

**Note:** All candidates who have been allotted IIIT Allahabad or IIIT Lucknow are required to report at IIIT Allahabad (Jhalwa Campus, Allahabad) during the period as specified by JoSAA 2017

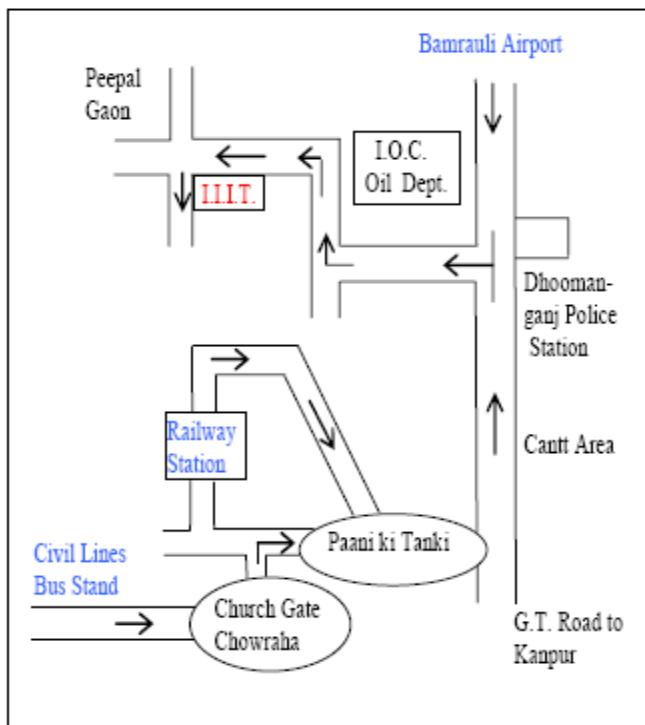
Reporting Date for JoSAA Students: **July 22 -26, 2017**  
Reporting Date for DASA Students: **July 21 - 25, 2017**

**Commencement of Classes : 27.07.2017**

**How to reach:**

The IIIT Allahabad campus is located at Deoghat, Jhalwa (Peepalgaon Road), which is on the outskirts of Allahabad. It is 10 km from the town center and 7 km from the main railway station. Allahabad is very well connected by Trains as well as Air route from both Delhi as well as Kolkata. Railway services to this city from all mega cities of the country are excellent and quite comfortable. Best is to alight on Platform No. 1 site of Allahabad Junction and hire an auto rickshaw for about Rs. 100-120, depending upon day-night timings of your arrival.

**Guide Map for Reaching Deoghat, Jhalwa, IIIT Allahabad - 211015**



Important links for Rules and Regulations is available at  
[www.iiita.ac.in](http://www.iiita.ac.in) & <https://examcell.iiita.ac.in/>

Contact Persons: Mr. Vivekanand Sinha (0532-2922032), Mr. Kaushal Kr. Singh (0532-2922033),  
Mohd. Saleem Ansari (0532-2922030)

**To save time, you may visit following link to enter all your details and pay Online :**

**[https://apply.iiita.ac.in/student\\_portal/login](https://apply.iiita.ac.in/student_portal/login)**

(Above link will be activated only after we will get the list of allotted students from CSAB, 2017)

**For Candidates allotted a seat at IITA/ IIITL through JoSAA or CSAB :**

**2 set of self-attested documents to be brought by the selected candidates at the time of reporting at Examcell (First Floor, Room No. 1715), Admin Building in the same sequence as given here under :**

**Mention FIRST SET & SECOND SET only on the first page of the complete set. All ORIGINAL which you are required to submit, must be kept in the FIRST SET.**

1. Provisional Seat Allocation Letter.
2. JEE Main seat allotment letter as given by counseling centre, if applicable. (Original)
3. Receipt of Initial Fee Payment.
4. JEE Main Admit Card.
5. JEE Main All India Rank/Score Card
6. Class X Pass Certificate & Marksheets.
7. Class XII Pass Certificate & Marksheets.
8. Caste Certificate (if applicable, for SC/ST/OBC in the Format given in the Joint Seat Allocation Authority Website (Issued by the Competent Authority)). **OBC certificate must have been issued on or after 01/04/2017 as attached.**
9. Certificate of Persons with Disability in the attached format (*for PWD Category), if applicable*
10. Photo ID proof, **preferably AADHAAR CARD**
11. Undertaking in required format (*for OBC Candidates only*)
12. Character Certificate (Original)
13. Migration Certificate (Original)
14. Transfer Certificate (Original)
- **Necessarily bring one additional set of self-attested photocopies of above mentioned documents in the same order. Originals of Sr. No. 4 to 10 will be required only at the time of verification.**
15. **04 Nos. coloured passport size photo of good quality.**

