



Indian Institute of Information Technology Allahabad

(An Institute of National Importance by Act of Parliament)

Deoghat Jhalwa, Prayagraj - 211015, UP, India

List of Selected Candidates from 3rd waitlist for Provisional Admission in MBA Program (Academic Batch 2023-2025)

GENERAL CATEGORY (In alphabetical order)

Sl. No.	Application ID	Name of Applicant
1	624069612009	Adarsh Jain
2	624015912003	Aishwaraya Srivastava
3	624055412002	Arjun Singh
4	624036022007	Dhriti Anand
5	624007022005	Karanjeet Bedi
6	624052512009	Kartikey Bhatt
7	624021222003	Muskan
8	624070512009	Pragya Keena
9	624006022004	Subhajit Nandi
10	624024122005	Sujeet Kumar

EWS CATEGORY (In alphabetical order)

Sl. No.	Application ID	Name of Applicant
1	624080122007	Anuj Singh
2	624069022004	Kunal Chaudhary
3	624010122009	Nandan Pandey

Note: Online Registration and Fee payment Related Information attached as next pages.



Information regarding Online Registration and fee payment of MBA Program, Academic Batch 2023-2025

A candidate will be admitted in MBA Program of IIITA only if he/ she

- a) Successfully register in ERP Portal (details below) and
- b) Deposit the fees before the due date.

1. The candidates, whose names appear in this list, are advised to register themselves ONLINE on the following Institute Portal: <https://erp.iiita.ac.in> using their 'Application ID' as 'Login ID' and their 'Mobile Number' (From which you have registered in MBA admission form) as 'Password'. The online registration facility shall open from **03:00 PM** of **21/07/2023** and close on **26/07/2023 05.00 PM**. Fees along with Mess Fees is also payable through the same Portal. Candidates are suggested to keep their good quality photos "**White Background**" (30 mm x 50 mm) and scanned signature (10 mm x 30 mm) ready for uploading on the Portal.
2. Classes in Physical mode are expected to begin from **31/07/2023**
3. Orientation Program will be held on **28/07/2023**
4. 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.

Schedule of Admission:

July 21st to 26th July 2023 - Registration, Fee deposition & Documents uploading on ERP Portal. (<https://erp.iiita.ac.in>)

July 26th to 27th July 2023 - Reporting at Room No. 1713, AAA Section, East Wing, Admin Building for "Physical Documents Verification" along with all original documents and one set of self-attested photocopies of all uploaded documents on ERP portal.

For any technical issues, please send email to: erp@iiita.ac.in / 0532292-2011 / 2192

For fee related issues, please send email to: anands@iiita.ac.in / 0532292-2047

For any other query please send email to: aaa@iiita.ac.in / saleem@iiita.ac.in / 0532292-2030

continued.....

List of Documents to be uploaded on ERP Portal

Note: Candidates are required to upload the colored scanned copy of the following original Documents:

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. In case, class X Marksheet/Certificate does not contain date of birth, the candidate is required to upload class X Marksheet/Certificate along with any other Government issued documents containing date of birth of the applicant, name and Parent's name such as Passport/Aadhar Card/ Driving License/Voter ID Card/PAN Card/Birth Certificate issued by Municipal Corporation/authority empowered to register the birth.
2. AADHAR Card.
3. Class X Mark sheet.
4. Class X Passing Certificate.
5. Class XII Mark sheet
6. Class XII Passing Certificate.
7. UG Mark sheets for all Semesters.
8. UG Degree/Provisional or Course Completion Certificate. (If result of Graduation degree is awaited, Certificate of Course Completion from the institute/university last studied must be provided. **(Annexure-1)**)
9. Conduct/Character Certificate from the Institution last attended.
10. Migration/Transfer Certificate from the Institution last attended.
11. Valid CAT/MAT/XAT/CMAT/GMAT Score Card.
12. 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 2023.** (Annexure-2 for OBC-NCL & Annexure-3 for EWS).
13. Undertaking by the candidate on OBC-NCL status in the prescribed format. **(Annexure-4)**
14. Original Certificate for Persons with Disabilities (PwD), if applicable, issued by the competent authority. **(Annexure-5)**
15. Medical Examination Report. **(Annexure-6)**
16. 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.) **(Annexure-7)**
17. 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.) **(Annexure-8)**
18. MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme". **(Annexure-9)**
19. 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.) **(Annexure-10)**

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.

