

# **Indian Institute of Information Technology, LUCKNOW**

**Dear Candidate,**

**Congratulations** on your being allotted a seat at Indian Institute of Information Technology, LUCKNOW (IIITL), in its Two year full time M. Tech. Computer Science (CS) Degree Program. On behalf of the Institute, it is a pleasure to welcome you onboard into the IIITL family !

We hope that during the time that you spend with us here, we shall be able to assist you in shaping yourself as a professional in the field, on which the society in general and you in particular, shall be proud of. We have adequate infrastructure to support you in your endeavor and hope that you will utilise it fully in your favour, while your stay here (we are further, always in the process of fortifying our infrastructure, to match the pace of latest developments in the field).

Kindly note that the admission process is completed only after:

- 1) Your credentials are physically verified at the Institute & uploaded on the web portal,
- 2) Requisite academic Fees and Hostel/Mess Charges are received in the Institute,
- 3) Enrollment number is allotted to you,
- 4) Confirming your admission to CCMT 2019 is done,

at the Institute. Your initiating the process of admission before reaching here in person, shall however hasten your admission process, once you are here. **Your personal presence alongwith the Certificates and Documents as detailed in attachments, in ORIGINAL are necessary at the time of admission, as per the CCMT 2019 declared schedule.**

IIIT Lucknow is a fully electronic payment compliant campus, where NO CASH / Demand Draft based transactions are undertaken. So either transfer the fees and Mess Charges (in separate Accounts) through Net Banking and bring to us the UTR Receipts for our reconciliation OR pay the fees at the time when you come to us for admission through your DEBIT / CREDIT Card. In such a case, Pl. ensure that your card has a daily limit of funds transfer for upto Rs. 80,000/- (For all Categories General / OBC / SC / ST / PwD Candidates). In case the admission requirements are not completed owing to non materialising of transaction through Debit / Credit Card, the onus of the outcome shall rest with the candidate. Requisite Bank / Card Transaction charges, are also payable by the candidate.

Looking forward to meeting you at IIIT Lucknow,

With Good Wishes,

**IIIT-Lucknow**

**For General Information of ALL Candidates**  
**Seeking Admission at IIIT- Lucknow through CCMT 2019**

**A. How to reach IIIT- Lucknow :**

The IIIT Lucknow campus is located at Chack Gajaria (Sultanpur Road), Lucknow . It is 13 km from the SGPGI and 14 km from the main railway station (Charbagh Junction). Lucknow is very well connected by Trains from all places like Delhi, Kolkata, Guwahati, Mumbai, Chennai etc. Indian Railway services to Lucknow are excellent and quite comfortable. Lucknow is served by Amausi Airport. Direct daily flights from across the India are available from here. It is about 23 kms from the Institute Campus.

**Guide Map for Reaching Chack Gajaria, IT City, IIIT Lucknow – 226002**



**B. Documents required at the time of admission:**

**One set of Clear Photocopied documents (A-4 Sized, self-attested) as follows are required to be brought by the selected candidate at the time of reporting to Admission Section, IIIT Lucknow for deposition at the Institute.**

**Reporting Site: Admin Building, IIIT- Lucknow, IT City, Lucknow-226002**

1. Seat Confirmation Fee Letter from CCMT 2019. (Web Copy)
2. Provisional Seat Allocation Letter from CCMT 2019. (ORIGINAL / web copy)
3. Document Verification-cum-Seat Acceptance Letter from Reporting Centre Incharge. (In Original)
4. GATE Score Card (ORIGINAL / web copy)
5. Class X Certificate & Marksheet. (In Original)
6. Class XII Certificate & Marksheet. (In Original)
7. Grade/ Mark sheet of qualifying degree examination of all semesters. (In Original)
8. Degree/ Provisional Certificate, of qualifying degree. (In Original)
9. Caste Certificate (if applicable, for SC/ST/OBC in the attached format (Issued by the Competent Authority)). **OBC certificate must have been issued on or after 01/04/2019.** (In Original)
10. Certificate for Persons with Disability in the attached format (for PWD Category candidates only, as may be applicable).(In Original)
11. AADHAAR CARD (In Original)
12. Undertaking by the candidate regarding OB status in the attached format (for OBC Candidates only. (In Original)
13. Character Certificate (In Original) from the Institution last attended.(In Original)
14. Transfer/ Migration Certificate (In Original) from the Institution last attended.(In Original)
15. Two identical coloured passport sized photographs of GOOD QUALITY on Matt Finish against white background (size 35 x 50mm).
16. Medical Examination Report. (In Original in the format attached).Medical examination Report may be got filled in from anywhere, including the candidate's home place. Pl. ensure that the same is duly signed and stamped by the Doctor. Doctor should also clearly state his/her MCI / State Council Registration No alongwith the State in which Registered in case of State Council

