

Indian Institute of Information Technology, Allahabad

2016-2017

Entry form

Enrolment no./Employee ID No

Name:

Name of the parent/guardian:

Course:

Semester:

Department:

Address for correspondence:

Mobile no

Email:

Declaration: -

I undertake that the institute is taking every precaution against/accident and will not hold the Institute authorities responsible for any unforeseen accidents/ losses.

Date:

Signature with full name

Medical certificate

- The candidate is free from any skin disease which may spread to others while swimming. (please write) yes/no
- Does the candidate have any past record of fits or epilepsy?

Doctor of Health Center

IIIT Allahabad