

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 Two year full time residential M. Tech. Information Technology (IT)/ Electronics and Communication Engineering (ECE)/Bio-Informatics (BI) 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).

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 Signature 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 CCMT 2018. (Admission Hours - 9.30 am to 5 pm ; Link will be activated ONLY after seat allotments are done by CCMT 2018). For accessing the web portal, use GATE Application ID 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 CCMT 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 CCMT 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, PI. ensure that your card has a daily limit of funds transfer for upto Rs. 80,000/- (For all Categories General / OBC / 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. PI. mention your GATE Application ID 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,

AAA section Team, IIIT Allahabad

Note:

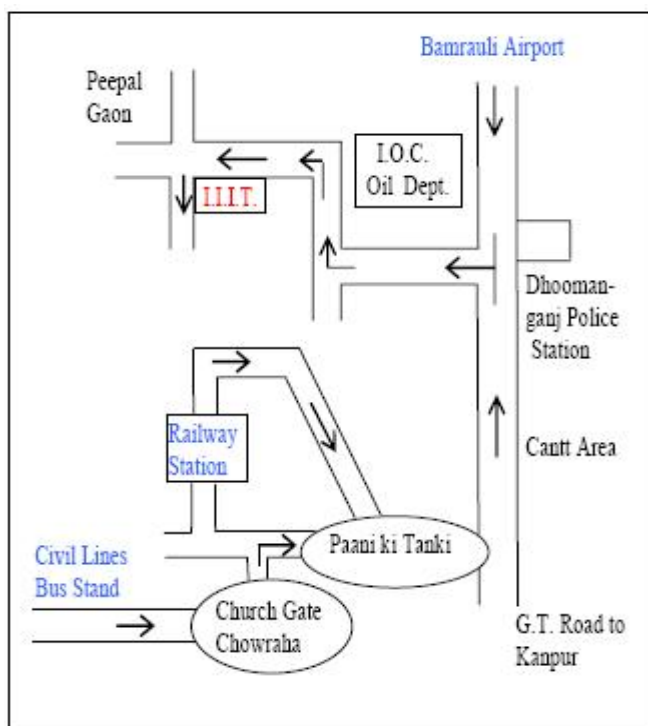
- 1) Those candidates, who choose to access the portal <https://erp.iiita.ac.in> and upload the desired information, before reaching the Institute, shall be eligible to be considered as Green Channel Candidates, which shall enable them faster admission process completion, once they are at the IIITA Premises.
- 2) Candidates desirous of taking admission at IIIT Allahabad after formal allotment of seat to them by CCMT 2018, are encouraged to assemble in the Auditorium of the Admin Block of IIIT Allahabad during the prescribed dates by CCMT 2018, 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 CCMT 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. Seat Confirmation Fee Letter from CCMT 2018. (Web Copy)
2. Provisional Seat Allocation Letter from CCMT 2018. (ORIGINAL / web copy)
3. Document Verification-cum-Seat Acceptance Letter from Reporting Centre Incharge. (In Original)
4. GATE Score Card (ORIGINAL / web copy)
5. Class X Certificate & Marksheet. (In Original)
6. Class XII Certificate & Marksheet. (In Original)
7. Grade/ Mark sheet of qualifying degree examination of all semesters. (In Original)
8. Degree/ Provisional Certificate, of qualifying degree. (In Original)
9. Caste Certificate (if applicable, for SC/ST/OBC in the attached format (Issued by the Competent Authority)). **OBC certificate must have been issued on or after 01/04/2018.** (In Original)
10. Certificate for Persons with Disability in the attached format (for PWD Category candidates only, as may be applicable).(In Original)
11. AADHAAR CARD (In Original)

12. Undertaking by the candidate regarding OB status in the attached format (for OBC Candidates only. (In Original)
13. Character Certificate (In Original) from the Institution last attended.(In Original)
14. Transfer/ Migration Certificate (In Original) from the Institution last attended.(In Original)
15. FIVE identical coloured passport sized photographs of GOOD QUALITY on Matt Finish against white background (size 35 x 50mm).(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)
16. 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. PI. 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/-.
17. 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)
18. 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)
19. MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme" (TWO SETs in Original, to be deposited at the Institute).

Originals of Sr. No. 5 to 11 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) Passport size color photograph (35x50 mm size, upto 500kb size) and signature (10x30 mm, 100 kb size, black coloured), both in .jpeg format.
- (ii) All academic qualification marksheets, certificate, GATE 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 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 Clothing & Shoes.
- You may accordingly arrange for them on personal basis.

