

Indian Institute of Information Technology, Allahabad

(An Institute of National Importance by Act of Parliament)

Deoghat Jhalwa, Prayagraj – 211015 (U.P.) India

Date: 08/05/2019

Result of MBA Admission 2019 (First Round)

Sub: Provisional Admission list for MBA Program of IIT-Allahabad

Sl. No.	Name of Candidate	Father/Mother's Name	Category (Subject to Verifications)
1	Ankit Tripathi	Mr. Pramod Kumar Tripathi	General
2	Ishan Kakkar	Mr. Prempradeep Kakkar	General
3	Prachi Narayan	Mrs. Abha Verma	General
4	Richa Kumari	Mrs. Sujata Kumari	General
5	Aanjney Tiwari	Mr. Sushil Kumar Tiwari	General
6	Pritam Tripathy	Prof. Pradip Kumar Tripathy,	General
7	Shivam Kumar Mishra	Mr. Manoj Kumar Mishra	General
8	Shivanshu Kulshrestha	Mrs. Sudha Kulshrestha	General
9	Tina Munjal	Mr. Rajinder Munjal	General
10	Shampa Srivastava	Mr. Arvind Srivastava	General
11	Aman Singh	Mr. Sanjay Kumar Singh	General
12	Neha Tiwari	Mr. Narayan Dutta Tiwari	EWS
13	Avin Mishra	Mr. Jagannath Mishra	EWS
14	Ganesh Purushothaman	Mr. K.Purushothaman	OBC - Non Creamy Layer
15	Deepak Kumar	Mr. Dhara Singh	OBC - Non Creamy Layer
16	Prashant Kumar	Mr. Hari Nath Chaudhary	OBC - Non Creamy Layer
17	Ajay Singh Patel	Mr. Anurag Kumar Patel	OBC - Non Creamy Layer
18	Akash Bhati	Mr. Navin Kumar Bhati	OBC - Creamy Layer
19	Sheetal Suryappa Pawar	Mr. Y. L. Gawali	SC
20	Merugu Keerthana	Mr. MJ Ravi Kumar	SC
21	Aayushi Lal	Mr. Chhote Lal	ST

- Date of Admission & First Semester fees deposition for provisionally selected candidates by NEFT from 15th May to 30th May 2019 by 5:00 PM. (Bank details is attached)
- All originals along with one sets of photocopied certificates (self attested) MUST be brought, at the time of admission failing which, provisional admission shall automatically stand withdrawn.
- All provisionally selected candidates have to submit medical fitness certificate from Institute Health Centre, at the time of admission.
- Five nos. good quality color passport size photographs taken recently are required at the time of admission.
- Candidates MUST bring 'OBC/PH/SC/ST' Category certificate and income certificate (For EWS candidates only) in Original to avail the benefits under respective Category, at the time of admission, failing which this offer of admission shall stand withdrawn.
- Institute reserves the right to get the Certificates cross-verified from appropriate authorities. In case of any irregularities being found, at any stage, admission of the candidate shall be cancelled together with other legal action, as per law, for which the candidate himself/herself shall be solely responsible.
- No separate offer letter will be issued to the provisionally selected candidates.
- Institute observes Saturday & Sunday as weekly holidays, at present.

Copy to:-

- Chairman Senate, IIIT-Allahabad.
- Dean (A & R)
- Head, Department of Management Studies.
- All Notice Boards

Notice for Provisionally Selected Candidates for MBA Program (Academic Batch 2019-2021)

The provisionally selected candidates are hereby informed to report to AAA Section, IIIT-Allahabad between **15th May to 30th May 2019 (during 10 am to 5:00 pm)** alongwith all your certificates in Original as mentioned in Information Brochure, and also indicated below:

1. Class X Marks-sheet and Certificate.
2. Class XII Marks-sheet and Certificate.
3. Graduation Marks-sheet and Certificate/Provisional certificate.
4. Course completion certificate from the head of institution last attended.
5. CAT Score card.
6. Transfer Certificate/Migration from the Institution last attended.
7. Conduct certificate from the Institution last attended.
8. PH Certificate, if applicable (form the competent authority)
9. Income and Assets certificate for EWS candidates only. (Format Attached)
10. Category certificate, if applicable.(from the relevant competent authority)
11. AADHAR Card.
12. Five color photographs 50 mm x 50 mm size. (against white background)
13. Medical Examination Report from the Institute Health Center. (Format Attached)
14. 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) (Format Attached)
15. 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) (Format Attached)
16. MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme" (TWO SETs in Original, to be deposited at the Institute). (Format Attached)
17. First Semester Fees details receipt by NEFT (Candidate is requested to attach the NEFT Customer Slip with UTR No. (Obtained from bank).
18. Sl. No. 1 to 11 originals along with one sets of photocopied certificates (self attested) MUST be brought, at the time of admission failing which, provisional admission shall automatically stand withdrawn.

