



Indian Institute of Information Technology Allahabad

UPDATED

(AS ON 13/7/2026)

**General Admission related
Information for
2026 admittees
[CCMT] at IIIT
Allahabad**

Sub: General Admission related Information for 2026 admittees at IIIT Allahabad

INDEX

Sl. No.	Contents	Page No.
1.	!! Greetings and Welcome Note !!	2 – 3
A.	How to reach IIIT Allahabad	3
B.	Documents required at the time of admission	4 – 5
C.	Details of Documents etc. to be uploaded on the web admission portal of the Institute (OPTIONAL)	5
D.	Banking Facility	5
E.	Hostel Facility	6
F.	Medical Facility	6
G.	Fee Structure for IIITA students, admitted in 2026	7 – 9
	FEE STRUCTURE FOR M.TECH For All Categories (Gen, EWS,OBC SC, ST & PWD) Candidates	7
	FEE STRUCTURE FOR DUAL DEGREE M.Tech – Ph.D. For All Categories (Gen, EWS,OBC SC, ST & PWD)	8
H.	Fee and Mess Charges Payment Methodology: (For Indian Nationals) (For Foreign Nationals)	8
I.	For Important links on Institute Rules and Regulations visit	9
J.	Contact Persons in case of any difficulty (during 10:00 am to 1:30 pm and 3:00 pm to 5:30 pm on working days)	9
	Annexures	10 – 29
K.	Placements at IIIT-A	30 – 35

[Go Back to Index](#)

!! Warm Greetings and Welcome Note !!

Dear Candidate,

Congratulations on your being allotted a seat at Indian Institute of Information Technology, Allahabad (IIITA), in its Two-year Full Time Residential M.Tech and Four-year Full Time Residential DD-M.Tech & Ph.D. 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 invest with us here on campus, 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. IIITA has 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 and also emerge as a leading investor in the future intellectual asset of the country i.e. you).

As a first step in the direction however, AFTER BEING OFFERED A CONFIRMED FINAL SEAT ALLOTMENT AT IIITA, you will be 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 a FORMAL Coloured Photo (in .jpeg format). Detailed list of Documents required to be uploaded is also attached alongwith, which the candidate must keep ready in scanned pdf version for uploading on the IIITA ERP portal. 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 during 9 – 11 Aug 2026, (Admission Hours - 9.30 am to 5 pm; but pl. be prepared for allowing sufficient time for uploading from IIITA. Orientation Program is scheduled for 6pm of 11 Aug 2026.

Attention CCMT M.Tech Freshers 2026

As per current information received from CCMT, the “PHYSICAL REPORTING & ADMISSION” dates are during August 9-11, 2026 at IIIT-Allahabad.

Accordingly, the IIIT-Allahabad ERP Software Portal will open for document uploads and fee submission by Candidates allotted IIIT-Allahabad, from **9:00 AM, 9 August 2026**. You can start uploading the required documents from your Home place also from this date & time. These timings are subject to receipt of finally allotted candidates list from CCMT and is therefore subject to slight variations. So kindly donot panic or call anyone or send emails to anyone, in case of some time variations.

Please visit the IIITA ERP Portal at: <https://erp.iiita.ac.in> to complete your requirements.

Link will be activated ONLY after FINAL seat allotments of all rounds are done by CCMT 2026).

For accessing the web portal, use CCMT Application ID Number as your User Id. Your Date of Birth is your password in dd/mm/yyyy format. In case you are unable to do this or do not have adequate facilities for doing this, do not 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 CCMT 2026 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 Institute declared schedule after the CCMT 2026 declared schedule. The same will be declared on the Institute website – iiita.ac.in. No personal intimation to any candidate is sent.**

IIIT Allahabad is a fully electronic payment compliant campus, where NO CASH / Demand Draft based transactions are undertaken. So transfer the Fees and Mess Charges (in separate Accounts, as per ERP Provisions) through Net Banking and bring to us the UTR Receipts for our reconciliation .

Kindly ensure that you do not 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. We would try our level best to allot you the hostel the same day, after your admission requirements are completed, provided you report to us in early hours of the day.