***Attach following documents in FIRST SET. Photocopy of below documents is not required in SECOND SET.***

16. Medical Examination Report (Original).
17. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notarised by the Oath Commissioner. (Original)
18. Anti-Ragging Affidavit by the Parent/ Guardian (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notarised by the Oath Commissioner. (Original)
19. MCAIP Form for “Medical-cum-Accidental Insurance Benefit Scheme” (Submit TWO SET Original, attach both in FIRST SET)

**You have to upload scanned copy of (i) passport size color photograph and signature in .png format and (ii) all academic qualification marksheets, certificate, JEE Score Card in .pdf format at the time of registration or you may upload and fill all details at the student portal (link at page 1) before reporting at the Institute. Due to any reason, if you could not upload at the student portal, then you are advised to bring scanned copy of all documents in pen drive to save time or you may scan it at the time of reporting at IITA.**

**Note:-**

- **Students are required to bring fee for 1<sup>st</sup> Semester after deduction of the amount deposited by them to JOSAA, as a part of Fee, which will be transferred to the Institute by JoSAA**

**For Candidates allotted a seat through DASA :**

**2 set of self-attested documents to be brought by the selected candidates at the time of reporting at Examcell (First Floor, Room No. 1715), Admin Building in the same sequence as given here under :**

**Mention FIRST SET & SECOND SET only on the first page of the complete set. All ORIGINAL which you are required to submit, must be kept in the FIRST SET.**

1. Printout of Provisional Admission Letter.
  2. Fee Receipt.
  3. Class X Pass Certificate / Marksheets
  4. Class XI Pass Certificate / Marksheets
  5. Class XII Pass Certificate / Marksheets
  6. Passport (Nationals of Nepal who do not have a passport, copy of Authenticated Citizenship Card has to be submitted)
  7. Passport of parent working in Gulf (only for CIWG Category)
  8. Visa of Parent working in Gulf (only for CIWG Category)
  9. Letter from company of parent working in gulf (only for CIWG Category) (Original)
  10. For candidates from Nepal - Authentication of Citizenship Card duly verified by Embassy of India in Kathmandu, Nepal or Embassy of Nepal at New Delhi (only for CIWG Category) (Original)
  11. Character Certificate (Original)
  12. Migration Certificate (Original)
  13. Transfer Certificate (Original)
- **Necessarily bring one additional set of self-attested photocopies of above mentioned documents in the same order. Originals of Sr. No. 3 to 8 will be required only at the time of verification.**
14. 04 Nos. coloured passport size photo of good quality

**Attach following documents in FIRST SET. Photocopy of below documents is not required in SECOND SET.**

15. Medical Examination Report (Original) in attached format (See Page 9-10)
16. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notarised by the Oath Commissioner. (Original)
17. Anti-Ragging Affidavit by the Parent/ Guardian (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notarised by the Oath Commissioner. (Original)
18. MCAIP Form for “Medical-cum-Accidental Insurance Benefit Scheme” (Submit TWO SET Original, attach both in FIRST SET)

**You have to upload scanned copy of (i) passport size color photograph and signature in .png format and (ii) all academic qualification marksheets, certificate, Passport, SAT Score Card in .pdf format at the time of registration or you may upload and fill all details at the student portal (link at page 1) before reporting at the Institute. Due to any reason, if you could not upload at the student portal, then you are advised to bring scanned copy of all documents in pen drive to save time or you may scan it at the time of reporting at IIITA.**

### **Banking Facility:**

- Extension counters of Canara Bank & Indian Overseas Bank exist at the Institute where students can open their personal accounts. ATM service is provided by HDFC Bank & IOB Bank which is available near Gate No. 1 & in front of Gate No. 2 respectively.

### **Hostel Facility:**

The Institute is fully residential campus. All the Hostels (includes four boys hostel & three girls hostel) provided with modern boarding and lodging facilities. Hostels have 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 Hosteler 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
- Bedding with warm clothing, Blanket/ Quilt & Mosquito Net.
- Temperature at Allahabad 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.

