



भारतीय सूचना प्रौद्योगिकी संस्थान इलाहाबाद
Indian Institute of Information Technology Allahabad
(An Institute of National Importance by Act of Parliament)
Deoghat Jhalwa, Prayagraj - 211015, UP, India

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INFORMATION FOR M.TECH. CANDIDATES ADMITTED AT IIITA THROUGH CCMT – 2021

(List as received from CCMT till 1030 Hrs of 20/09/2021)

(Further updated lists will be uploaded as soon as they are received from CCMT)

- List of provisional CCMT Allotments 2021 into various M.Tech. Programs of the Institute is as below:

M.Tech. in Bio-informatics		
Sl. No.	Roll No	Name
1	CS21S53022220	NITIKA GUPTA
2	BT20S31207469	MAINAK MONDAL
3	BT21S58019071	SANJANA SHARMA
4	EY21S34001019	PRADYUMN CHOWDHURY
5	XE21S68020080	HIMANSHU
6	MA21S53007411	SONAL BANSAL
7	XL21S63033718	SHAILESH KUMAR SHUKLA
8	CS21S65019094	PRAKHAR GUPTA
9	CS21S54004302	SOUMAK DALAPATI
10	CS21S66008171	ADITYA KUMAR NAYAK
11	XL21S65022170	PRITI DEVI
12	CS21S54033243	GYANENDRA KUMAR
13	CH21S52032054	KAYYUM YUSUFALI SAYYAD
14	CS21S64029118	ABHAY PRAJAPATI
15	CS21S56044341	BAISHALI SARKAR
16	MA21S56050018	SUDEEP MONDAL
M.Tech. in Electronics and Communication Engineering		
1	EE20S58038024	AAYUSHI BANSAL
2	EE21S35016327	ANURAG TRIPATHI
3	EE21S38032037	ANWESHAN GOSWAMI
4	EC19S58012209	HARSHIT AGARWAL
5	EE21S34033252	ADITYA SAGAR

6	EE21S35043001	MANOJ KUMAR SINGH
7	EC21S41411232	DORNALA SANTHOSHI
8	EC21S41410923	BASAMGARI BHANU PRAKASH REDDY
9	EE21S36065105	AKULA SAIRAM
10	EE21S36041041	ABHIMANYU PRATAP SINGH
11	EE21S34004367	AKASH SINGH
12	EE21S33027302	SANDEEP KUMAR GUPTA
13	EC21S43028273	KARTIKEY GUPTA
14	EC21S43028659	KUNAL
15	EC20S46030269	PAWAN SAHU
16	EC21S45005063	LAYAK SINGH YADAV
17	IN21S16005048	RAKESH KUMAR VERMA
18	IN21S18014040	MOHIT KARKI
19	EC21S48007156	SANJOLI GUPTA
20	EC21S45043041	PRATYUSH KUMAR OJHA
21	EE21S38010221	VISHAL SINGH
22	EC20S45016195	JAVED ALAM
23	EC20S45021184	PRINCE PANDEY
24	EC20S46005742	LOKESH KUMAR REDDY
25	EC21S44033898	SHALINI PRIYA
26	EE21S36008005	SWAPNIL ANAND
27	EE21S33030035	SWAPNIL NISHANT
28	EE21S36044610	RAJU KUMAR YADAV
29	EC19S53034293	VISHAL KUMAR GUPTA
30	EC21S41416136	VIJAY BHARATH PAMMI
31	EE20S54016145	MD RASHID
32	EE21S36030036	MATCHA RAKESH VARMA
33	IN21S15017262	SUMANYU SINGH
34	IN21S14024033	DEBASHISH NATH
35	EE21S34034058	PRITY SINHA
36	EE21S35019294	TEJAS MESHARAM
37	IN20S13012263	POORNIMA NIGAM
38	EC20S48029220	MURLI DHAR
39	EC21S44032013	SUMIT SAURABH
40	EC21S41407607	ALOKE KUMAR VISHWAKARMA
41	EC20S45020367	RUCHI
42	EE21S33029248	SUJEET KUMAR
43	EC21S45033058	NAVYA SINGH
44	IN21S16024036	T BHANU PRAKASH
M.Tech. in Information Technology		
1	CS21S52022066	RAVIKANT PRAHLADRAI SHARMA
2	CS21S56054133	CHINMAYA KUMAR PATEL
3	CS21S66059036	ANWESH PANDA
4	CS21S62019181	AMBUJ KUMAR PANDIT