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

With Good Wishes,

**Dr. Asheesh Kumaar,
Jt. Registrar (Academics) for AAA Section Team, IIIT Allahabad**

**For General Information for ALL candidates seeking
admission at IIIT Allahabad through CCMT 2026**

A. How to reach IIIT Allahabad:

By Train Connectivity:

Railway Stations at Prayagraj (erstwhile Allahabad) are as follows:

- 1) Allahabad Junction (PRYJ) – Abt. 7 kms from Platform No 1 side
- 2) Subedar Ganj Railway Station (SFG) – Abt. 3 Kms from either sides
- 3) Prayag (PRG) – Abt. 13 Kms. from Campus
- 4) Allahabad City (ALY) (also popularly known as Rambagh Stn)– Abt.10 Kms from Campus
- 5) Prayag Ghat (PYG) (also popularly known as Daraganj Stn)– Abt. 14 Kms from Campus
- 6) Jhusi (JI)–Abt 20 Kms. from Campus
- 7) Chheoki (ACOI) – Abt. 16 Kms. from Campus
- 8) Naini (NYN) – Abt.19 Kms. from Campus

The IIIT Allahabad campus is located at Jhalwa (Peepalgaon Road), Allahabad. Allahabad Jn. Railway Station is the first choice for reaching IIIT Allahabad followed by Subedar Ganj. Allahabad Junction is very well connected by Trains from all major places like Delhi, Kolkata, Guwahati, Mumbai, Chennai etc. Indian Railway services to Prayagraj are excellent and quite comfortable. Best is to alight on Platform No. 1 side of Prayagraj Junction and hire an auto rickshaw for about Rs. 200, depending upon day-night timings of your arrival. Ola Taxi Service is also available from Platform No. 1 (locally called Chowk side) and also from Platform No. 6/10 (locally called Civil Lines side).

By Air Connectivity:

Allahabad is served by Bamrauli Airport, having the code IXD. Direct flights from Delhi (DEL), Bangalore, Mumbai, Raipur, Kolkata are available from here. It is about 4 kms from the Institute Campus. Ola Taxi again is available in between the Airport terminal and Institute Campus.

By Road Connectivity:

Own Conveyance–IIIT Allahabad Campus is accessible from the main Grand Trunk Road that connects Kanpur to Lucknow. Its 200 Kms from Kanpur and abt 203 Kms from Lucknow (The state Capital). As an identification point, take the road turning that is just opposite to the Dhooman

Ganj Police Station on the GT Road and travel 2.9 Kms on the self guiding road, so as to reach the Gate No. 2 Entrance Gate (Main Gate) of the Institute.

State Roadways Bus – Alight at the Civil Lines Bus Stand, which is connected to all districts of Uttar Pradesh and also by Sleeper Buses from New Delhi. Civil Lines Bus Stand is about 10 Kms from the Institute Campus, from where local Autos / Battery Rickshaw as well as OLA Taxi is available round the clock. Shared Auto service is also available till upto Dhooman Ganj Police Station, from where another shared auto can be hired to reach Jhalwa Crossing, which is about 1 Km from the Institute Campus. Battery Rickshaws ply from there to Institute Campus. Reserved Autos are available from almost anywhere to anywhere, in Prayagraj (Allahabad).

[Go Back to Index](#)

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. However, bringing ORIGINAL Copy of all Documents is MANDATORY to be brought for Verification. Reporting is to be done at Admission, Assessment and Award Section (AAA Section – Room No. 1713), in Administration Block of IIT Allahabad for deposition at the Institute.**

Reporting Site: Room No. 1715, Admin Building, IIT Allahabad, Jhalwa, Allahabad 211015. (NOTE - Generally the Institute Auditorium in Administration Block is maintained as the assembly area for all incoming New Candidates. Wash Room and Drinking Water facilities are available adjacently in the Building).

DOCUMENTS TO BE UPLOADED ON ERP as well as COPIES to be RETAINED BY THE INSTITUTE:

