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshdweep Island).
6. Certificate issued by any other authority will be rejected.

FORM-PwD (II)**Form-II
Disability Certificate**

(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)**(See rule 4)**

Recent	PP	size
Attested Photograph (Showing face only) of the person with disability		

Certificate No. _____

Date: _____

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

_____ son/wife/daughter of Shri _____

Date of Birth (DD/MM/YY) _____ 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:

a. locomotor disability

b. blindness

(Please tick as applicable)

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:-

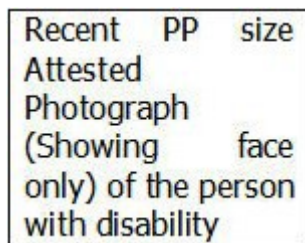
Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour disability certificate is issued.

FORM-PwD(III)

Form-III
Disability Certificate
(In cases of multiple disabilities)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See rule 4)



Certificate No. _____ Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum. _____
 _____ son/ wife/daughter of Shri _____
 _____ Date of Birth (DD/MM/YY) _____ Age _____ years,
 male/female _____ Registration No. _____
 permanent resident of House No. _____ Ward/Village/Street
 _____ Post Office _____ District
 _____ State _____,

whose photograph is affixed above, and are 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		

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

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

In figures: _____ percent

In words: _____ percent

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

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

Nature of Document	Date of Issue	Details of authority issuing certificate

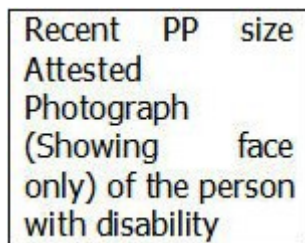
6. Signature and seal of the Medical Authority:

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

Signature/Thumb
impression of the
person in whose
favour disability
certificate is
issued.

FORM-PwD(IV)**Form-IV
Disability Certificate**

(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**(See rule 4)**

Certificate No. _____ Date: _____

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

_____ son/ wife/daughter of Shri _____

_____ Date of Birth (DD/MM/YY) _____ 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 he/she is a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is 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		

(Please strike out the disabilities which are not applicable.)

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

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.
3. Reassessment of disability is:
 a. not necessary
 Or
 b. is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
 (Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature/Thumb impression of the person in whose favour disability certificate is issued.
--

Note: 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.

FORM-DYSLEXIC-1

FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY DYSLEXIC CANDIDATE

{To be obtained from any Dyslexia Association*}

Date:

PSYCHO-EDUCATION EVALUATION REPORT

Name of the candidate:

Date of Birth:

Registration in the Dyslexia Assn. (date / number):

Name of the Father/Mother/Guardian:

Name/address and Regn. No.
of the Dyslexia Association :

Physical & Neurologic Assessment: []

Psychological Assessment: []

WISC Verbal IQ:
Performance IQ:
Full Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)**
2. The disability is **PERMANENT** in nature.

*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkata, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
2. Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1, 1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Centre Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

**Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

Name of the certifying official:

Seal:

Photograph
of the
Candidate

FORM-DYSLEXIC-2

***CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE
PRINCIPAL OF THE SCHOOL/COLLEGE LAST ATTENDED**

Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the School/College:

Photograph

Certified that Shri/Shrimati/Kumari _____
son/daughter of _____ of
_____ village/town passed his/her Class XII from this
school and as per records, availed concession under dyslexic category.

Signature with seal:

*A candidate passing Class XII or equivalent through open school system or in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.

FORM-DS

PROFORMA

EDUCATION SCHOLARSHIP-ENTITLEMENT CARD

(To children of Armed Forces personnel killed/disabled/missing in wars/CI Operations)

The holder of this card Shri/Kum _____
born on _____ is the son/daughter of Shri/Smt _____
_____, Rank _____
_____ of Unit _____ Service
_____ Service No. _____
killed in action/permanently disabled/missing on _____
during _____ (Name of war/operation).

Name of the Guardian: _____

Address: _____

The holder is eligible for all educational concessions sanctioned by Central Government for children of Armed Forces personnel killed, missing or permanently disabled in wars/CI Operations.

Signature of the authorized Officer

Office Address:

(In case of officers, Entitlement Card for Education Scholarship should be obtained from AG/MP-59B, Army HQ, New Delhi-11, and for Personnel Below Officer Rank (PBOR) the same be obtained from the respective Record Offices.)

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 notarised by the Oath Commissioner)

- 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

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 notarised by the Oath Commissioner)

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

Mediclaime-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 :	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <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:.....	Date of Birth:..... Sex: Male \ Female Blood Group :
3	Details of the FEE PAYING Parent / Guardian of the Enrolled Student	Name:..... Relationship with the Student:..... Address:..... Phone Number:..... PIN Code:..... Email:.....	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.
	(a) Marital Status of the Enrolled Student	Married / Un Married	In case of accidental death of the enrolled student, during the

4	(b) In Case " Married ", 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 " Yes " to (c) above, Pl. provide the details:	<u>In respect of First Child (Elder One):</u> (a) Name of Child:..... (b) Age:.....Yrs. Sex: M / F (c) Address:..... Phone Number:..... PIN Code:..... Email:..... <u>In respect of Second Child (Younger One):</u> (a) Name of Child:..... (b) Age:.....Yrs. Sex: M / F (c) Address:..... Phone Number:..... PIN Code:..... Email:.....	
5	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 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)	PRE EXISTING Diseases 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:.....