Registered Doctors.

17. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-, duly notarized by the Oath Commissioner. (In Original for deposition at the Institute)
18. Anti-Ragging Affidavit by the Parent/ Guardian (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-duly notarized by the Oath Commissioner. (In Original for deposition at the Institute)

**Originals of Sr. No. 5 to 11 will be required only at the time of verification & returned thereafter.**

**(Note – Kindly maintain the same sequence of documents as given above)**

**C. Details of Documents etc to be uploaded on the web admission portal of the Institute (OPTIONAL) :**

- (i) Passport size color photograph (35x50 mm size, upto 500kb size) and signature (10x30 mm, 100 kb size, black coloured), both in .jpeg format.
- (ii) All academic qualification marksheets, certificate, GATE Score Card in .pdf format at the time of registration at the Institute. Documents in Original MUST be brought at the time of Admission.

**D. Hostel Facility:**

- The Institute is a fully residential campus and has provided with modern boarding and lodging facilities. Hostel has adequate recreational facilities including sports. Each student is provided with a Cot, Table, Chair and an Almirah space, the suggested list of items that may be required by a Hosteller during the course of his/ her stay on campus is likely to include the following:
  - One bucket with mug + soap with soap case + Door Lock (Good Quality)
  - Bedding with warm clothing, Blanket/ Quilt & Mosquito Net.
  - Temperature at Lucknow ranges between 7-10 in winters (December - January) and 40 – 49 in summers (April – June).
  - Table Lamp – In case you are habitual otherwise Tube lights are provided in all rooms.
  - Appropriate Clothing & Shoes.
- You may accordingly arrange for them on personal basis.

E. Fee Structure for IIITL students. to be admitted in 2019

<b>FEE STRUCTURE FOR <u>M.TECH.</u></b> <b>IIIT-LUCKNOW</b> <b>For Academic Session 2019 – 2020</b>			
For General, OBC, SC, ST and PWD Category Students (in INR)			
Sl. No.	General Fees & Dues	1st Sem.	2nd Sem
<b>A</b>	<b><u>One Time FEE</u></b>		
	Admission Fee	1500	—
	Institute Caution Money (One time refundable)	2000	—
	Enrolment Fee	1000	—
	Identity Card Fee	1000	—
	Alumni Fund	3000	—
	Institute Development & Maintenance Charges	10000	—
<b>B</b>	<b><u>Annual Dues</u></b>		
	Benevolent Fund	500	—
	Group Insurance and Student Welfare Fund	1300	—
	Library Fee	2000	—
<b>C</b>	<b><u>Semester Fees</u></b>		
	<b>Tuition Fee</b>	<b>99000</b>	<b>99000</b>
	Laptop Charges (if laptop taken from the Institute)	5000	5000
	Hostel Fee (Double Occupancy Rs. 7200/- ) (Single Occupancy Rs. 14400/-) Single Room will be allotted only in case of availability of rooms at Hostel	7200*	7200*
	Electricity and water charges	2000	2000
	Gymkhana Fee	1500	1500
	Examination Fee	1200	1200
	Grade Card Fee	500	500
	Medical Fee	500	500
	<b>Total Fee</b>	<b>139200</b>	<b>116900</b>
<b>D</b>	Mess deposit (One Time Refundable)	2500	—
	Mess Charges (Mess charges are subject to actual)	15000	15000
	<b>TOTAL including Mess Fee</b>	<b>156700</b>	<b>131900</b>

*Please note that the fee amount which has already been deposited to CCMT-2019 as fee will be transferred to IIIT-Lucknow and therefore must be deducted from the total fee amount mentioned in the first semester fee structure. Small balances, if any, may be paid by Debit/ Credit Card / Net Banking at the Institute.*

**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, 2019.

**Place:****Signature of the Candidate\*****Date:*****\*Declaration/undertaking not signed by Candidate will be rejected***

**OBC Certificate Format****FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE GOVERNMENT OF INDIA****"This certificate MUST have been issued on or after 1<sup>st</sup> April 2019"**

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

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

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

Dated:

District Magistrate/ Deputy  
Commissioner, etc.