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
2. AADHAR Card.
3. ABC/APAAR ID Card
4. Class X Mark sheet.
5. Class X Passing Certificate.
6. Class XII Mark sheet
7. Class XII Passing Certificate.
8. UG Mark sheets for all Semesters.
9. UG Degree/Provisional Certificate
10. Conduct/Character Certificate from the Institution last attended.
11. Migration/Transfer Certificate from the Institution last attended.
12. Valid GATE Score Card (2024, 2025 & 2026).
13. Certificate of Category (SC/ST/OBC-NCL/EWS), 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 1st April 2026.**
14. Undertaking by the candidate on OBC-NCL status in the prescribed format.
15. Original Certificate for Persons with Disabilities (PwD), if applicable, issued by the competent authority.
16. Medical Examination Report.
17. Anti-Ragging Affidavit by the student (To be submitted on a **Non-Judicial Stamp Paper** of Rs. 10/- or above, duly notarized by the Oath Commissioner.)
18. Anti-Ragging Affidavit by the Parent/ Guardian (To be submitted on a **Non-Judicial Stamp Paper** of Rs. 10/- or above duly notarized by the Oath Commissioner.)
19. MCAIP Form for “Medical-cum-Accidental Insurance Benefit Scheme”.
20. Undertaking by candidate for Documents Submission. (To be submitted on a **Non-Judicial Stamp Paper** of Rs. 10/- or above duly notarized by the Oath Commissioner.)

Please note that

- If the original certificates are not in English/Hindi, English/Hindi version/translation of such certificates, duly certified by the Principal/Director or other competent authority of the graduating Institute, will be required during the verification of documents.
- 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.
- ST certificates from Tamil Nadu state must be issued by the concerned Revenue Divisional Officer.
- Medical examination Report may be got filled in from anywhere, including the candidate's home place. Pl. 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.

DOCUMENTS TO BE RETAINED IN ORIGINAL BY THE INSTITUTE:

1. Character Certificate from the Institution last attended. (In Original)
2. Transfer/ Migration Certificate from the Institution last attended. (In Original)
3. Income & Asset Certificate to Be Produced By Economically Weaker Sections (In Original) (Ann-1)
4. Medical Examination Report. (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. alongwith 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/-. (In Original) (Ann-2 [B]) **IIIT-A Format**

Medical Examination Certificate submitted at the time of CCMT 2026 shall also hold good for the purpose. (In Original) (Ann-2[A]) – **CCMT 2026 Format**

(Note: Any one of above 2A or 2B is acceptable)

5. Anti-Ragging Affidavit by the Student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-, duly notarized by the Oath Commissioner. Oath Commissioner may be from anywhere in India. (In Original) (Ann-3) (for deposition at the Institute), as per the format attached.
6. 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. Oath Commissioner may be from anywhere in India. (for deposition at the Institute), as (In Original) (Ann-4) per the format attached.
7. MCAIP Form for "Medical-cum-Accidental Insurance Benefit (In Original) (Ann-5) Scheme" (TWO SETs, to be deposited at the Institute).
8. STUDENT DECLARATION / UNDERTAKING FORM (on PLAIN PAPER duly signed by Parent / Guardian & Student). (In Original) (Ann-6)
9. Authorization by the student & his/her Parent/Guardian (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-, duly notarized by the Oath Commissioner (In Original) (Ann-7) for deposition at the Institute), as per the format attached. . Oath Commissioner may be from anywhere in India.

Originals of Sr. No. 10 to 22 will be required only at the time of verification & returned thereafter.

(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) GOOD QUALITY Passport size color photograph (35x50 mm size, upto 500kb size) and signature (10x30mm, 100 kb size, black coloured), both in .jpeg format. Photos MUST exhibit the complete full face of the candidate against White background without any hindrance by hair, hat/cap, goggles etc. Selfies are UN-ACCEPTABLE. Photos older than say 6 months from the date of admission are also UN-ACCEPTABLE.
- (ii) All academic qualification marksheets, certificate, CCMT Score Card etc as detailed in B above, 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.
- Bank Loan facilities are also available through a large number of banks, who usually set up their counters at the Institute Admission area itself during the admission period. You may connect with your local bank to understand the documents generally required by the banks for providing Student Education Loans.

(Imp Note: All admission time dues are to be cleared first, before any bank can grant you loans. Full admission time fee is NOT PAYABLE or SUBJECT TO your being allowed a Bank Loan)

E. Hostel Facility:

- The Institute is a fully residential campus and staying in the Campus is compulsory. All the Hostels (includes five Boys' Hostel & three Girls' Hostel) are provided with modern boarding and lodging facilities. Hostels have adequate Messing and 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 Hosteller 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 personal Clothing & Shoes.
- Institute promotes Bi-cycles inside the Campus. Motor vehicles possession by students on Campus is NOT permitted. Institute maintains its own buses to cater to the local market visits of students during their stay in the Hostels. Ambulances are available to meet the emergent Medical instances.

