#### **Admissions, Assessments and Awards Section**

Date: 30/9/2022

### Interim Information for B.Tech. IT / ECE / IT-Bin / FAP Freshers 2022 BATCH

(For Candidates admitted through JEE / DASA / SII Entry Schemes)

Admissions to B.Tech. and FAP Programs of IIIT Allahabad are made largely through Centralised Allotments done by JoSAA. Till the time of this notification, First Round of Seats allotment is already over and the second round is in progress. Some candidates have "FREEZED" their seats at IIIT Allahabad in First Round while many others shall be doing so in subsequent rounds. After "Freezing" the seats at IIIT Allahabad, candidates are required to follow the following steps:

#### For Candidates admitted to B.Tech. in IT/ECE/IT-Bin Programs:

- STEP 1: Visit the Institute website on <a href="https://aaa.iiita.ac.in">https://aaa.iiita.ac.in</a> and update yourself with various academic and administrative practices applicable upon you. Pl. DONOT Panic and start doing random emails to anyone in any context, at this stage, if you donot understand one or more things. All information that you may require at this stage is already available on the portal mentioned before. You will get further clarity, during the Orientation Program.
- STEP 2: Keep the documents as mentioned in **Ann.1** ready with you. All Originals with good quality coloured scanned copies of all these, for being uploaded before your Physical Reporting at IIIT Allahabad. Additionally, few Formats are also attached at Ann.1A, 1B,1C,1D, 1E and 1F which may be downloaded, filled in and then uploaded in colour. Original Copies of these formats shall be required to be brought at the time of physical reporting at the Institute.
- STEP 3: From the above mentioned site, apprise yourself about the fees applicable upon you this may vary depending upon your Social Category like UR, SC, ST, OBC, PH and EWS.

Estimate of fees now due from you =

Fees as applicable on your Category - Fees already paid by you to JoSAA / CSAB during Counselling (Excluding JosAA / CSAB Registration Fees)

- STEP 4: The above fees shall be payable by you through electronic means ONLY. SO pl. keep your Credit/Debit Card OR NET Banking Option active and alive for seamless Fees payment in one go, as per the dates that SHALL BE communicated to you, SUBSEQUENTLY.
- STEP 5: Pl. note that YOU ARE NOT REQUIRED TO REPORT PHYSICALLY AT IIIT ALLAHABAD NOW. Physical reporting is likely to happen in First week of November ONLY.

#### **IMPORTANT**

- 1) Classes for 2022 Batch B.Tech. Programs are likely to start from 11/11/2022. The detailed Academic Calendar is available on the above web portal. (https://aaa.iiita.ac.in)
- 2) Fees Details are also available on the same web portal .( https://aaa.iiita.ac.in)
- 3) For all Latest updates, pl. keep visiting the Institute web portal: https://aaa.iiita.ac.in
- 4) PL. DONOT PANIC OR make random EMAILS to anyone.

#### For Candidates admitted to Flexible Academic Program (FAP):

- STEP 1: Visit the Institute website on <a href="https://fap.iiita.ac.in">https://fap.iiita.ac.in</a> and update yourself with various academic and administrative practices applicable upon you. Pl. DONOT Panic and start doing random emails to anyone in any context, at this stage, if you donot understand one or more things.
- STEP 2: Keep the documents as mentioned in **Ann.1** ready with you. All Originals with good quality coloured scanned copies of all these, for being uploaded before your Physical Reporting at IIIT Allahabad.
- STEP 3: From the above mentioned site, apprise yourself about the fees applicable upon you this may vary depending upon your Social Category like UR, SC, ST, OBC, PH and EWS.

Estimate of fees now due from you =

Fees as applicable on your Category - Fees already paid by you to JoSAA / CSAB during Counselling (Excluding JoSAA / CSAB Registration Fees)

- STEP 4: The above fees shall be payable by you through electronic means ONLY. SO pl. keep your Credit/Debit Card OR NET Banking Option active and alive for seamless Fees payment in one go, as per the dates that SHALL BE communicated to you, SUBSEQUENTLY.
- STEP 5: PI. note that YOU ARE NOT REQUIRED TO REPORT PHYSICALLY AT IIIT ALLAHABAD NOW. Physical reporting is likely to happen during 4-9 November ONLY.

#### **IMPORTANT**

#### For FAP Specific details, contact:

Dr. Vijay K. Chaurasiya

+91-9415648188

Indian Institute of Information Technology Allahabad Devghat, Jhalwa, Prayagraj-211015, U. P. INDIA Email - fap@iiita.ac.in

(Pl. Note – SAME steps are required to be followed by candidates admitted through DASA / SII Entry Mechanisms of Govt of India)