5	CS21S58026117	NEHA
6	CS21S57306062	ROHIT PARTHASARATHY
7	CS21S51219024	YASH HOSKERE
8	CS21S55020202	ISHAN SHRIVASTAVA
9	CS21S63040215	ABHINANDAN KUMAR PUN
10	EC20S44031086	SANDIPAN DEY
11	CS21S54009099	GOURAB PAL
12	CS21S65001286	YASH PATEL
13	EC21S48014023	HIMANSHU JOSHI
14	CS21S55010180	VINAY KUMAR
15	CS21S65013330	AKSHAY JAIN
16	CS21S63011437	RIYA PANCHAL
17	CS21S58033185	PRASHANT MATHAN
18	CS21S52060359	SIDDHARTH MITHLESH PAIGWAR
19	CS21S55003039	SHUBHAM SINGH
20	CS21S56039077	SUDIPTA SEN
21	CS21S55035279	SHIVAM TIWARI
22	CS21S58008103	MANAV NEGI
23	CS21S65005067	ADITYA GUPTA
24	CS21S65035293	SHIVANI MOHAN AGARWAL
25	CS21S52014120	UMANG SORATHIYA
26	CS21S65021550	AMAN GUPTA
27	CS21S56019229	ANANT TIWARI
28	CS20S65009656	SAHIL DUBEY
29	CS21S63064085	ABHISHEK JOSHI
30	CS21S56005435	PRAKHAR KOTHARI
31	CS21S55021175	AYUSH DUBEY
32	CS20S66043283	RAJESH KUMAR SAH
33	CS21S51218049	NAGMA NAAZ
34	CS21S55001276	AKANKSHA LAL
35	CS21S52069273	NEHA VISHWANATH SARNAIK
36	CS21S68029032	NAVEEN KUMAR
37	CS21S54030274	SHRUTI KUMARI
38	CS21S65032339	SHASHANK PAL
39	CS21S66050556	GAURAV KUMAR GUPTA
40	CS21S68004053	GAURAV SAXENA
41	CS21S68004232	RIYA KALRA
42	CS21S63005003	AARTI
43	CS21S53017289	NIKHIL KUMAWAT
44	CS21S52066245	ANURAG RADHESHAM DHOTE
45	CS21S66051575	RAJSHREE KHATOR
46	CS21S68018130	ASHUTOSH NAUTIYAL
47	CS21S63013139	ANIMESH DWIVEDI
48	CS21S65031206	NAMAN KAPOOR

49	CS21S65033023	APOORVA SRIVASTAVA
50	CS21S52051287	CHANDRAKISHOR INDRABHAN SINGH
51	CS20S63004133	ASHUTOSH YADAV
52	CS21S56043283	VIPUL KUMAR SINGH
53	CS21S52008123	BRIJESH VASUDEVBHAJ PESHVANI
54	CS21S58008180	HIMANSHU NAMDEV
55	CS21S54029189	MONU KUMAR
56	CS21S65018184	HIMANSHU MANI
57	CS21S53012440	YASH PATIDAR
58	CS21S52070113	AVADHOOT DAULAT BANGAL
59	CS21S67330019	PRASHANTH S
60	CS21S55001304	KIRTI AGARWAL
61	EC21S47412021	SAI KEERTHI DOMA
62	CS21S61203094	SHIVARAJKUMAR G
63	CS21S65027296	ARUN SINGH KUSHWAHA
64	CS21S62010072	HARESHKUMAR BABABHAI KOTADIYA
65	CS21S56066255	KRISHNA SAI KOPPULA
66	CS21S63064197	RAHUL SONI
67	CS21S65034311	MOHIT KUMAR GUPTA
68	CS21S53021051	MONIKA SHARMA
69	CS20S65011463	NARAYAN ASATI
70	CS21S57326164	JEYA GANESH M R
71	CS21S53016033	DABLU CHAUHAN
72	CS21S52032021	MOHIT MADHAVRAO SHINDE
73	CS21S55039217	ANWESH SHREYASH
74	CS21S66053351	SUPRIYA ABBINA
75	CS21S62016275	TRINETRA BALAJI DEVKATTE
76	CS19S31405321	SHIVAM SHUKLA
77	CS21S65025170	NEERAJ SHEKHAR SINGH
78	CS20S65011516	AAYUSHI SINGH
79	CS21S51409031	SALLA SHIVATEJA
80	EC20S45020263	ADITYA PRATAP SINGH
81	CS21S54027388	FAIZAN ARIF
82	CS21S62057112	RISHABH MAHENDRA SHIRKE
83	CS21S68015088	VIVEK JOSHI
84	CS21S64045318	BANASHREE GHOSH
85	CS21S67400098	AKHIL MUTHYAMPALLI
86	CS21S62015120	PRATIK RAMESHBHAI BHANKHODIYA
87	CS21S55039141	ANAND KUMAR MAURYA
88	CS21S55014319	VIKAS VERMA
89	CS20S65010065	VIJAY SHAHWAL
90	CS21S65020366	SANGHMITRA TAMRAKAR
91	CS21S65021571	JATIN KUMAR SACHAN
92	EC20S46022265	KHYATI DHERE