You may accordingly arrange for the above things on personal basis. In case, your distance from home does not permit you to get any of these items from home, the same can be purchased from the local Jhalwa Market, near to the Institute Campus (About 1 km away). Allahabad Civil Lines Market, which is about 10 kms away houses showrooms/shopping Malls of all major brands. Additionally, all e-commerce sellers service the Institute Campus.

F. Medical Facility:

Round the clock medical facility is available at the Institute campus. Separate timings for OPD and Emergency purposes are pre-assigned. Additionally, MEDICLAIM cum Accidental Insurance Policy (MCAIP) is also available at the Institute for its bonafide students.

[Go Back to Index](#)

G. Fee Structure for IIITA students, admitted in 2026

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD					
Two Year Fee Structure					
Course: M.Tech. Batch-2026			For Gen/OBC/EWS/SC/ST/Pwd		
Academic Session: July-Dec, 2026 to Jan-Jun, 2028					
		M.Tech.			
Academic Session		Jul-Dec, 2026	Jan-Jun, 2027	Jul-Dec, 2027	Jan-Jun, 2028
S. No	General Fees & Dues	1st Sem	2nd Sem	3rd Sem	4th Sem
	(All Figures in ₹)				
A	One Time Fee				
1	Admission Fee	4460			
2	Enrolment Fee	1800			
3	Identity Card Fee	1800			
4	Alumni Fund	14190			
5	Caution Money (Refundable)	5870			
	Subtotal (A)	28120			
B	Annual Dues				

1	Benevolent Fund	920		1020	
2	Group Insurance and SWF	1800		1980	
3	Library Fee	1800		1980	
	Subtotal (B)	4520		4980	
C	Semester Fees				
1	Tuition Fee	92000	92000	92000	92000
2	Gymkhana Fee	1800	1800	1980	1980
3	Examination Fee	1800	1800	1980	1980
4	Grade Card Fee	920	920	1020	1020
5	Medical Fee	920	920	1020	1020
6	Transport	510	510	570	570
7	ICT Fee	2220	2220	2450	2450
8	Training & Placement	1210	1210	1340	1340
	Subtotal (C)	101380	101380	102360	102360
D	Hostel Fees				
1	Room Charges	9670	9670	10640	10640
2	Maintenance Charges @ 10% of Room Charges	970	970	1070	1070
3	Mess Establishment Charges @ 5% of Room Charges	490	490	540	540
4	Water Charges @ 10% of Room Charges	970	970	1070	1070
5	Hostel Electricity Charges	1480	1480	1630	1630
	Double Sharing Room Charges	13580	13580	14950	14950
	Single Occupancy Room Charges [(D1:D5) x 2]	27160	27160	29900	29900
6	Cooler Usage Charges	830	830	920	920
	Double Sharing Room Subtotal (D-Ii)	14410	14410	15870	15870
	Single Occuapncy Room Subtotal (D-II)	27990	27990	30820	30820
	Total Fee [A+B+C+D-I] (₹)	148430	115790	123210	118230
	Total Fee [A+B+C+D-II] (₹)	162010	129370	138160	133180
Mess Charges: As applicable time to time					