Deoghat, Jhalwa, Prayagraj - 211015 (U.P) INDIA

#### <u>List of Documents to be uploaded on Institute website</u> (For JEE Candidates)

- 1 Provisional Seat Allocation Letter from JoSAA/CSAB 2022. (Web copy)
- 2 Document Verification-cum-Seat Acceptance Letter from Reporting Centre Incharge.
- 3 JEE Mains 2022 Admit Card. (Web copy)
- 4 JEE Mains 2022 All India Score-cum-Rank Card (web copy)
- 5 EWS Certificate issued by the competent Authority, it must have been issued on or after 01/04/2022. (If applicable)
- 6 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-NCL certificate must have been issued on or after 01/04/2022. (If applicable)
- 7 Receipt of Initial Fee Payment.
- 8 Class X Marksheet.
- 9 Class X Certificate
- 10 Class XII Marksheet.
- 11 Class XII Certificate
- 12 Certificate for Persons with Disability in CSAB format (for PWD Category candidates only, as may be applicable)
- 13 AADHAAR CARD
- 14 Character Certificate (In Original) from the Institution last attended.
- 15 Transfer/ Migration/ School leaving Certificate (In Original) from the Institution last attended.
- Medical Examination Report. Medical examination Report may be got filled in from anywhere, including the candidate's home place duly signed and stamped by the Doctor. Doctor should also clearly state his/her MCI / State Council Registration No. along with the State in which Registered in case of State Council Registered Doctors (Annexure 1-A)
- 17 MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme". (Annexure 1-B)
- Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-or nearest higher amount, duly notarized by the Oath Commissioner. (**Annexure 1-C**)
- Anti-Ragging Affidavit by the Parent/ Guardian (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/- or nearest higher amount duly notarized by the Oath Commissioner. (Annexure 1-D)
- Authorization on a Non-Judicial Stamp Paper of Rs.10/- or nearest higher amount duly notarized by the Oath Commissioner. (Annexure 1-E)
- 21 OBC-NCL undertaking in the format of CSAB2022, for applicable candidates. (Annexure 1-F)
- Date of birth proof (upload class 10<sup>th</sup> certificate in case date of birth is mentioned on it, otherwise upload date of birth certificate issued by other agencies.)

#### In case of OBC-NCL/GEN-EWS category, the certificate must be issued on or after April 01, 2022.

#### Note:

- (1) Caste certificate (SC/ST/OBC-NCL) issued by Maharashtra State must be validated by Social Welfare department (in case of SC and OBC-NCL category) and Tribal Welfare department (in case of ST category) of Maharashtra Government. The SC/ST/OBC-NCL candidates of Maharashtra State have to produce their caste validity certificate
- (2) ST certificates from Tamil Nadu state must be issued by the concerned Revenue Divisional Officer.
- (3) Medical examination Report may be got filled in from anywhere, including the candidate's home place. Pl. ensures that the same is duly signed and stamped by the Doctor. Doctor should also clearly state his/her MCI / State Council Registration No. along with the State in which Registered in case of State Council Registered Doctors.

Deoghat, Jhalwa, Prayagraj - 211015 (U.P) INDIA

### <u>List of Documents to be uploaded on Institute website</u> (For DASA Candidates)

Provisional Admission in B.Tech. Program Academic Session 2022-2023 List of Documents to be uploaded for Online Document Verification for DASA Candidates

Note: Candidates are required to upload the colored scanned copy of the following original Documents:

- 1. Provisional Seat Allocation Letter from DASA 2022 (web copy)
- 2. Admit Card. (as received from DASA/JEE (Main) authorities)
- 3. DASA Rank Card (web copy)
- 4. Reporting Form for DASA 2022
- 5. Residential Requirement Proof (Proof of Foreign National or Indian National Passing XI & XII from Foreign Country)
- 6. Proof for CIWG category (**Proof of parent working in Gulf Countries such as passport, VISA of parent working in Gulf or work permit**.
- 7. Receipt of Initial Fee Payment.
- 8. Class X Marksheet.
- 9. Class X Certificate
- 10. Class XII Marksheet.
- 11. Class XII Certificate
  - For Indian Nationals, Proof of completion of 11<sup>th</sup> and 12<sup>th</sup> Standard or equivalent from outside India (Certificate from School authorities should be uploaded along with XII Class Certificate)
- 12. AADHAAR CARD / Copy of candidate's Passport (Nationals of Nepal who do not have a passport, should submit a copy of Authenticated Citizenship Card).
- 13. Character Certificate (In Original) from the Institution last attended. (Original Scanned copy)
- 14. Transfer/ Migration /School Leaving Certificate (In Original) from the Institution last attended.
- 15. Medical Examination Report in the format prescribed by DASA authorities. Alternatively, the format provided herewith may be used. 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 Registration Number of the authorized regulatory body of the country of present residence of the candidate along with the State in which Registered in case of State Council Registered Doctors. Incomplete forms shall be rejected. (Annexure 1A)
- 16. MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme" (in Original scanned copy). (Annexure 1B)
- 17. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/- or equivalent nearest higher currency of residence of candidate duly notarized by the Oath Commissioner. (Annexure 1C)
- 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. (Annexure 1D)
- 19. Authorization on a Non-Judicial Stamp Paper of Rs.10 or equivalent nearest higher currency of residence of candidate (Annexure 1E)
- 20. Undertaking by the candidate for ONLINE document submission (Annexure 1F)

