

**Information for B.Tech. first semester student getting admission through Joint Seat Allocation Authority JoSAA 2016 through JEE Main/ DASA at IIT Allahabad and IIT, Lucknow**

**Note:** All candidates who have been allotted IIT Allahabad or IIT Lucknow are required to report at IIT Allahabad (Jhalwa Campus, Allahabad) during the period as specified by DASA 2016/ JoSAA 2016

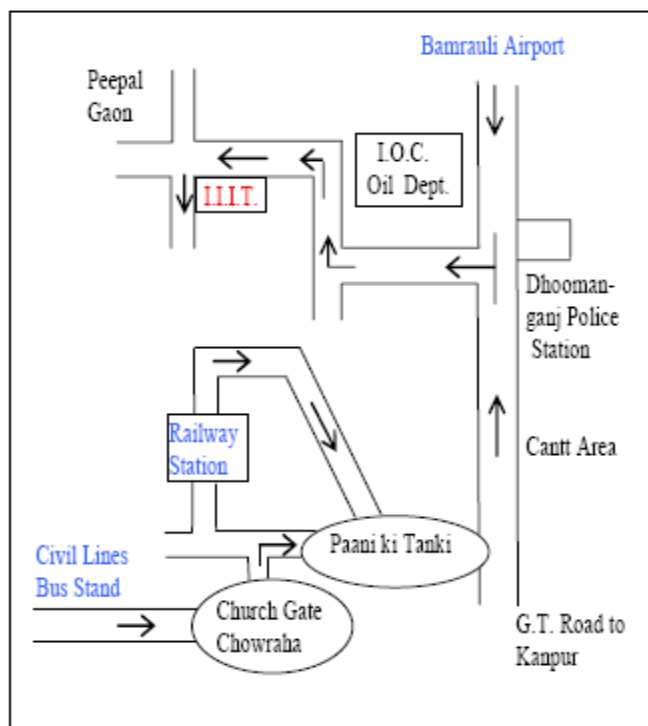
Reporting Date for DASA Students: **July 18 - 21, 2016**  
Reporting Date for JoSAA Students: **July 22 - 26, 2016**

**Commencement of Classes : 01.08.2016**

**How to reach:**

The IIT 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, IIT Allahabad - 211012**



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

**Contact Persons:** Mr. Vivekanand Sinha (0532-2922032), Mr. Kaushal Kr. Singh (0532-2922033), Mr. Ramesh Rai (0532-2922286), Mohd. Saleem Ansari (0532-2922030)

**Documents to be brought by the selected candidates (JoSAA) at the time of reporting to the Institute:**

**Candidates are required to bring the following documents (TWO SETS of self-attested document with date along with ORIGINAL DOCUMENTS for VERIFICATION) in the same sequence as given here below -**

- Provisional Seat Allocation Letter.
- Original Class X & XII Pass Certificate & Marksheet.
- Original 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 01/04/2016 as attached.
- Original OBC-NCL certificate should be in the prescribed format specified by the central government issued on or after June 01, 2015 and the caste should be in the central list of OBCs. (page 14)
- Original Certificate of Persons with Disability ( for PWD Candidate)
- Original Character Certificate from last school/ college attended or from any Gazetted Officer.
- Original Transfer Certificate from last school/ college attended.
- Original Migration Certificate from last school/ college attended.
- Original JEE Main All India Rank/Score Card & Admit Card.
- Original JEE Main seat allotment letter as given by counseling centre & fee receipt.
- Medical Report on JOSAA website. You may provide a photocopy, if you have already submitted the original at a Reporting Centre. (page 6-7)
- **NECESSARILY bring two sets of self attested photocopy of above mentioned documents.**
- 5 Nos. coloured photo of good quality (passport size).
- Medical Examination Report (page 4-5)
- Anti-Ragging Affidavit by the student (submitted on a Non-Judicial stamp paper of Rs. 10/- duly authorized by the Oath Commissioner) (page 15)
- Anti-Ragging Affidavit by the Parent/ Guardian (submitted on a Non-Judicial stamp paper of Rs. 10/- duly authorized by the Oath Commissioner) (page 16)
- MCAIP Form for “Medical-cum-Accidental Insurance Benefit Scheme” has to be submitted in duplicate (will be provided at the time of admission). (page 17-18)
- The originals would be returned after Verification thereof and Self-Attested Photocopies will be retained by the Institute.

**Note:-**

- All 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 available at <http://www.iita.ac.in/uploads/FEE%20STRUCTURE%20FOR%20Batch-2016236.pdf> - for IITA  
<https://examcell.iita.ac.in/pdf/FEE%20STRUCTURE%20FOR%20IIITL.pdf> - for IIITL

### **Documents to be brought by the selected candidates (DASA) at the time of reporting to the Institute:**

- Printout of Provisional Admission Letter.
- Original Class X & XII Pass Certificate & Marksheet.
- Original Character Certificate from last school/ college attended or from any Gazetted Officer.
- Original Transfer Certificate from last school/ college attended.
- Original Migration Certificate from last school/ college attended.
- Original Passport (Nationals of Nepal who do not have a passport, copy of Authenticated Citizenship Card has to be submitted) originals must be availed for verification.
- Medical Report on JOSAA website (applicable for DASA students also. DASA students will have to provide ORIGINAL) (page 6-7)
- Fee Receipt.
- **NECESSARILY bring two sets of self attested photocopy of above mentioned documents in the same order.**
- 5 Nos. coloured photo of good quality (passport size).
- Medical Examination Report (page 4-5)
- Anti-Ragging Affidavit by the student (submitted on a Non-Judicial stamp paper of Rs. 10/- duly authorized by the Oath Commissioner) (page 15)
- Anti-Ragging Affidavit by the Parent/ Guardian (submitted on a Non-Judicial stamp paper of Rs. 10/- duly authorized by the Oath Commissioner) (page 16)
- MCAIP Form for “Medical-cum-Accidental Insurance Benefit Scheme” has to be submitted in duplicate (will be provided at the time of admission). (page 17-18)
- The originals would be returned after Verification thereof and Self-Attested Photocopies will be retained by the Institute.