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD											
Five Year Fee Structure											
Course: DUAL DEGREE M.Tech. - Phd. Batch-2026					Categories :Gen/OBC/EWS/SC/ST/PwD						
Academic Session:											
		M.Tech.				PhD.					
Academic Session		Jul-Dec, 2026	Jan-Jun, 2027	Jul-Dec, 2027	Jan-Jun, 2028	Jul-Dec, 2028	Jan-Jun, 2029	Jul-Dec, 2029	Jan-Jun, 2030	Jul-Dec, 2030	Jan-Jun, 2031
S. No	General Fees & Dues (All Figures in ₹)	1st Sem	2nd Sem	3rd Sem	4th Sem	5th Sem	6th Sem	7th Sem	8th Sem	9th Sem	10th Sem
A	One Time Fee										
1	Admission Fee	4460									
2	Enrolment Fee	1800									
3	Identity Card Fee	1800									
4	Alumni Fund	14190									
5	Caution Money (Refundable)	5870									
	Subtotal (A)	28120									
B	Annual Dues										
1	Benevolent Fund	920		1020		1130		1250		1380	
2	Group Insurance and SWF	1800		1980		2180		2400		2640	
3	Library Fee	1800		1980		2180		2400		2640	
	Subtotal (B)	4520		4980		5490		6050		6660	
C	Semester Fees										
1	Tuition Fee	92000	92000	92000	92000	41000	41000	41000	41000	41000	41000
2	Gymkhana Fee	1800	1800	1980	1980	2180	2180	2400	2400	2640	2640
3	Examination Fee	1800	1800	1980	1980	2180	2180	2400	2400	2640	2640
4	Grade Card Fee	920	920	1020	1020	1130	1130	1250	1250	1380	1380
5	Medical Fee	920	920	1020	1020	1130	1130	1250	1250	1380	1380
6	Transport	510	510	570	570	630	630	700	700	770	770
7	ICT Fee	2220	2220	2450	2450	2700	2700	2970	2970	3270	3270
8	Training & Placement	1210	1210	1340	1340	1480	1480	1630	1630	1800	1800
	Subtotal (C)	101380	101380	102360	102360	52430	52430	53600	53600	54880	54880
D	Hostel Fees										
1	Room Charges	9670	9670	10640	10640	NA	NA	NA	NA	NA	NA
2	Maintenance Charges @ 10% of Room Charges	970	970	1070	1070	1180	1180	1300	1300	1430	1430
3	Mess Establishment Charges @ 5% of Room Charges	490	490	540	540	600	600	660	660	730	730
4	Water Charges @ 10% of Room Charges	970	970	1070	1070	1180	1180	1300	1300	1430	1430
5	Hostel Electricity Charges	1480	1480	1630	1630	1800	1800	1980	1980	2180	2180
	Double Sharing Room Charges	13580	13580	14950	14950	4760	4760	5240	5240	5770	5770
	Single Occupancy Room Charges [(D1:D5) x 2]	27160	27160	29900	29900	9520	9520	10480	10480	11540	11540
6	Cooler Usage Charges	830	830	920	920	1020	1020	1130	1130	1250	1250
	Double Sharing Room Subtotal (D-II)	14410	14410	15870	15870	5780	5780	6370	6370	7020	7020
	Single Occupancy Room Subtotal (D-II)	27990	27990	30820	30820	10540	10540	11610	11610	12790	12790
	Total Fee [A+B+C+D-I] (₹)	148430	115790	123210	118230	63700	58210	66020	59970	68560	61900
Total Fee [A+B+C+D-II] (₹)		162010	129370	138160	133180	68460	62970	71260	65210	74330	67670
Mess Charges: As applicable time to time											

* Subject to revision annually.

Mess Charges: As applicable time to time

H. Fee and Mess Charges Payment Methodology: (For Indian Nationals)

1. Online payment facility: <https://erp.iiita.ac.in> (Activated ONLY 12 Hrs. after seats are allotted by CCMT2026)

Deposition of FEE [A+B+C] [ONLY FOR FEES & DUES] – Minus appropriate amount already paid to CCMT-To Be Paid Through ERP Only

Deposition of Mess Charges [D] [ONLY FOR MESS CHARGES]- To Be Paid Through ERP Only

*(Amounts are 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 (during 10:00 am to 1:30 pm and 3:00 pm to 5:30 pm on working days):**

To be announced after Spot Rounds are in place

[Go Back to Index](#)

Imp: Pl. note that the formats attached alongwith might change at a later date to align with CCMT2026 requirements. In such a case, it is desired that the candidates keep visiting this page on IIITA homepage for the latest and updated information. CCMT2026 prescribed Formats shall prevail in case of any conflict.

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 CCMT, 2026), **details given on Page 2 of this Brochure**

So do not try it now

Orientation Program of the Freshly admitted Candidates to IIITA's

M.Tech Programs, with classes starting alongwith, shall be communicated separately through this web hosting. Students MUST therefore come prepared accordingly.

In case however there is any change in the program, the same shall be flashed on the Institute homepage ONLY. Students are therefore

requested to keep visiting the Institute homepage

(www.iiita.ac.in)frequently, to keep themselves abreast of the latest developments AND must see this website before proceeding to report at IIIT Allahabad, in their own interest.

Annexures [For Reference, Pl. see PAGES 10 – 35]

Ann-1

Annexures:

FORM GEN EWS

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

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 2020-2021. 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

* **Note1:** Income covered all sources i.e. salary, agricultural, business, profession, etc.

** **Note2:** 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.

*** **Note3:** The property(ies) 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.

[Go Back to Index](#)

Ann-2 [A]

MEDICAL CERTIFICATE

(to be issued by a Registered Medical Practitioner)

GENERAL EXPECTATIONS

Candidates should have good general physique. In particular,

- . 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 unocular(having vision in only one eye)persons are restricted from admission to certain courses.
- . Hearing should be normal. Defective hearing should be corrected.
- . Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.