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FORMAT OF COURSE COMPLETION CERIFICATE

[TO BE ISSUED IN THE OFFICIAL LETER HEAD OF THE LAST ATTENDED INSTITUTE/UNIVERSITY]

This is to certify that

1. Mr. /Ms. _____(full name) bearing
Roll No. _____ is a bonafide student of _____(course/ program) in
our institute/university.
2. He / She has completed all requirements of the course / program and all of his/her examinations
will be / has been completed by August 15, 2023.
3. His / Her final result is awaited and will be published on or before September 30, 2023.

**Signature (with Seal) of the
Authorized Signatory of the
Institute/University**

Date - _____

FORMAT FOR OBC [NCL] CERTIFICATE

[This certificate MUST have been issued on or after 1st April 2023]

This is to certify that Shri / Smt./ Kum. _____ Son / Daughter of Shri / Smt.

_____ of Village/Town _____

District/Division _____ in the _____ State/UT

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.
- (xxi) Resolution No. 12011/13/2016-BC-II, dated 22/12/2016
- (xxii) Resolution No. 20012/1/2017-BC-II, dated 19/01/2017
- (xxiii) Resolution No. 12011/7/2017-BC-II, dated 31/07/2017

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the
 _____ District/Division of _____ State/UT. 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. 36 012/22/93-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) dated 30/05/2014.

Place _____

Signature _____

Date _____

Designation _____

(with seal of office)

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 1ST Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar.
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.
- (c) OBC Certificate issued from Maharashtra State must be validated by the Social Welfare Department of Maharashtra Government.

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Government of

(Name & Address of the authority issuing the certificate)

[This certificate MUST have been issued on or after 1st April 2023]

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).s

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size attested photograph of the applicant

The income and assets of the families as mentioned would be required to be certified by an officer not below the rank of Tehsildar in the States/UTs.

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.

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, 2023.

Place:

Signature of the Candidate*

Date:

****Declaration/undertaking not signed by Candidate will be rejected***

DISABILITY CERTIFICATE FORMAT - II

{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)

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport size
photograph
of the
candidate

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

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[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 (Please tick as applicable):

- a. locomotor disability
- b. blindness

2. The diagnosis in his/her case is _____.

3. He / She has _____% (in figure) _____ percent (in words)

permanent physical impairment/blindness in relation to his/her _____

(part of body) as per guidelines (to be specified).

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

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorized Signatory of notified Medical Authority]

Name:

DISABILITY CERTIFICATE FORMAT - III

{In cases of multiple disabilities}

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

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport size
photograph
of the
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. _____,
son/wife/daughter of Shri _____ Date of Birth ____/____/____
[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 **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		

Contd.

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

In figures: _____%

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 the 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

DISABILITY CERTIFICATE FORMAT - IV

{In cases of any other case not covered in Format - II & III}

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

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport size
 photograph
 of the
 candidate

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

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[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 **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		

Contd.

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

In figures: _____%

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 the certificate

Official Seal:

[Authorized Signatory of notified Medical Authority*]

Name: _____

* 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.

Countersigned

Official Seal:

[CMO/Medical Superintendent/Head of Govt. Hospital]

Name: _____

^ Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in case the certificate is issued by a medical authority who is not a government servant.

MEDICAL EXAMINATION REPORT



PART - A
GENERAL EXPECTATIONS

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
(To be filled by Candidate)

- 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 NoOR

State Council Registration Number:

State with whose Council Registered:

Official Seal :..... Date :.....