Seal

**NOTE:**

- (a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
  - (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar and
  - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

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

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

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

- \* The Constitution (Scheduled Castes) order, 1950.
- \* The Constitution (Scheduled Tribes) order, 1950.
- \* The Constitution (Scheduled Tribes) (Union Territory) order, 1951.
- \* The Constitution (Scheduled Castes) (Union Territory) order, 1951.

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

- \* The constitution (Jammu & Kashmir) Scheduled Caste Order, 1956;
- \* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976;
- \* The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order 1962;
- \* The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962;
- \* The Constitution (Pondichery) Scheduled Castes Order, 1964;
- \* The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
- \* The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968;
- \* The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968;
- \* The Constitution (Nagaland) Scheduled Tribes Order, 1970;
- \* The Constitution (Sikkim) Scheduled Castes Order, 1978;
- \* The Constitution (Sikkim) Scheduled Tribes Order, 1978;
- \* The constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989;
- \* The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990;
- \* The Constitution (Scheduled Tribes) Order, (Amendment) Ordinance, 1991;
- \* The Constitution (Scheduled Tribes) Order, (Second Amendment) Act, 1991;
- \* The Constitution (Scheduled Tribes) Ordinance, 1996;
- \* The Constitution (Scheduled Castes) order (Amendment) Act 2002;
- \* The Constitution (Scheduled Castes) order (Second Amendment) Act 2002;
- \* The Scheduled Castes and Scheduled Tribes orders (Amendment) Act 2002;

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

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

3. Shri/Shrimati/Kumari and /or \* his/her family ordinarily reside(s) in village/town\* \_\_\_\_\_ of \_\_\_\_\_ District/  
 Division\* \_\_\_\_\_ of the State/Union Territory of \_\_\_\_\_.

Place \_\_\_\_\_  
 Date \_\_\_\_\_

Signature \_\_\_\_\_  
 Designation \_\_\_\_\_  
 (With seal of Office)

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



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

**LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:**

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

## FORM-PwD (II)

Form-II

### Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

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

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_

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

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_ Date of

Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female

\_\_\_\_\_ Registration No. \_\_\_\_\_ permanent resident of House No.-

\_\_\_\_\_ Ward/Village/ Street \_\_\_\_\_ Post Office

\_\_\_\_\_ District \_\_\_\_\_ State

\_\_\_\_\_, whose photograph is affixed above, and am satisfied that:

1. he/she is a case of:

a. locomotor disability

b. blindness

(Please tick as applicable)

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 certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb  
impression of the  
person in whose  
favour disability  
certificate is  
issued.



**FORM-PwD (III)**

Form-III

Disability Certificate

(In cases multiple disabilities)

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

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_

\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,

male/female \_\_\_\_\_ Registration No. \_\_\_\_\_

permanent resident of House No. \_\_\_\_\_ Ward/Village/Street

\_\_\_\_\_ Post Office \_\_\_\_\_ District

\_\_\_\_\_ State \_\_\_\_\_

whose photograph is affixed above, and are satisfied that:

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

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

In figures: \_\_\_\_\_ percent

In words: \_\_\_\_\_ percent

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

4. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_

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

# - e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

Signature/Thumb  
impression of the  
person in whose  
favour disability  
certificate is  
issued.