1	(a)	Name of the candidate: (b)					Gender:	
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	
							Unocular vision(having vision in only one eye)	
9	Respiratory System							
10	Nervous System							
11	Heart		(a) Sounds			(b) Murmur		
12	Abdomen		Hernia		Hydrocele			
	(a) Liver (b) Spleen							
13	Any other defects:							
Certificate of Medical Fitness								
☐ The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceuticals/ Science Course								
☐ The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:								
Name of the Doctor		Signature		Registration number		Seal		

MEDICAL EXAMINATION REPORT

(i) Please attach photocopy of Medical Certificate issued by a Registered Medical Practitioner for Part -A (Page 11)

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 No. OR

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 its / related treatment.

Signature of the Candidate

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

[Go Back to Index](#)

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 / Notary, from any place in India)

- 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 ofmonth 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 ofMonth of theYear.

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 / NOTARY

Ann-4

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 / Notary, from any place in India)

- 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 ofmonth 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 theYear.

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 / NOTARY

[Go Back to Index](#)

Annexure-8**Mediclaim-cum-Accidental insurance Benefits Scheme (MCAIP)**

Offered by

National Insurance Company Limited**Exclusively for all IIITA Students****Broad of Feature of Scheme***

- MEDICLAIM Hospitalization Cover-Upto Rs. 2.0 lakh /- per annum.
- Accidental Death OR Permanent Disablement of Insured Student – Upto Rs. 10 Lakhs
- Upon Accidental death or Permanent Disability of Fee Paying Parent / Guardian – Rs. 10 Lakhs.
- Education Expenses to Dependent Children of Married Insured Students on accidental death -Rs. 1.0 lakh – for one child & Rs. 2.0 lakh for two Children.
- 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- 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 IIIT-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.
4 Contd.	(b) In Case "Married", then Pl. provide the following		
	(c) Do you have dependent Children	Yes /No	

Page 13 of 15

4 Contd.	(d) In case "Y" to (c) above ,Pl. provide the details :	<u>In respect of First Child</u> (Elder one): - a) Name of Child:..... b) Age:.....Yrs. Sex: M/ F c) Address:..... Phone No:..... PIN Code:..... E-Mail:..... <u>In respect of Second Child</u> (Younger one): - d) Name of Child:..... e) Age:.....Yrs. Sex: M/ F f) Address:..... Phone No:..... PIN Code:..... E-Mail:.....	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.
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 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 three year, 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:.....

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY (IIIT) ALLAHABAD**(on plain paper)****STUDENT DECLARATION / UNDERTAKING FORM (For Dean
SA)**

I, Mr./Ms., S/o or D/o or W/o a student of
Program:, Department of, Indian Institute of
Information Technology (IIIT) Allahabad,

Permanent home address:

.....

.....

Contact No. (1).....(2).....

Email: do hereby undertake on this the (Day) of
..... (Month), (Year), as under:

1. I hereby declare that the entries made by me in the Application Form are complete and true to the best of my knowledge, belief and information.
2. I hereby undertake to present the original documents for verification immediately upon demand by the concerned authorities of the Institute.
3. I hereby promise to abide by the rules and regulations concerning admission, attendance, discipline etc. of IIIT Allahabad and follow the Code of Conduct prescribed for the Students of the Institute as in force from time to time and any subsequent amendments made thereto.
4. I understand that 75% attendance in classes is compulsory and I commit myself to adhere to the same. I also understand, in case my attendance falls short, for any reason, the competent authority of the Institute may take such punitive action against me, as may be deemed fit and proper.
5. I hereby declare that I will neither join in any agitation/strike for the purpose of forcing the authorities of the Institute to resolve any problem, nor will I participate in any activity which has a tendency to disturb the peace and tranquility of the academic environment of the campus and/or its hostel premises.
6. I hereby declare that I will not indulge in nor tolerate ragging in any form, even in words or intentions, and I accept to give an undertaking in the prescribed format for the same.
7. I hereby declare that I shall be solely responsible for my involvement in any kind of unlawful activities whether inside or outside the campus, and shall be liable for punishment as per the law of the land. I further understand that the Institute shall in no way provide any support to me and will not be held responsible for any such action.
8. I shall not consume or possess any form of tobacco, alcohol, or intoxicants on campus or during institute-related activities.
9. I hereby acknowledge that I shall be liable for expulsion forthwith from IIIT Allahabad on being found involved in or committing any offence cognizable and punishable under the Narcotic Drugs and Psychotropic Substances Act, 1985.
10. I also declare that I am not suffering from any serious/contagious ailment and/or any psychiatric / psychological disorder.
11. I hereby undertake to inform the Institute about any changes in information submitted by me in the Application Form and any other documents, including change in address and phone numbers, from time to time.