### **Medical Facility:**

Round the clock medical facility is available at the Institute campus. MEDICLAIM cum Accidental Insurance Policy (MCAIP) is also available at the Institute.

### **Fee Structure for IIITA students, if seat is allotted by CSAB, 2017 -**

#### **(5 Years Dual Degree B.TECH.-M.Tech./MBA Program)**

FEE STRUCTURE FOR M.TECH FIVE YEARS INTEGRATED/FIVE YEARS B.TECH.-M.TECH. COURSE IIT-ALLAHABAD (FOR BATCH JULY-2017)											Annexure-4
Sl. No.	Items of Fee	1st Year		2nd Year		3rd Year		4th Year		5th Year.	
		1st Sem.	2nd Sem	3rd Sem.	4th Sem.	5th Sem.	6th Sem.	7th sem.	8th Sem	9th sem.	10th Sem
<b>A</b>	<b><u>One Time FEE</u></b>										
	Admission Fee	2500									
	Enrolment Fee	1000									
	Identity Card Fee	1000									
	Alumni Fund	8000									
<b>B</b>	<b><u>Annual Dues</u></b>										
	Benefvolent Fund	500		500		500		500		500	
	Group Insurance and	1000		1000		1000		1000		1000	
	Library Fee	1000		1000		1000		1000		1000	
<b>C</b>	<b><u>Semester Fees</u></b>										
	*Tuition Fee (No Tuition fee for SC/ST Candidate)	49000	49000	49000	49000	49000	49000	43000	43000	43000	
	Hostel rent	4500	4500	4500	4500	9000	9000	9000	9000	9000	9000
	Gymkhana Fees	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
	Examination Fee	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
	Grade Card Fee	500	500	500	500	500	500	500	500	500	500
	Medical Fee	500	500	500	500	500	500	500	500	500	500
	Mess Fee (Fee from 1st Semester onwards will be calculated on exact no. of days basis in the beginning of each Semester)	13566	13566	13566	13566	13566	13566	13566	13566	13566	13566
	<b>TOTAL</b>	<b>85066</b>	<b>70066</b>	<b>72566</b>	<b>70066</b>	<b>77066</b>	<b>74566</b>	<b>77066</b>	<b>68566</b>	<b>71066</b>	<b>68566</b>

\* SC/ST candidates of U.G. program are exempted from payment of Tuition Fee only

**Fee Structure for IIITA students, if seat is allotted by CSAB, 2017**  
**(4 Years B.Tech. Program)**

FEE STRUCTURE FOR B.TECH IIIT-ALLAHABAD (FOR BATCH JULY-2017)									
Sl. No.	Items of Fee	1st Sem.	2nd Sem	3rd Sem.	4th Sem.	5th Sem.	6th Sem.	7th sem.	8th Sem
A	<b>One Time FEE</b>								
	Admission Fee	2500							
	Enrolment Fee	1000							
	Identity Card Fee	1000							
	Alumni Fund	8000							
B	<b>Annual Dues</b>								
	Benefvolent Fund	500		500		500		500	
	Group Insurance and Student Welfare Fund	1000		1000		1000		1000	
	Library Fee	1000		1000		1000		1000	
C	<b>Semester Fees</b>								
	*Tuition Fee (No Tuition fee for SC/ST Candidate)	49000	49000	49000	49000	49000	49000	49000	49000
	Hostel rent (Double Occupancy Rs. 4500/-) (Single Occupancy Rs. 9000/-)	4500	4500	4500	4500	9000	9000	9000	9000
	Gymkhana Fees	1000	1000	1000	1000	1000	1000	1000	1000
	Examination Fee	1000	1000	1000	1000	1000	1000	1000	1000
	Grade Card Fee	500	500	500	500	500	500	500	500
	Medical Fee	500	500	500	500	500	500	500	500
	Mess Fee (Fee from 1st Semester onwards will be calculated on exact no. of days basis in the beginning of each Semester)	13566	13566	13566	13566	13566	13566	13566	13566
	<b>TOTAL</b>	<b>85066</b>	<b>70066</b>	<b>72566</b>	<b>70066</b>	<b>77066</b>	<b>74566</b>	<b>77066</b>	<b>74566</b>

\* SC/ST candidates of U.G. program are exempted from payment of Tuition Fee only

### **Mode of Fee Payment:**

**Please note that the fee amount which has already been deposited to CSAB as fee and will be transferred to IIIT-Allahabad must be deducted from the total fee amount mentioned in the first semester fee structure.**

(i) Fee will be paid through Online Portal/ NEFT/ DD.

