



## Indian Institute of Information Technology Allahabad

(An Institute of National Importance by Act of Parliament)

Deoghat Jhalwa, Prayagraj - 211015, UP, India

### List of 2nd Waitlisted Candidates for Admission in MBA Program (Academic Batch 2022-2024)

#### GENERAL CATEGORY (In alphabetical order)

Sl. No.	Application ID	Name of Applicant
1	393010202002	Aditya Rathore
2	393055802008	Akash Tiwari
3	393072012009	Anamika Porwal
4	393027702006	Ankit Shukla
5	393092602007	Astha Shukla
6	393094012004	Deepali Pahuja
7	393050012005	Jyoti Awasthi
8	393079012007	Manish Sharma
9	393052302009	Meera K Nair
10	393021602008	Rishav Saikia
11	393025902006	Saurabh Augustine
12	393000112001	Shreya Tripathi
13	393000602005	Vaibhav Varshney
14	393078012006	Vidisha Mishra

## **Information regarding Online Registration and fee payment of MBA Program, Academic Batch 2022-2024**

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 **25/07/2022** and close on **01/08/2022 05.00 PM**. Fees along with Hostel 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 are expected to begin from **01/08/2022** (Tentatively)
3. 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 25<sup>th</sup> to 01<sup>st</sup> Aug. 2022** - Registration, Fee deposition & Documents uploading on ERP Portal.

**01<sup>st</sup> to 02<sup>nd</sup> Aug, 2022** - Documents Verification & Correction of online uploaded documents on ERP Portal.

**02<sup>nd</sup> Aug., 2022** – Reporting at Room No. 1713, AAA Section, Ext. 2 of Admin Building for "**Physical Documents Verification**" along with original documents and one set of self attested copies of all uploaded documents on ERP portal.

***For any technical issues, please send email to: [erp@iiita.ac.in](mailto:erp@iiita.ac.in) / 0532292-2011 / 2192***

***For fee related issues, please send email to: [anands@iiita.ac.in](mailto:anands@iiita.ac.in) / 0532292-2047***

***For any other query please send email to: [aaa@iiita.ac.in](mailto:aaa@iiita.ac.in) /  
[saleem@iiita.ac.in](mailto:saleem@iiita.ac.in) / 0532292-2030***

To be 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 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. 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.  
(If final year Mark sheet is awaited. Then you have to upload self declaration as per **Annexure-10**.)
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 1<sup>st</sup> April 2022.** (**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**)

### **Please note that**

- Due to any reason if you are unable to upload relevant documents for **Sr. 9, 10, 12, 15, 16** and **17**. 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 LETER 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, 2022.
3. His / Her final result is awaited and will be published on or before September 30, 2022.

Date - \_\_\_\_\_

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

**FORMAT FOR OBC [NCL] CERTIFICATE**

**To be produced by Other Backward Classes Applying for Admission in MBA program in IITA**

**[This certificate MUST have been issued on or after 1<sup>st</sup> April 2022]**

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 1<sup>ST</sup> 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 &amp; Address of the authority issuing the certificate)

**[This certificate MUST have been issued on or after 1<sup>st</sup> April 2022]**

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, 2022.

**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

[Signature box]

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:-

Table with 3 columns: 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:

<b>Name and Seal of Member</b>	<b>Name of Seal of Member</b>	<b>Name and Seal of the Chairperson</b>

**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**

<p>Coloured Passport Size PHOTO</p>
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**PART - A**  
**GENERAL EXPECTATIONS**

Candidates will have good general physique with

- Chest measurement should not be less than 70 cm, with satisfactory norms of expansion and contraction.
- Normal vision. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye.
- Normal Hearing. Defective hearing should be corrected.
- Normal Heart and lungs without any abnormality and having no history of mental illness and/or epileptic fits.

**PERSONAL HISTORY**

- Name .....
- Parent/ Guardian's Name:
  - Father's Name .....
  - Mother's Name.....
- Age: ..... Years ..... Months.....
- Gender:..... Blood group.....
- Identification Marks on the Body: .....  
(This can be a mole or scar)
- Major illness / operation (in past): .....  
(Specify nature of illness / operation.)
- Allergies if any: .....
- Any Chronic illness for which he/she is taking treatment: .....  
(Eg. Diabetes, Asthma, Epilepsy, Kidney disease, Bleeding disorder, etc.)
- 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.)

- Height : ..... cm. 2. Weight: ..... kg.
3. Skin ..... 4. Ears/Hearing:.....
5. Vision with or without glasses :
  - Right eye : ..... c) Colour Blindness :.....
  - Left eye : ..... d) Unocular Vision :.....
6. Respiratory system :..... 7. Nervous system:.....
8. Heart : ..... 9. Abdomen :.....
  - Sounds :..... a) Liver: .....
  - Murmur :..... B) Spleen :.....

10. a) Hernia :..... b) Hydrocele :.....

11. Any other health issue :.....

\_\_\_\_\_ **Signature of the Medical Officer**

Full Name :.....

MCI Registration No .....OR  
State Council Registration Number: .....

State with whose Council Registered: .....