PART - B
MEDICAL CERTIFICATE

(To be issued by registered medical practitioner not less than MBBS)

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. / M.B.A / M.Tech. / Dual Degree M.Tech.-Ph.D. 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
(By the candidate)

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 _____ 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 _____ 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 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 IIT-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	

<p>4 Contd.</p>	<p>(d) In case "γ" to (c) above ,Pl. provide the details :</p>	<p><u>In respect of First Child</u> (Elder one): -</p> <p>a) Name of Child:..... b) Age:.....Yrs. Sex: M/ F c) Address:..... Phone No:..... PIN Code:..... E-Mail:.....</p> <p><u>In respect of Second Child</u> (Younger one): -</p> <p>d) Name of Child:..... e) Age:.....Yrs. Sex: M/ F f) Address:..... Phone No:..... PIN Code:..... E-Mail:.....</p>	<p>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.</p>
<p>5.</p>	<p>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.)</p>	<p>(a)..... (b)..... (c)..... (d)..... (e)..... (Pl. add if more)</p>	<p>Pre Existing Diseases qualify for claim only after four continuous claim three year, in respect of those diseases,</p> <p>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)</p>

(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:.....

Annexure-10

(To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- or nearest higher amount duly notarized)

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD

UNDERTAKING BY CANDIDATE FOR DOCUMENTS SUBMISSION

I.....Son/Daughter of.....

Resident of.....aged.....years hereby execute this undertaking on/..... / 2023 that the documents which I have uploaded for Online provisional admission are true to the best of my knowledge and if on subsequent physical verification any discrepancy is found/observed, my provisional admission to B.Tech./M.Tech./ MBA & Dual Degree M.Tech. Ph.D. program shall be cancelled forthwith.

Note: Candidates who has appearing in final examination:

If my minimum eligibility criteria of percentage of marks, or any other minimum eligibility criterion are observed as not having met at any stage, my provisional admission to B.Tech./M.Tech. / MBA & Dual Degree M.Tech.-Ph.D program shall be treated as cancelled forthwith. All responsibility in this respect lies on me.

Date:

Place:

Counter Signed by:

(Candidate`s Signature)

Father/Mother: _____

Name: _____

Name: _____

GATE/CAT/MAT/XAT/GMAT/CMAT/JEE Application No.:

Address: _____

Program: _____

Phone/Mobile No.: _____

Permanent Address: _____

Aadhar No.: _____

Mobile No: _____

Aadhar No.: _____

Indian Institute of Information Technology Allahabad

Tentative Academic Calendar for July-December 2023

(Except New Batch July 2023)

S. No.	EVENTS	July-December 2023
1	Registration of Semester Courses/ADD-ON & Online fee payment by students on AVIRAL portal	01 July (Saturday), 2023 to 10 July (Monday), 2023
2	Institute Re-Opening date	24 July(Monday), 2023
3	Commencement of Classes	25 July(Tuesday), 2023
4	Fee payment duration with Late Fee (For 2020, 2021, 2022 Batch)	01 August, 2023 (Tuesday)
5	Release of List of students who have not paid the fees	07 August(Monday), 2023
6	#Institute Foundation Day	12 August(Saturday), 2023
7	# XVIII Convocation of the Institute	09 September(Saturday), 2023
8	C1Review Test Duration^(if needed) (Including project/ADD ONs if any)	11 September (Monday), 2023 to 15 September (Friday), 2023
9	Last date of C1 Submission (Including project/add-ons)by Faculty Members to AAA &on AVIRAL portal	30 September, 2023 (Saturday)
10	#Effervescence(Annual Cultural Festival)	18 October(Wednesday) to 21 October(Saturday), 2023
11	C2 Review Test Duration^(if needed) (Including project/ADD ONs if any)	06 November (Monday), 2023 to 10 November (Friday), 2023
12	Last date of C2 submission (Including project/ADD-ONS) by Faculty Members to AAA &on AVIRAL portal	20 November, 2023 (Monday)
13	Last Date of Uploading of list of short attendance candidates on AVIRAL Portal &Declaration of DROP candidates list (Based on C1+C2 scores or attendance shortage)by Faculty Members	20 November(Monday), 2023
14	# C3 Assessment Duration (Including project/ADD-ONS)	23 November (Thursday), 2023 to 02 December (Saturday), 2023
15	Semester Break	04 December (Monday), 2023 to 01 January (Monday), 2024
16	Last date of C3 Submission (Including project/add-ons) by Faculty Members to AAA & on AVIRAL portal	11 December(Monday), 2023
17	Make Up Examination duration	14 December(Thursday), 2023 to