(a) Pay through Online Portal i.e. [https://apply.iiita.ac.in/student\\_portal/login](https://apply.iiita.ac.in/student_portal/login)

**(Above link will be activated only after we will get the list of allotted students from CSAB, 2017)**

**OR**

(b) **Detail for Direct Transfer of fee through NEFT:**

**Account holder name:** IIIT-A FEE A/C

**Fees Account No.:** 035001000060472

Bank Name and address: Indian Overseas Bank, Civil Lines, Allahabad – 211001 (U.P.)

**IFSC Code:** IOBA0000350

**OR**

(c) Fee DD will be made in favour of "IIIT-Allahabad" payable at Allahabad. **Name, Slip Number (as mentioned in the fourth line of the Pre-Registration Slip) and Mobile Number should be clearly written on the backside of the draft.**

*Also note that you have to provide payment details in the online portal*

*([https://apply.iiita.ac.in/student\\_portal/login](https://apply.iiita.ac.in/student_portal/login)) at the time of reporting, if paid by DD/NEFT.*

(ii) **Mess fee of Rs. 13,566/-** will be paid through NEFT/ DD only (subject to change as per actual)

(a) **Detail for Direct Transfer of Mess Charges through NEFT:**

**Account name:** Council of Wardens IIIT-Allahabad

**Fees Account No.:** 035001000060854

Bank Name and address: Indian Overseas Bank, Civil Lines, Allahabad – 211001 (U.P.)

**IFSC Code:** IOBA0000350

**OR**

(b) Mess fee Demand Draft will be made in favour of "Council of Wardens IIIT-Allahabad" payable at Allahabad. **Name, Slip Number (as mentioned in the fourth line of the Pre-Registration Slip) and Mobile Number should be clearly written on the backside of the draft.**

**Fee Structure for IIIT, Lucknow students, if seat is allotted by CSAB, 2017**

**FEE STRUCTURE FOR B.TECH (IIIT-LUCKNOW)**

Details of fee structure for B.Tech. Programme (General and OBC Category)			
Sl. No.	Items	Periodicity	Amount(Rs.)
1	Admission	One Time	150
2	Grade Card Fee	One Time	150
3	Provisional Certificate Fee	One Time	100
4	Medical Examination Fee	One Time	100
5	Student Welfare Fund	One Time	200
6	Identity Card Fee	One Time	50
7	Tuition Fee	Per Semester	45,000
8	Examination Fee	Per Semester	350
9	Registration/ Enrolment Fee	Per Semester	200
10	Gymkhana Fee	Per Semester	200
11	Medical Fee	Per Semester	100
12	Institute Caution Money	One Time (Refundable)	1,000
13	Library Caution Money	One Time (Refundable)	1,000
14	Hostel Admission Fee	One Time	400
15	Hostel Rent	Per Semester	1,000
16	Fan, Electricity and water charges	Per Semester	2,000
17	Hall Caution Money	One Time (Refundable)	1,000
<b>Total without mess related fee/ deposit</b>			<b>53,000</b>

Mess related collection for all hosteller students

18	Mess Deposit	One Time (Refundable)	2,600
19	Hall Mess Establishment Charges	One Time	1,000
20	Hostel Fund	Per Semester	400
21	Mess Advance	First Month	2,600
<b>Total of Mess related fee/ deposit</b>			<b>6,600</b>

(Note: Mess related fee may change time to time depending on cost of food)

- |   |             |
|---|-------------|
| 1. Fee for 1 <sup>st</sup> semester             | Rs. 53,000  |
| 2. Fee for remaining 7 semester (48850X7)       | Rs. 341,950 |
| 3. Mess related fee for 8 semester (3200X48)    | Rs. 153,600 |
| Total fee for 4 years B.Tech Programme (Approx) |             |
| Rs. 548,550                                     |             |