93	CS21S63032353	RAM GOPINATH TOTKAR
94	CS20S61406782	KURMA MADHU
95	CS21S55026199	SHREYA BHARTI
96	CS20S63014384	NIRALI PATIDAR
97	CS21S52060435	MADHUR CHANDRAMUNI PATLE
98	CS20S63013579	VISHAL ARYA
99	CS21S55014288	RASHIKA MALVIYA
100	CS21S55027177	SURAJ KAMAL
101	CS21S55022150	MADHVENDRA AHIRWAR
102	CS21S52051115	ANKIT NAHARSINGH SAGAR
103	CS21S58024093	SALONI MOHAN
104	CS21S52082557	AVINASH SUDAM GAIKWAD
105	CS21S55004153	AMIT SINGH
106	CS21S68014212	SAURAV SAGAR
107	CS21S58026015	SPANDAN ROY
108	CS21S68004015	ANSHUL KOHLI
109	CS21S62022007	KRUNAL GHANSHYAMBHAI VASAVA
110	CS21S58023330	VIJAY KUMAR
111	CS20S63031025	VIVEK KUMAR CHAUDHARY
112	CS20S66022308	OLIVER GODFRED HERENJ
113	CS21S55029163	KM KHUSHABOO
114	CS21S53040229	SATENDRA PATHROL
115	CS21S57106101	AKSHAY SRIVATSAV CHOWDAPPA GARI
116	CS21S66053409	MADHU DONIPATI

- Online registration for enrollment of the above candidates ONLY, will be done through:- <https://erp.iiita.ac.in> using their 'GATE Registration ID' as 'Login ID' and their 'Mobile Number' (From which you have registered in CCMT 2021) as 'Password'. The online registration facility shall open from 10.30 PM of 20/09/2021 and close on 22/09/2021 04.00 PM. Candidates are suggested to keep their good quality photos (30 mm x 50 mm) , scanned signature (10 mm x 30 mm) and all required documents in pdf. format ready for uploading on the Portal.
- After uploading the all required documents, Institute will verify the entered details at erp portal and uploaded documents. After verification an enrollment slip will be generated provide on your email ID subsequently.
- Verification of online submitted documents with the physical original documents shall be undertaken, upon your physical arrival to the Institute. Until then, your admission into the allotted program shall be provisional only.
- Online classes are expected to begin from **22/09/2021** (Tentatively)

List of Documents to be uploaded for Online Document Verification

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 and any other Government issued document 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. Mark sheet of Class X.
4. Certificate of Class X.
5. Mark sheet of Class XII.
6. Certificate of Class XII.
7. Mark sheet of U.G for all semesters.
8. Degree or Provisional Certificate of the U.G.
9. If result of Graduation degree is awaited, certificate of course completion from the institute/university last studied must be provided. **(Annexure-1)**
10. Conduct certificate from the Institution last attended.
11. GATE score card (2019 or 2020 or 2021).
12. Provisional seat allotment letter from CCMT 2021.
13. Document Verification cum seat acceptance letter from reporting Center Incharge.
14. Proof of payment of Seat Acceptance Fee (SAF).
15. 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 April 01, 2021. (Annexure-2 for OBC-NCL & Annexure-3 for EWS)**
16. Undertaking by the candidate on OBC-NCL status in the prescribed format. **(Annexure-4)**
17. Original Certificate for Persons with Disabilities (PwD), if applicable, issued by the competent authority. **(Annexure-5)**
18. Medical Examination Report. **(Annexure-6)**
19. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-, duly notarized by the Oath Commissioner. **(Annexure-7)**
20. 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. **(Annexure-8)**
21. MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme". **(Annexure-9)**
22. Migration/Transfer Certificate

Please note that

- Due to any reason if you are unable to upload relevant documents for **Sr. 10,15,18,19 and 20**. Then you have to upload self declaration as per **Annexure-10**.
- 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.