	(Conduction by respective Faculty)	16 December (Saturday), 2023
18	Last date of C3 uploading (After MAKE UP Exams) on AVIRAL portal & submission of signed hard copy to AAA Section	18 December(Monday), 2023
19	Last date of checking of result submitted in hard copy with that uploaded on AVIRAL Portal by AAA Section	19 December (Tuesday), 2023 to 22 December (Friday), 2023
20	Declaration of Compiled Result by AAA Section	26 December(Tuesday), 2023
21	Next Semester Registration	05 December (Tuesday), 2023 to 15 December (Friday), 2023
22	Institute Re-opening Date	01 January (Monday), 2024
23	Commencement of Classes	02 January (Tuesday), 2024

Note:

- 1) # The classes shall remain off during the day(s)
- 2) Whenever needed, the Dean (A) may announce the linked holiday and the next Saturday/ Sunday as compensatory working day.
- 3) November 13-14, 2023 shall be observed as linked holiday for all Academic activities. In lieu of this, Institute shall remain open on November 4-5, 2023 respectively.

<i>Open Day</i>	<i>Linked Holiday /Compensatory Off</i>	<i>Time Table to be followed</i>
04/11/2023	13/11/2023	13/11/2023 (Monday)
05/11/2023	14/11/2023	14/11/2023 (Tuesday)

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD

Two Year Fee Structure

Course: MBA Batch-2023

Categories :Gen/OBC/EWS/SC/ST/PwD

Academic Session: July-Dec, 2023 to Jan-Jun, 2025

Academic Session		Jul-Dec, 2023	Jan-Jun, 2024	Jul-Dec, 2024	Jan-Jun, 2025
S. No	General Fees & Dues (All Figures in ₹)	1st Sem	2nd Sem	3rd Sem	4th Sem
A	One Time Fee				
1	Admission Fee	3340			
2	Enrolment Fee	1340			
3	Identity Card Fee	1340			
4	Alumni Fund	10650			
5	Training & Placement	2200			
6	Caution Money (Refundable)	4400			
	Subtotal (A)	23270			
B	Annual Dues				
1	Benevolent Fund	680		750	
2	Group Insurance and SWF	1340		1480	
3	Library Fee	1340		1480	
	Subtotal (B)	3360		3710	
C	Semester Fees				
1	Tuition Fee	83000	83000	92000	92000
2	Gymkhana Fee	1340	1340	1480	1480
3	Examination Fee	1340	1340	1480	1480
4	Grade Card Fee	680	680	750	750
5	Medical Fee	680	680	750	750
6	Transport	370	370	410	410
7	ICT Fee	1650	1650	1820	1820
	Subtotal (C)	89060	89060	98690	98690
D	Hostel Fees				
1	Room Charges: Double Occupancy-1st Year Single Occupancy-2nd Year	7260	7260	15980	15980
2	Maintenance Charges @ 10% of Room Charges	730	730	1600	1600
3	Mess Establishment Charges @ 5% of Room Charges	370	370	800	800
4	Water Charges @ 10% of Room Charges	730	730	1600	1600
5	Hostel Electricity Charges: Double Occupancy-₹1000/- Single Occupancy-₹2000/-	1100	1100	2420	2420
6	Cooler Usage Charges	610	610	610	610
	Subtotal (D)	10800	10800	23010	23010
	Total Fee [A+B+C+D] (₹)	126490	99860	125410	121700

Subject to revision annually.

Mess Charges: ₹23940/- (as per actual) is applicable for Jul-Dec 2023 @ Rs 133/- per day for 180 days.

Note: As per Office Memorandum Ref. No.: IIIT-A/BOG-11/M.Secy/2019/0881 Dated: 19-03-2019, All components of fee except mess fee for

UG/PG students will be increased by 10% every year for the existing batch 2018-19 and from all new batches 2019-2020 onwards.