**FORM-PwD(IV)**

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III)

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

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_  
\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_  
\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,  
male/female \_\_\_\_\_ Registration No. \_\_\_\_\_  
permanent resident of House No. \_\_\_\_\_ Ward/Village/Street  
\_\_\_\_\_ Post Office \_\_\_\_\_ District  
\_\_\_\_\_ State \_\_\_\_\_

whose photograph is affixed above, and am satisfied that he/she is a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

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

3. Reassessment of disability is:

a. not necessary

Or

b. is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_

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

# - e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature/Thumb impression of the person in whose favour disability certificate is issued.
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Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

**FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY**  
**DYSLEXIC CANDIDATE**

(To be obtained from any Dyslexia Association\*)

**PSYCHO-EDUCATION EVALUATION REPORT**

Date:

Name of the candidate:

Date of Birth:

Registration in the Dyslexia Assn. (date / number):

Name of the Father/Mother/Guardian:

Name/address and Regn. No.  
of the Dyslexia Association :

Photograph  
of the  
Candidate

Physical & Neurologic Assessment : [ ]

Psychological Assessment: [ ]

WISC                      Verbal IQ:  
                                 Performance IQ:  
                                 Full Scale IQ:

Interpretation: [ ]

Educational Assessment: [ ]

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)\*\*
2. The disability is **PERMANENT** in nature.

\*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
2. Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1, 1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1<sup>st</sup> Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Center Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

\*\*Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

**Name of the certifying official:**

**Seal:**

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

**Testimonial**

Date:

Name of the candidate:

Date of Birth:

Name and Address of the College/Institution:



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

Signature with seal:

# MEDICAL EXAMINATION REPORT

## PART - A GENERAL EXPECTATIONS

Coloured  
Passport Size  
PHOTO

Candidates will have good general physique with

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

## PERSONAL HISTORY

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

## MEDICAL CERTIFICATE

(To be issued by registered medical practitioner not less than MBBS)  
(The following are to be filled by the Medical Officer conducting the medical examination at the candidate side.)

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

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

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

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

Full Name : .....

MCI Registration No. .... OR

State Council Registration Number: .....

State with whose Council Registered: .....

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

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

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

a) Fulfills the prescribed standard of physical fitness, as per general expectations stated in Part A and is FIT for admission to M.Tech. Program offered by the Institute.

b) Does not fulfill the prescribed standard of physical fitness and is unfit / temporarily unfit to admission due to following defects:

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

**Declaration**

I hereby declare that I am not suffering from any disease other than mentioned in the medical report. In case if any other disease is found for which I am taking treatment for long time and that is not reported to the Institute at the time of admission then the Institute will not bear the cost of treatment.

\_\_\_\_\_  
**Signature of the Candidate**

**Note:** Institute is not liable for the chronic disease treatment which required the prolonged/ lifelong treatment.



**Undertaking by the Student (As per UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009)**

**( To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notarised by the Oath Commissioner)**

- 1) I,..... (full name of studentwithadmission/registration/enrolmentnumber)s/o./d/oMr./Mrs./Ms.  
....., having been admitted to (name of the institution) , have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
  - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- Declared this \_\_\_\_day of \_\_\_\_\_ month of \_\_\_\_\_year.

\_\_\_\_\_  
**Signature of deponent**

**Name:**

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_(place) on this \_\_\_\_day of \_\_\_\_Month of the\_\_\_\_ Year.

**Signature of deponent**

Solemnly affirmed and signed in my presence on this the \_\_\_\_ (day) of \_\_\_\_ (month) ,  
\_\_\_\_ (year ) after reading the contents of this affidavit.

**OATH COMMISSIONER**

**Undertaking by the parent/guardian (As per UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009)**

**( To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notarised by the Oath Commissioner)**

- 1) I, Mr./Mrs./Ms. \_\_\_\_\_ (full name of \_\_\_\_\_ of \_\_\_\_\_ parent/guardian) father/mother/guardian of \_\_\_\_\_, (full name of student with admission/registration/enrolment number) \_\_\_\_\_, having been admitted to \_\_\_\_\_ (name of the institution) \_\_\_\_\_, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
  - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this \_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_ year.

\_\_\_\_\_  
**Signature of deponent**

**Name:**

**Address:**

**Telephone/Mobile No.:**

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ (place) on \_\_\_\_\_ day of \_\_\_\_\_ Month of \_\_\_\_\_ Year  
\_\_\_\_\_ this \_\_\_\_\_ 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**