12. I will strictly adhere to the code of conduct as laid down by the Student's Conduct, Discipline Rules, Hostel Rules and Regulations and will not indulge in any act of indiscipline while inside or outside the Institute campus.
13. I will not misuse institute facilities (hostel, lab, library, internet, etc.) and accept responsibility for any damage or loss caused.
14. I will use the Institute's IT and Internet services responsibly and not engage in any misuse or prohibited activity.
15. I will not engage in academic misconduct such as cheating, plagiarism, or impersonation. I understand that such acts may attract strict disciplinary action.
16. I agree to pay all dues and fees on time. I understand that non-payment may lead to cancellation of admission or withholding of results.
17. I shall not participate in any unauthorized political gathering or protest inside or outside the campus without approval.
18. I shall not use unfair means (UFM) in any examination and understand that such acts may lead to strict disciplinary action.
19. I understand that missing institute exams without valid reason or approval may attract academic penalties as per rules.
20. I further declare that my admission may be cancelled, at any stage, if I am found ineligible and/or the information provided by me is found to be incorrect.
21. I agree that any dispute related to the Institute shall fall under the legal jurisdiction of Prayagraj (Allahabad), Uttar Pradesh.

Place: Date:

Signature of the
Student.....

DECLARATION BY PARENT / GUARDIAN

I,, (Mother / Father / Guardian), hereby fully endorse the above undertaking given by my ward. I will ensure that my ward bides by all rules and instructions of the Institute.

I understand that any violation including involvement in activities under the Narcotic Drugs and Psychotropic Substances Act, 1985, may result in immediate expulsion of my ward from IIIT Allahabad.

Place: Date:

Signature of the Parent / Guardian

Ann-7

To be made on a Non-Judicial Stamp Paper of Rs.10

Authorization

I,(name of the candidate to be enrolled)
s/o, d/o.....(Father's / Mother's Name) hereby authorize
the

Institute authorities to share the details regarding my Attendance / Marks / Grades obtained / Awards / Medals received by me / Disciplinary proceedings or actions initiated/ taken upon me, during the course of my enrollment at IIIT Allahabad with the following:

Sl. No.	Name of the Person Authorized	Relationship with the Student	Contact Address	Contact Email (Contact Phone Number)
1.				
2.				
3.				

I,.....(name of the candidate to be enrolled) s/o,
d/o.....(Father's / Mother's Name) hereby also
authorize the Institute to share such other details with the person(s) above named, as may be felt necessary and proper by the Institute, towards my overall Conduct / Grooming and Personality as a responsible professional / citizen of the country, during the course of my enrollment at the Institute. I
_____ also authorise the Institute to contact me whenever required through my email id / Mobile phone no / WhatsApp number.

Candidate Signature -

Candidate Name –

Certified that the details as above, presented by the Candidate, are correct and acceptable to me.

Candidate's Father's / Mother's / Guardian's Signature:.....

Candidate's Father's / Mother's / Guardian's Name:.....

Date :.....

Place :.....

75% Attendance is MANDATORY at IIIT-Allahabad, to be allowed to appear in Assessments

[Go Back to Index](#)

Ann-8 [A]

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, and again further modified
vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /
Deputy Commissioner /
Any other Competent Authority

[Go
Back
to
Index](#)

Dated:

Seal

* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.

** 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/ 1st 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 and
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides

Ann-8 [B]

**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 belongs 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 (Lakshadweep Island).
6. Certificate issued by any other authority will be rejected.