### **For IIT-Allahabad Main Campus**

- All fees & dues can be paid through MICR type Demand Draft drawn in favour of “IIT Allahabad” from any nationalized bank and made payable at “Allahabad”
- **For Mess Fee - Separate DD to be made in favour of “Council of Wardens IIT-Allahabad” payable at Allahabad.**
- Name, Enrollment Number and Mobile Number should be clearly written on the backside of the draft.

### **For IIT-Lucknow**

- DD in favour of “IITS Lucknow” payable at **Allahabad**.
- Name, Enrollment Number and Mobile Number should be clearly written on the backside of the draft.

### **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.

# MEDICAL EXAMINATION REPORT

(Please attach photocopy of Medical Report issued by a Registered Medical Practitioner available on JOSAA Website (Annexure-8))

## 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) 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 :.....

12. Basic Path. Investigations (Blood Exam and Urine Testing):.....

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

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

Full Name :.....

MCI Registration No. ....

Official Seal :.....

Date :.....

**MEDICAL CERTIFICATE**

(To be issued by IIIT-A Health Centre in Allahabad)

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

a) Fulfills 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 IIIT-A.

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.

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

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

**ANNEXURE 8**

<b>MEDICAL REPORT</b> (to be issued by a Registered Medical Practitioner)					
<b><u>GENERAL EXPECTATIONS</u></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 unocular 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.					
<b>1</b>	Name of the candidate:				
<b>2</b>	Identification Mark ( a mole, scar or birthmark), if any				
<b>3</b>	Major illness/operation, if any (specify nature of illness/operation)				
<b>To be filled by a Medical Officer</b>					
<b>4</b>	Height in cm			Weight in kg	
<b>5</b>	Past History	(a) Mental illness (b) Epileptic Fit			
<b>6</b>	Chest (a) Inspiration in cm		(b) Expiration in cm		
<b>7</b>	Blood Group				
<b>8</b>	Hearing				
<b>9</b>	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Unocular vision
<b>10</b>	Respiratory System				
<b>11</b>	Nervous System				
<b>12</b>	Heart (a) Sounds		(b) Murmur		
<b>13</b>	Abdomen (a) Liver (b) Spleen		Hernia		Hydrocele

14	Any other defects:		
<p><b>Doctor's certification</b></p> <p>(a) The candidate fulfills the prescribed standard physical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceutics/ Science Course</p> <p>(b) Does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for admission due to following defects:</p> <p>(c) Any other comments.</p>			
Name	Signature	Registration number	Seal of the Doctor

Form-II  
**Disability Certificate**

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)  
(See rule 4)

**(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 :

(A) he/she is a case of:

- locomotor disability
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is \_\_\_\_\_

(A) 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).

2. 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.
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**Form-III**  
**Disability Certificate**  
**(In case of 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 we 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:

(A) 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	<b>Both Eyes</b>		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines(to be specified), is as follows:-

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

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

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

3. 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**

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

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

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

His/her extent of percentage 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	<b>Both Eyes</b>		
4	Hearing impairment	£		
5	Mental retardation	<b>X</b>		
6	Mental-illness	<b>X</b>		

(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 :

(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

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.

## 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 (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;**
- \* The Constitution (Dadara 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/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 / Ist 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.

**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 which is recognized as a backward  
 class under Government of India\*\*, Ministry of Social Justice and Empowerment's Resolution  
 No. \_\_\_\_\_ dtd. \_\_\_\_\_ \*\*\*.

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.

Dated:

District Magistrate /  
 Deputy Commissioner /  
 Any other Competent Authority

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 / 1st 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.

**( To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly notorised by the Oath Commissioner)**  
**AFFIDAVIT BY THE STUDENT**

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**

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

**AFFIDAVIT BY PARENT/GUARDIAN**

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**



## Mediclam-cum-Accidental Insurance Benefits Scheme (MCAIP)

offered by


**National Insurance Company Limited**  
**EXCLUSIVELY for all IIITA/IIITL 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 / RGIITA :..... 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	(b) In Case " <b>Married</b> ", then PI. provide the following:	(a) Name of Spouse:..... ..... (b) Age:.....Yrs..... (c) Address:..... ..... Phone Number:..... PIN Code:..... Email:.....	policy period, who is survived by a Spouse, Spouse shall be the NOMINEE for receiving the Insurance benefits, unless otherwise specified. In respect of Unmarried students, the Normal Fee Paying Parent / Guardian shall be the beneficiary.
4 Contd.	(c) Do you have dependent Children	Yes / No	
	(d) In case " <b>Yes</b> " to (c) above, PI. provide the details:	<b><u>In respect of First Child (Elder One):</u></b> (a) Name of Child:..... ..... (b) Age:.....Yrs. Sex: M / F (c) Address:..... ..... Phone Number:..... PIN Code:..... Email:..... <b><u>In respect of Second Child (Younger One):</u></b> (a) Name of Child:..... ..... (b) Age:.....Yrs. Sex: M / F (c) Address:..... ..... Phone Number:..... PIN Code:..... Email:.....	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.
5	<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 ones those arise within 30 days of the inception of the Insurance Policy. Also include diseases attributable to Pre-existing diseases.)	(a)..... (b)..... (c)..... (d)..... (e)..... (PI. add if more)	<b>PRE EXISTING Diseases</b> 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)

*(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:.....