FORMAT OF COURSE COMPLETION CERIFICATE

[TO BE ISSUED IN THE OFFICIAL LETTER HEAD OF THE 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, 2021.
3. His / Her final result is awaited and will be published on or before September 30,
2021.

Date - _____

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

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FORMAT FOR OBC [NCL] CERTIFICATE

To be produced by Other Backward Classes Applying for Admission in M.Tech. program in IIITA

[This certificate MUST have been issued on or after 1st April 2021]

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.

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INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKERSECTIONS

Government of

(Name & Address of the authority issuing the certificate)

[This certificate MUST have been issued on or after 1st April 2021]

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***:

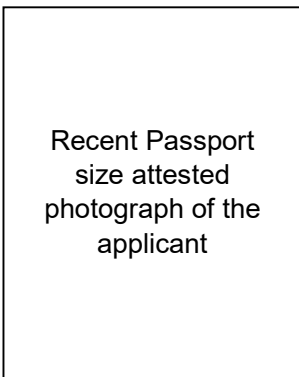
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

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 _____



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.

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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, 2021.

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/herscase 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:**

Indian Institute of Information Technology Allahabad

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		

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

In figures: _

In words: _

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to

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

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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		

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

In figures: _

In words: _

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to

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.

Countersign

Official

[CMO/Medical Superintendent/Head of Govt.

Name: _____

^ Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in

MEDICAL EXAMINATION REPORT

(Annexure-6)

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 NoOR
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 _____ 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) (Annexure-9)

Offered by

National Insurance Company Limited


Exclusively for all IITA Students

Broad of Feature of Scheme*

- MEDICLAIM Hospitalization Cover- Upto Rs. 90,000/- per annum.
- Accidental Death OR Permanent Disablement of Insured Student – Upto Rs. 5Lakhs
- Carriage of Dead Body of the Insured, upon Accidental death to place of Normal Residence- Rs. 7500/•
- Upon Accidental death of Fee Paying Parent / Guardian – Rs. 3 Lakhs.
- Education Expenses to Dependent Children of Married Insured Students on accidental death - Rs. 25,000/- One child & Rs. 60,000/-* two Child.
- Mediclaim coverage extends throughout India on 24x7basis.
- 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:.....	
2	Complete Address of NORMAL RESIDENCE of the Enrolled Student Phone No: E-Mail: Pin Code:..... Police Station:.....	A Colored Photograph of the Student being Insured, duly Self Attested 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.
	(b) In Case "Married", then Pl provide the following		
	(c) Do you have dependent Children	Yes /No	

4 Contd.	(d) In case "Y" to (c) above ,Pl. provide the details :	<p><u>In respect of First Child (Elder one): -</u></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 (Younger one): -</u></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>
5.	<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).....</p> <p>(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:.....

Indian Institute of Information Technology Allahabad

Format of Self Declaration about submission of -----

(Applicable only for Sr. No. 10, 15, 18, 19, 20 & 22)

I, _____ (Name of candidate)

GATE Registration No.

· _____, S/D/O _____ resident

of _____ do hereby declare on oath as

under:

That I will submit my certificates as hare under, upto 30th September, 2021. Failing which I understand that my admission in M.Tech.. Program in IIITA may be cancelled.

List of certificates for which times extension is requested. (Please tick the relevant boxe/s)

1) Conduct/Character Certificate.

2) Category Certificate (EWS/OBC-NCL/SS/ST).

3) Medical Examination Report.

4) Anti-Ragging Affidavit by the student.

5) Anti-Ragging Affidavit by the Parent/Guardian.

6) Migration/Transfer Certificate

Place: _____

Date: _____

Signature of the Candidate

Name of Candidate:

Mobile. No:

GATE Registration No.