# IIIT - Lucknow

Details of fee structure for B.Tech. Programme (SC, ST & PWD Category)			
Sl. No.	Items	Periodicity	Amount(Rs.)
1	Admission	One Time	150
2	Grade Card Fee	One Time	150
3	Provisional Certificate Fee	One Time	100
4	Medical Examination Fee	One Time	100
5	Student Welfare Fund	One Time	200
6	Identity Card Fee	One Time	50
7	Tuition Fee	Per Semester	36,000
8	Examination Fee	Per Semester	350
9	Registration/ Enrolment Fee	Per Semester	200
10	Gymkhana Fee	Per Semester	200
11	Medical Fee	Per Semester	100
12	Institute Caution Money	One Time (Refundable)	1,000
13	Library Caution Money	One Time (Refundable)	1,000
14	Hostel Admission Fee	One Time	400
15	Hostel Rent	Per Semester	1,000
16	Fan, Electricity and water charges	Per Semester	2,000
17	Hall Caution Money	One Time (Refundable)	1,000
<b>Total without mess related fee/ deposit</b>			<b>44,000</b>

Mess related collection for all hosteller students

18	Mess Deposit	One Time (Refundable)	2,600
19	Hall Mess Establishment Charges	One Time	1,000
20	Hostel Fund	Per Semester	400
21	Mess Advance	First Month	2,600
<b>Total of Mess related fee/ deposit</b>			<b>6,600</b>

(Note: Mess related fee may change time to time depending on cost of food)

- 1. Fee for 1<sup>st</sup> semester Rs. 44,000
- 2. Fee for remaining 7 semester (39850X7) Rs. 278,950
- 3. Mess related fee for 8 semester (3200X48) Rs. 153,600
- Total fee for 4 years B.Tech Programme (Approx) Rs. 476,550

### Mode of Fee Payment:

- DD in favour of "IIITS Lucknow" payable at ALLAHABAD

#### **For General & OBC :**

Ist Sem. Fee -	53,000=00
Mess Related Fee -	6,600=00
Mess Fee -	19,200=00
Total (in Rs.)-	78,800=00

#### **For SC, ST & PD:**

Ist Sem. Fee -	44,000=00
Mess Related Fee -	6,600=00
Mess Fee -	19,200=00
Total (in Rs.)-	69,800=00

- Name, Enrollment Number and Mobile Number should be clearly written on the backside of the draft.

**Please note that the fee amount which has already been deposited to CSAB as fee and will be transferred to IIIT-Allahabad must be deducted from the total fee amount mentioned in the first semester fee structure.**

## **Fee Structure for IIITA students, if seat is allotted by DASA, 2017**

FEE STRUCTURE FOR B.TECH IIIT-ALLAHABAD <b>(FOR BATCH JULY-2017)</b>									
Sl. No.	Items of Fee	1st Sem.	2nd Sem	3rd Sem.	4th Sem.	5th Sem.	6th Sem.	7th sem.	8th Sem
<b>A</b>	<b>One Time FEE</b>								
	Admission Fee	2500							
	Enrolment Fee	1000							
	Identity Card Fee	1000							
	Alumni Fund	8000							
<b>B</b>	<b>Annual Dues</b>								
	Benevolent Fund	500		500		500		500	
	Group Insurance and Student Welfare Fund	1000		1000		1000		1000	
	Library Fee	1000		1000		1000		1000	
<b>C</b>	<b>Semester Fees</b>								
	Hostel rent	4500	4500	4500	4500	4500	4500	4500	
	Gymkhana Fee	1000	1000	1000	1000	1000	1000	1000	
	Examination Fee	1000	1000	1000	1000	1000	1000	1000	
	Grade Card Fee	500	500	500	500	500	500	500	
	Medical Fee	500	500	500	500	500	500	500	
	Mess Fee (Fee from 1st Semester onwards will be calculated on exact no. of days basis in the beginning of each Semester)	13566	13566	13566	13566	13566	13566	13566	13566
	<b>TOTAL</b>	<b>36066</b>	<b>21066</b>	<b>23566</b>	<b>21066</b>	<b>23566</b>	<b>21066</b>	<b>23566</b>	<b>21066</b>

Note: (i) In addition to above Per Semester Tuition Fee in US\$ will be applicable as per the DASA 2017-2018 UG Admission Brochure  
 (ii) Separate payment for Fee and Mess charges are required as per the above detail

### **Mode of Fee Payment:**

**A. (i)** Fee should be paid through Online Portal/ NEFT/ DD.

(a) Pay through Online Portal i.e. [https://apply.iiita.ac.in/student\\_portal/login](https://apply.iiita.ac.in/student_portal/login)

**(Above link will be activated only after we will get the list of allotted students from DASA, 2017)**

OR

**(b) Detail for Direct Transfer of fee through NEFT:**

**Account holder name:** IIIT-A FEE A/C

**Fees Account No.:** 035001000060472

Bank Name and address: Indian Overseas Bank, Civil Lines, Allahabad – 211001 (U.P.)