(Semester-wise fee detail and available mode of payment is attached as herewith)

**FEE STRUCTURE FOR MBA
IIIT-ALLAHABAD
Academic Session 2019-20
[Batch-July-2019]**

For All Categories (Gen, EWS, OBC, SC/ST & PwD) Candidates

S. N.	General Fees & Dues	1st Sem.		2nd Sem.	
		General	Sponsored	General	Sponsored
A	<u>One Time FEE*</u>				
	Admission Fee	2750	2750	–	–
	Enrolment Fee	1100	1100	–	–
	Identity Card Fee	1100	1100	–	–
	Alumni Fund	8800	8800	–	–
B	<u>Annual Dues*</u>				
	Benevolent Fund	550	550	–	–
	Group Insurance and Student Welfare Fund	1100	1100	–	–
	Library Fee	1100	1100	–	–
C	<u>Semester Fees*</u>				
	Tuition Fee	68000	115000	68000	115000
	Hostel rent (Double Occupancy Rs.6000/-) (Single Occupancy Rs. 12000/-)	6000	6000	6000	6000
	Gymkhana Fees	1100	1100	1100	1100
	Examination Fee	1100	1100	1100	1100
	Grade Card Fee	550	550	550	550
	Medical Fee	550	550	550	550
	Transport	300	300	300	300
	Total Fee [A+B+C]	94100	141100	77600	124600
D	<u>Mess Charges*</u> (Subject to change as per actual, Mess charges will be calculated on exact no. of days basis)	12000	12000	12000	12000

* Subject to revision annually.

Fee & Mess charges accepted through –

- 1- **Online payment facility: Please visit at:**
<https://erp.iiita.ac.in> or visit our homepage www.iiita.ac.in for the link.
- 2- RTGS/NEFT (From ANY BANK)
- 3- POS machine by swiping Debit/Credit Card (For small balances, if any, may be paid at the Institute)

Bank Details for deposition of FEE [A+B+C] [ONLY FOR FEES & DUES]

Account Name:- IIIT A FEES ACCOUNT
Account No.:- 0627101019766
IFSC Code:- CNRB0000627
Bank :- Canara Bank
Branch :- Civil Lines, Prayagraj, UP, PIN-211001

Bank Details for deposition of Mess Charges [D] [ONLY FOR MESS]

Account Name:- Council of Wardens IIIT-Allahabad
Account No.:- 50100237089533
IFSC Code:- HDFC0004498
Bank:- HDFC Bank
Branch:- Sulem Sarai, Prayagraj, UP PIN- 211011

MEDICAL EXAMINATION REPORT

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 treatment.

Signature of the Candidate

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

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

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

- 1) I,..... (full name of studentwithadmission/registration/enrolmentnumber)s/o,/d/oMr./Mrs./Ms., having been admitted to (name of the institution) , have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- Declared this ___day of _____ month of _____year.

Signature of deponent

Name:

VERIFICATION

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

Verified at _____(place) on this ___day of ___Month of the_____ Year.

Signature of deponent

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

OATH COMMISSIONER

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

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

- 1) I, Mr./Mrs./Ms. _____ (full name) of _____ of _____ (full name of student with admission/registration/enrolment number), having been admitted to _____ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ___ day of _____ month of _____ year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.:

VERIFICATION

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

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

Signature of deponent

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

OATH COMMISSIONER

Mediclaim-cum-Accidental Insurance Benefits Scheme (MCAIP)

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 :.....	 A Colored Photograph of the Student being Insured, duly Self Attested
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:	<p><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:.....</p> <p><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:.....</p>		
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:.....

Income and Assets certificate to be produced by Economically Weaker Section

Government of

(Name & Address of the authority issuing the certificate)

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

1. This is to certify that Shri/Smt./Kumari _____, son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph
of the applicant

Note:

- * Income covered all sources i.e. salary, agriculture, business, profession, etc.
- ** The term 'Family' for this purpose includes the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.
- *** The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.