F. Medical Facility:

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

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

FEE STRUCTURE FOR M.TECH IIIT-ALLAHABAD Academic Session 2018-19*			
For All Categories (Gen, OBC, SC/ST & PwD)			
Sl. No.	General Fees & Dues	1st Year	
		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	50000	50000
	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	73400	58400
	Mess Charges (Subject to change as per actual, Mess charges will be calculated on exact no. of days basis in the beginning of each Semester)	15344	15344
	TOTAL including Mess Fee	88744	73744
* Subject to revision annually.			

Please note that the fee amount which has already been deposited to CCMT-2018 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 / Net Banking at the Institute.

H. Fee and Mess Charges Payment Methodology:

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

Imp: PI. note that the formats attached alongwith might change at a later date to align with CCMT 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. CCMT 2018 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, 2018)

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***

OBC Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE GOVERNMENT OF INDIA****"This certificate MUST have been issued on or after 1st April 2018."**

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

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 12015/2/2007-BCC dated 18/08/2010.
- (xvii) Resolution No. 12015/2/2007-BCC dated 11/10/2010.
- (xviii) Resolution No. 12015/13/2010-BC-II dated 08/12/2011.
- (xix) Resolution No. 12015/05/2011-BC-II dated 17/02/2014.
- (xx) Resolution No. 12011/6/2014-BC-II dated 07/12/2016.

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

Dated:

District Magistrate/ Deputy
Commissioner, etc.

Seal

NOTE:

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



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

SC/ST Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE**

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri _____
of village/Town _____ in District/ Division _____ of the State/Union Territory _____
belongs to the _____ caste/Tribe, which is recognized as a Schedule Caste/Scheduled Tribe under.

* The Constitution (Scheduled Castes) order, 1950.

* The Constitution (Scheduled Tribes) order, 1950.

* The Constitution (Scheduled Tribes) (Union Territory) order, 1951.

* The Constitution (Scheduled Castes)(Union Territory) order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.), the stste of Mizoram Act, 1986, the stste of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.)

* The constitution (Jammu & Kashmir) Scheduled Caste Order, 1956;

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

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

* The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962;

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

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

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

* The Constitution (Goa, Daman & 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 & Kashmir) Scheduled Tribes Order, 1989;

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

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

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

* The Constitution (Scheduled Tribes) Ordinance, 1996;

* The Constitution (Scheduled Castes) order (Amendment) Act 2002;

* The Constitution (Scheduled Castes) order (Second Amendment) Act 2002;

* The Scheduled Castes and Scheduled Tribes orders (Amendment) Act 2002;

2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled tribes certificate issued to Shri/Shrimati _____ Father/mother
_____ of Shri/Srimati/Kumari* _____ of village/town* _____ in District/Division*
_____ of the State/Union Territory* _____ who belong to the _____ Caste/Tribe which is recognized
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 _____

Place _____

Date _____

Signature _____

Designation _____

(With seal of Office)

NOTE: - The terms ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.



SC Certificate issued from Maharashtra State must be validated by Social Welfare Department and ST Caste certificate must be validated by Tribal Development Department of Maharashtra Government.

LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner /Additional Deputy Commissioner/Dy. Collector/ 1st Class Stipendiary Magistrate/Sub Divisional Magistrate/Extra Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officers not below the rank of Tahsildar.
4. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

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)

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:

- he/she is a case of:
 - locomotor disability
 - blindness(Please tick as applicable)
- the diagnosis in his/her case is _____
- 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).
- 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 multiple disabilities)

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

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 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		

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) _____

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

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing 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)

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 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.)

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) _____

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

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

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*)

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 Kolkatta, 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, LJ Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Center 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:



**CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE
HEAD OF THE COLLEGE/INSTITUTION LAST ATTENDED**

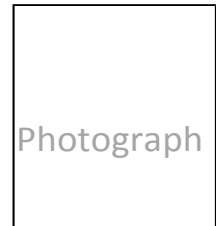
Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the College/Institution:



Certified that Shri/Shrimati/Kumari _____ son/
daughter of _____ of
_____ village/town passed/passing his/her Degree
_____ from college/Institution _____ and as per
records, availed concession under dyslexic category.

Signature with seal:

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 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 notarised 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 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

Mediclaim-cum-Accidental Insurance Benefits Scheme (MCAIP)

offered by

National Insurance Company Limited


EXCLUSIVELY for all IITA 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 IIT-A / IITL :..... 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:.....