**IFSC Code:** IOBA0000350

OR

**(c)** Fee DD will be made in favour of "IIIT-Allahabad" payable at Allahabad. **Name, Slip Number (as mentioned in the fourth line of the Pre-Registration Slip) and Mobile Number should be clearly written on the backside of the draft.**

*Also note that you have to provide payment details in the online portal*

*([https://apply.iiita.ac.in/student\\_portal/login](https://apply.iiita.ac.in/student_portal/login)) at the time of reporting, if paid by DD/NEFT.*

**(ii) Mess fee of Rs. 13,566/-** will be paid through NEFT/ DD only (subject to change as per actual)

**(a) Detail for Direct Transfer of Mess Charges through NEFT:**

**Account name:** Council of Wardens IIIT-Allahabad

**Fees Account No.:** 035001000060854

Bank Name and address: Indian Overseas Bank, Civil Lines, Allahabad – 211001 (U.P.)

**IFSC Code:** IOBA0000350

OR

**(b)** Mess fee Demand Draft will be made in favour of "Council of Wardens IIIT-Allahabad" payable at Allahabad. **Name, Slip Number (as mentioned in the fourth line of the Pre-Registration Slip) and Mobile Number should be clearly written on the backside of the draft.**

### **B. Deposit deficit amount, if any.**

# **MEDICAL EXAMINATION REPORT**

- (i) Please attach photocopy of Medical Certificate issued by a Registered Medical Practitioner for Part -A (Page 11)  
(ii) DASA candidates are required to submit the Medical Examination Report in below format)

## **PART - A** **GENERAL EXPECTATIONS**

*Candidates will have good general physique with*

- a) *Normal vision. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye.*
- b) *Normal Hearing. Defective hearing should be corrected.*
- c) *Normal Heart and lungs and having no history of mental disease 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. Sex:..... Blood group.....
5. Identification Marks on the Body: .....  
(This can be a mole or scar)
6. Major illness / operation: .....  
(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) Uniocular 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 : .....
12. Basic Path. Investigations (Blood Exam and Urine Testing):.....

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**Signature of the Medical Officer**

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**Signature of the Candidate**

Full Name : .....

MCI Registration No. .....

Official Seal : .....

Date : .....

**PART - B**  
**MEDICAL CERTIFICATE**  
(To be issued by IIIT-A Health Centre in Allahabad)

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

a) Fulfils the prescribed standard of physical fitness and is FIT for admission to B.Tech. / Dual Degree B.Tech.-M.Tech./ Dual Degree B.Tech.-MBA 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 at IIIT-A**

**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.

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**Signature of the Candidate**

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

**Only for JoSAA candidates**

**ANNEXURE 8**

<b>MEDICAL CERTIFICATE</b> (to be issued by a Registered Medical Practitioner)					
<b>GENERAL EXPECTATIONS</b>					
Candidates should have good general physique. In particular,					
a) Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction. b) Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and uniocular persons are restricted from admission to certain courses. c) Hearing should be normal. Defective hearing should be corrected. d) Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.					
1	Name of the candidate:				
2	Identification Mark (a mole, scar or birthmark), if any				
3	Major illness/operation, if any (specify nature of illness/operation)				
4	Height in cm:	Weight in kg:	Blood Group:		
5	Past History	(a) Mental illness (b) Epileptic Fit			
6	Chest (a) Inspiration in cm		(b) Expiration in cm		
7	Hearing				
8	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Uniocular vision
9	Respiratory System				
10	Nervous System				
11	Heart	(a) Sounds	(b) Murmur		
12	Abdomen (a) Liver (b) Spleen	Hernia		Hydrocele	
13	Any other defects:				
<b>Certificate of Medical Fitness</b> <input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceutics/ Science Course <input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:  <hr/> Name of the Doctor      Signature      Registration number      Seal					

**FORM-OBC-NCL**  
**OBC-NCL Certificate Format**

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL) APPLYING FOR  
ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF  
INDIA**

This is to certify that Shri/Smt./Kum\* \_\_\_\_\_ Son/  
Daughter\* of Shri/Smt.\* \_\_\_\_\_ of Village/  
Town\* \_\_\_\_\_ District/Division\* \_\_\_\_\_  
in the State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_  
community that is recognized as a backward  
class under Government of India\*\*, Ministry of Social Justice and Empowerment's  
Resolution No. \_\_\_\_\_ dated \_\_\_\_\_ \*\*\*

Shri/Smt./Kum. \_\_\_\_\_ and/or \_\_\_\_\_  
his/her family ordinarily reside(s) in the \_\_\_\_\_  
District/Division of the \_\_\_\_\_ State/Union Territory. 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, 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) dtd. 30/05/2014.