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

**PART - B**  
**MEDICAL CERTIFICATE**

Certified that .....  
son/daughter of .....

a) Fulfills the prescribed standard of physical fitness, as per general expectations stated in Part A and is FIT for admission to B.Tech. / 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**

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.
- Territoriallimits 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:.....	<b>Date of Birth:</b> ...../...../..... <b>Sex:</b> Male /Female <b>Blood Group:</b> .....
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><b><u>In respect of First Child (Elder one): -</u></b></p> <p>a) Name of Child:.....  b) Age:.....Yrs.      Sex: M/ F  c) Address:.....  .....  .....  <b>Phone No:.....</b>  .....  <b>PIN Code:.....</b>  .....  <b>E-Mail:.....</b></p> <p><b><u>In respect of Second Child (Younger one): -</u></b></p> <p>d) Name of Child:.....  e) Age:.....Yrs.      Sex: M/ F  f) Address:.....  .....  .....  <b>Phone No:.....</b>  .....  <b>PIN Code:.....</b>  .....  <b>E-Mail:.....</b></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><b>Pre Existing Diseases*, at the time of admission into the Institute:</b>  (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><b>Pre Existing Diseases qualify for claim only after four continuous claim three year, in respect of those diseases,</b></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

(Applicable only for required documents Sr. No. 7, 9, 10, 12, 15, 16, & 17 only)

I, \_\_\_\_\_ (Name of candidate)

Application ID No. \_\_\_\_\_,

S/D/O \_\_\_\_\_ resident of \_\_\_\_\_

\_\_\_\_\_ do hereby declare on oath as under:

That I will submit my certificates as hare under, on or before 30<sup>th</sup> September, 2022. Failing which I understand that my admission in M.B.A. Program in IIITA may be cancelled.

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

- |   |                          |
|---|--------------------------|
| 1) UG Mark sheets for last year<br>(Along with 1 <sup>st</sup> to Second last years with this form) | <input type="checkbox"/> |
| 2) Conduct/Character Certificate.   | <input type="checkbox"/> |
| 3) Migration/Transfer Certificate   | <input type="checkbox"/> |
| 4) Category Certificate (EWS/OBC-NCL).<br>(Along with Old certificate with this form)               | <input type="checkbox"/> |
| 5) Medical Examination Report.  | <input type="checkbox"/> |
| 6) Anti-Ragging Affidavit by the student.   | <input type="checkbox"/> |
| 7) Anti-Ragging Affidavit by the Parent/Guardian.   | <input type="checkbox"/> |

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Candidate

Name of Candidate: \_\_\_\_\_

Mobile. No: \_\_\_\_\_

Application ID No. \_\_\_\_\_

**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD****Two Year Provisional Fee Structure****Course: MBA Batch-2022****Categories :Gen/OBC/EWS/SC/ST/PwD****Academic Session: July-Dec, 2022 to Jan-Jun, 2024**

Academic Session		Jul-Dec, 2022	Jan-Jun, 2023	Jul-Dec, 2023	Jan-Jun, 2024
S. No	General Fees & Dues (All Figures in ₹)	1st Sem	2nd Sem	3rd Sem	4th Sem
	<b>A</b>	<b>One Time Fee</b>			
1	Admission Fee	3030			
2	Enrolment Fee	1210			
3	Identity Card Fee	1210			
4	Alumni Fund	9680			
5	Training & Placement	2000			
6	Caution Money (Refundable)	4000			
	<b>Subtotal (A)</b>	<b>21130</b>			
<b>B</b>	<b>Annual Dues</b>				
1	Benevolent Fund	610		680	
2	Group Insurance and Student	1210		1340	
3	Library Fee	1210		1340	
	<b>Subtotal (B)</b>	<b>3030</b>		<b>3360</b>	
<b>C</b>	<b>Semester Fees</b>				
1	Tuition Fee	<b>75000</b>	<b>75000</b>	<b>83000</b>	<b>83000</b>
2	Gymkhana Fee	1210	1210	1340	1340
3	Examination Fee	1210	1210	1340	1340
4	Grade Card Fee	610	610	680	680
5	Medical Fee	610	610	680	680
6	Transport	330	330	370	370
7	ICT Fee	1500	1500	1650	1650
	<b>Subtotal (C)</b>	<b>80470</b>	<b>80470</b>	<b>89060</b>	<b>89060</b>
<b>D</b>	<b>Hostel Fees</b>				
1	Room Charges: Double Occupancy-1st Year Single Occupancy-2nd Year	<b>6600</b>	<b>6600</b>	<b>14520</b>	<b>14520</b>
2	Maintenance Charges @ 10% of	660	660	730	730
3	Mess Establishment Charges @	330	330	370	370
4	Water Charges @ 10% of Room	660	660	730	730
5	Hostel Electricity Charges: Double Occupancy-₹1000/- Single Occupancy-₹2000/-	1000	1000	2200	2200
6	Cooler Usage Charges	550	550	610	610
	<b>Subtotal (D)</b>	<b>9800</b>	<b>9800</b>	<b>19160</b>	<b>19160</b>
	<b>Total Fee [A+B+C+D] (₹)</b>	<b>114430</b>	<b>90270</b>	<b>111580</b>	<b>108220</b>
<b>E</b>	<b>Mess Charges (As per actual)</b>	<b>23418</b>	<b>23418</b>	<b>23418</b>	<b>23418</b>
	<b>Grand Total [A+B+C+D+E]</b>	<b>137848</b>	<b>113688</b>	<b>134998</b>	<b>131638</b>

Subject to revision annually.