[Go Back to Index](#)

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) _____ per cent
(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-III

Disability Certificate

(In cases of multiple disabilities)

(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/we 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/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	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability		
2	Visual Impairment (blindness/low vision)		
3	Hearing Impairment		
4	Speech and language disability		
5	Intellectual disability		
6	Mental illness		
7	Disability caused due to chronic neurological conditions		
8	Disability caused due to blood disorder		

[Go Back to Index](#)

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 and Seal of Member	Name and Seal of the Chairperson

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

[Go Back to Index](#)

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)

Recent PP size
attested
photograph
(showing face
only) of the person
with disability

Certificate No. _____ Date: _____

This is to certify that I/we 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/are 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	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotor disability		
2	Visual Impairment (blindness / low vision)		
3	Hearing Impairment		
4	Speech and language disability		
5	Intellectual disability		
6	Mental illness		
7	Disability caused due to chronic neurological conditions		
8	Disability caused due to blood disorder		

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.

FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY DYSLEXIC CANDIDATE
{To be obtained from any Dyslexia Association*}

[Go
to](#)

Date:

[Back](#)

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 :

Photograph
of the
Candidate

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 and
DETAILED REPORTS OF DYSLEXIA ASSESSMENT ARE ATTACHED WITH THIS FORM (IN ORIGINAL).

*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.

Signature and Name (in CAPITAL LETTERS) of the certifying official:

Seal:

[Index](#)

[Go Back to Index](#)

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

Testimonial

Date

Photograph

Name of the candidate:

Date of Birth:

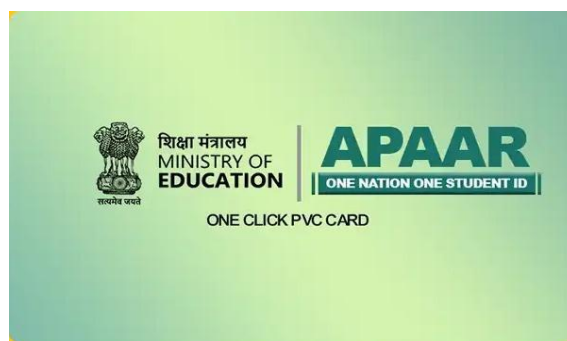
Name and Address of the School/College:

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.

[Go Back to Index](#)



THE LIST OF DOCUMENTS REQUIRED IS SUBJECT TO REVISION IN LINE WITH 2026 REQUIREMENTS

Past Recruiters

A	ABB Accenture Accolite Acko Addverb Technologies Adobe Affine Analytics Aganitha Airtel Airtel Wynk Profile Altudo Amazon AMD Amdocs American Express Analog Devices AnandRathi Private Wealth Management ANZ AppDynamics Apple Arcesium Arista Networks ARM Aspiring Minds Athena's Owl Atlassian autodesk Avaya axis bank Atria Axxela Ayu		BNY Mellon Broadcom BrowserStack Buyhatke
B	Barco BCG Betterplace Bizongo Bloomreach BlueJeans Bluestacks	C	cadence Cambio Caggemini Carnation Cashfree CGI Chalo Chargebee Chegg Cisco Citi Citi Corp Citrix Claxypod Cleartax Clevertap Clumio Clustr cocubes Codenation Cogoport Cohesity Commvault Compass Comviva Confluent Conviva Cotzero CRED Cure.Fit Cvent
		D	D-Bank D.E. Shaw Daillyhunt Delhivery



L	Lending Kart Libsys LinkedIn LogicFruit Lowe's Lynk Logistics	O	OLA OLX ombre One Plus Oppo Optum Oracle Oyo
M	Marvell Matchday.ai Mathworks Maxim Integrated MCQdb Media.net Media.net Mediatek Meesho Mentor Graphics Mercer Mettl Micron Microsoft Mind Tickle mindtree Mintifi MirrorSize Mobikwik MoneyView Moonfrog Labs Morgan Stanley myHQ Myntra MakeMyTrip MAQ MAQ(SDE 2)	P	PayTM PayU Pharmeasy Publicis Sapient Philips PhonePe Pinnacledia PlaySimple Games pocketpills Porter Postman Practo Prime numbers Pristyncare PropTiger Protonn Public Sapient
N	Nagarro netapp Neucleus Newgen Nextuple Nucleus Nutanix NVIDIA NxP NXP Semiconductors Nykaa nykaa	Q	QA Infotech Qualcomm Quantiphi Quantiphi Analytics Solutions Qubole Quorum
		R	Rakuten Razorpay RBS Reading Right Recko Reliance Reliance Jio Rephrase.ai Rivigo Rubique Rubrik



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Quadeye

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Microsoft



[Go Back to Index](#)