District Magistrate /  
Deputy Commissioner /  
Any other Competent Authority

Dated:

Seal

\* Please delete the word(s) which are not applicable.

\*\* As listed in the Annexure (for FORM-OBC-NCL)

\*\*\* The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

**NOTE:**

- (a) The term 'Ordinarily resides' 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/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist 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

**ANNEXURE for FORM-OBC-NCL**

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12018/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014

**FORM-SC/ST**

**SC/ST Certificate Format**

**FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES**

1. This is to certify that Shri/ Shrimati/ Kumari\* \_\_\_\_\_ son/daughter\* \_\_\_\_\_

of \_\_\_\_\_ of Village/Town\* \_\_\_\_\_

District/Division\* \_\_\_\_\_ of State/Union Territory\* \_\_\_\_\_ belongs  
to the \_\_\_\_\_ Scheduled Caste / Scheduled Tribe\* under :-

\* The Constitution (Scheduled Castes) Order, 1950

\* The Constitution (Scheduled Tribes) Order, 1950

\* The Constitution (Scheduled Castes) (Union Territories) Order, 1951

\* The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

\* The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;  
\* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;

\* The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962;

\* The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962;

\* The Constitution (Pondicherry) Scheduled Castes Order, 1964;

\* The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

\* The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;

\* The Constitution (Goa, Daman and 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 and Kashmir) Scheduled Tribes Order, 1989;

\* The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;

\* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;

\* The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

2. # This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes\* Certificate issued to Shri /Shrimati\* \_\_\_\_\_ father/mother\* of Shri /Shrimati /Kumari\* \_\_\_\_\_ of Village/Town\* \_\_\_\_\_ in District/Division\* \_\_\_\_\_ of the State State/Union Territory\* \_\_\_\_\_ who belong to the Caste / Tribe\* which is recognised 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 \_\_\_\_\_.

Signature: \_\_\_\_\_

Designation \_\_\_\_\_

(with seal of the Office)

Place: \_\_\_\_\_ State/Union Territory\* \_\_\_\_\_  
Date: \_\_\_\_\_

\* Please delete the word(s) which are not applicable.

# Applicable in the case of SC/ST Persons who have migrated from another State/UT.

**IMPORTANT NOTES**

The term "ordinarily reside(s)\*\*\* used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshdweep Island).
6. Certificate issued by any other authority will be rejected.

**FORM-DYSLEXIC-2**

**\*CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE  
PRINCIPAL OF THE SCHOOL/COLLEGE LAST ATTENDED**

Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the School/College:

Photograph

Certified that Shri/Shrimati/Kumari \_\_\_\_\_  
son/daughter of \_\_\_\_\_ of  
\_\_\_\_\_ village/town passed his/her Class XII from this  
school and as per records, availed concession under dyslexic category.

Signature with seal:

\*A candidate passing Class XII or equivalent through open school system or in private mode  
may submit the certificate to this effect from the competent authority in the board  
certifying the concessions availed under dyslexia.

**FORM-DS**

**PROFORMA**

**EDUCATION SCHOLARSHIP-ENTITLEMENT CARD**

(To children of Armed Forces personnel killed/disabled/missing in wars/CI Operations)

The holder of this card Shri/Kum \_\_\_\_\_

born on \_\_\_\_\_ is the son/daughter of Shri/Smt \_\_\_\_\_

\_\_\_\_\_, Rank \_\_\_\_\_

\_\_\_\_\_ of Unit \_\_\_\_\_ Service \_\_\_\_\_

\_\_\_\_\_ Service No. \_\_\_\_\_

killed in action/permanently disabled/missing on \_\_\_\_\_

during \_\_\_\_\_ (Name of war/operation).

Name of the Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

The holder is eligible for all educational concessions sanctioned by Central Government for children of Armed Forces personnel killed, missing or permanently disabled in wars/CI Operations.

Signature of the authorized Officer

Office Address:

*(In case of officers, Entitlement Card for Education Scholarship should be obtained from AG/MP-59B, Army HQ, New Delhi-11, and for Personnel Below Officer Rank (PBOR) the same be obtained from the respective Record Offices.)*

**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)**

(See rule 4)

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)**

(See rule 4)

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)**

(See rule 4)

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.

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.

## FORM-DYSLEXIC-1

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

{To be obtained from any Dyslexia Association\*}

Date:

#### PSYCHO-EDUCATION EVALUATION REPORT

Name of the candidate:

Date of Birth:

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

Photograph  
of the  
Candidate

Name of the Father/Mother/Guardian:

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

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:**

**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 student with admission/registration/enrolment number) s/o,/ d/o Mr./ 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 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 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**

# **Mediclaim-cum-Accidental Insurance Benefits Scheme (MCAIP)**

**offered by**

**National Insurance Company Limited**

**EXCLUSIVELY for all IIITA Students**

## **Broad Features of the Scheme\***

- MEDICLAIM Hospitalisation Cover – Upto Rs. 60,000/- per annum.
- Accidental Death OR Permanent Disablement of Insured Student – Upto Rs. 5 Lakhs.
- Carriage of Dead Body of the Insured, upon Accidental Death to place of Normal Residence – Rs. 5,000/-
- Upon Accidental Death of Fee Paying Parent / Guardian – Rs. 3 Lakhs.
- Education Expenses to Dependent Children of Married Insured Students – Upto Rs. 25,000/- per child.
- Mediclaim coverage extends throughout India on 24x7 basis.
- Territorial limits for Accidental Death / Permanent Disablement Insurance extend throughout the world.
- Treatments under Allopathic System of Medicine are only covered.
- Dental treatments and Physiotherapy are not covered for claims/ reimbursements.
- CASHLESS ACCESS SERVICES, at designated Hospitals, subject to Pre – Authorisation.
- Spouse of married Students AND also their dependent Children CAN be covered, for extension benefits, upon payment of additional premiums. NOT COVERED by default in this cover.

(\*Conditions 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 IIIT-A / IIIT-L :..... Nationality :.....	 A Colored Photograph of the Student being Insured, duly Self Attested
2	Complete Address of NORMAL RESIDENCE of the Enrolled Student	..... ..... Phone Number:..... Email:..... PIN Code:..... Police Station:.....	Date of Birth:..... Sex: Male \ Female Blood Group :.....
3	Details of the FEE PAYING Parent / Guardian of the Enrolled Student	Name:..... Relationship with the Student:.....  Address:..... ..... Phone Number:..... PIN Code:..... Email:.....	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.
	(a) Marital Status of the Enrolled Student	Married / Un Married	In case of accidental death of the enrolled student, during the

4	<p>(b) In Case "<b>Married</b>", then Pl. provide the following:</p> <p>(a) Name of Spouse:.....  (b) Age:..... Yrs.  (c) Address:.....    Phone Number:.....  PIN Code:.....  Email:.....</p>	<p>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.</p>
4 Contd.	<p>(c) Do you have dependent Children</p> <p style="text-align: center;">Yes / No</p> <p>(d) In case "<b>Yes</b>" to (c) above, Pl. provide the details:</p> <p><i>In respect of First Child (Elder One):</i>  (a) Name of Child:.....    (b) Age:..... Yrs. Sex: M / F  (c) Address:.....    Phone Number:.....  PIN Code:.....  Email:.....</p> <p><i>In respect of Second Child (Younger One):</i>  (a) Name of Child:.....    (b) Age:..... Yrs. Sex: M / F  (c) Address:.....    Phone Number:.....  PIN Code:.....  Email:.....</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. 25,000/- each, as a onetime assistance by the Insurance company.</p>
5	<p><b>Pre Existing Diseases*</b>, at the time of admission into the Institute.</p> <p>(* The ones that exist at the time of enrolling at the Institute PLUS the ones those arise within 30 days of the inception of the Insurance Policy. Also include diseases attributable to Pre-existing diseases.)</p>	<p>(a).....  (b).....  (c).....  (d).....  (e).....  (Pl. add if more)</p> <p>PRE EXISTING Diseases qualify for claim only after four continuous claim free years, in respect of those diseases. 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.)*

#### UN DERTAKING :

- 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:.....