Deoghat, Jhalwa, Prayagraj - 211015 (U.P) INDIA

#### <u>List of Documents to be uploaded on Institute website</u> (For SII Candidates)

- 1. Provisional Seat Allotment letter by Institute (Web copy)
- 2. Fee payment details
- 3. Residential Proof
- 4. Class X Marksheet or Equivalent
- 5. Class X Certificate or Equivalent
- 6. Class XII Marksheet. or Equivalent
- 7. Class XII Certificate or Equivalent
- 8. TOEFL or IELTS Score card
- 9. SAT Rank Card
- 10. SII- Registration Letter.
- 11. Passport copy (If Nationals of Nepal who do not have a passport, should submit a copy of Authenticated Citizenship Card).
- 12. Character Certificate (In Original) from the Institution last attended. (Original Scanned copy)
- 13. Transfer/ Migration /School Leaving Certificate (In Original) from the Institution last attended.
- 14. Medical Examination Report 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 Registration Number of the authorized regulatory body of the country of present residence of the candidate along with the State in which Registered in case of State Council Registered Doctors. Incomplete forms shall be rejected. (Annexure 1A)
- 15. MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme" (in Original scanned copy). (Annexure 1B)
- 16. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper currency of residence of candidate duly notarized by the Oath Commissioner. (Annexure 1C)
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- 18. Authorization on a Non-Judicial Stamp Paper currency of residence of candidate (Annexure 1E)
- 19. Undertaking by the candidate for ONLINE document submission (Annexure 1F)

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## MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)

#### **GENERAL EXPECTATIONS**

Candidates should have good general physique. In particular,

- 1. Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.
- 2. 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(having vision in only one eye)persons are restricted from admission to certain courses.
- 3. Hearing should be normal. Defective hearing should be corrected.
- 4. 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  |                                 |                                   |  |  |  |  |  |
|             |   |                 |                    |                                 |                                   |  |  |  |  |  |
| <b>6</b> Ch | nest  |                 | (a) Inspiration i  | n cm                            |                                   |  |  |  |  |  |
|             |   |                 | /b) [              |                                 |                                   |  |  |  |  |  |
| 7 110       | aring   |                 | (b) Expiration in  | cm                              |                                   |  |  |  |  |  |
| <b>/</b> He | aring   |                 |                    |                                 |                                   |  |  |  |  |  |
| 8           | Vision with or  | Right Eye       | Left Eye           | Colour Blindness                | Uniocular vision(having vision in |  |  |  |  |  |
|             | without glasses:  | Ingric Lyc      | Left Lyc           | Colour Billianess               | only one eye)                     |  |  |  |  |  |
| <b>9</b> Re | spiratory System  | I               | l                  |                                 |                                   |  |  |  |  |  |
|             |   |                 |                    |                                 |                                   |  |  |  |  |  |
| <b>10</b> N | ervous System   |                 |                    |                                 |                                   |  |  |  |  |  |
|             |   |                 |                    |                                 |                                   |  |  |  |  |  |
| <b>11</b> H | eart  |                 | (a)Sounds          |                                 |                                   |  |  |  |  |  |
|             |   |                 | (b) Murmur         |                                 |                                   |  |  |  |  |  |
| 12          | Abdomen   |                 | Hernia             |                                 | Hydrocele                         |  |  |  |  |  |
|             | (a) Liver   |                 |                    |                                 |                                   |  |  |  |  |  |
| 12 ^        | (b) Spleen<br>ny other defects:                                       |                 |                    |                                 |                                   |  |  |  |  |  |
| 13 A        | illy other defects.   |                 |                    |                                 |                                   |  |  |  |  |  |
|             |   |                 |                    |                                 |                                   |  |  |  |  |  |
| Certi       | ificate of Medical Fi   | itness          |                    |                                 |                                   |  |  |  |  |  |
|             |   |                 | cribed standard p  | hysical fitness, medical fitnes | ss and is FIT for admission to    |  |  |  |  |  |
| Med         | <br>lical/ Pharmaceutics  | •               | •                  | ,                               |                                   |  |  |  |  |  |
|             |   |                 |                    |                                 |                                   |  |  |  |  |  |
|             |   |                 | •                  | andard of physical fitness/m    | edical fitness and is             |  |  |  |  |  |
| unfit       | :/temporarily unfit f   | or admission du | ie to following de | fects:                          |                                   |  |  |  |  |  |
|             |   |                 |                    |                                 |                                   |  |  |  |  |  |
|             |   |                 |                    |                                 |                                   |  |  |  |  |  |
|             |   |                 |                    |                                 |                                   |  |  |  |  |  |
|             |   |                 |                    |                                 |                                   |  |  |  |  |  |
| Nam         | e of the Doctor   | Signature       | <del></del>        | Registration number             | Seal                              |  |  |  |  |  |
|             | 2 2 3 3 3 2 3 3 3 3 3   | 5.6.14.416      |                    |                                 | <b>55</b> .                       |  |  |  |  |  |

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

Offered by

#### **National Insurance Company Limited**

#### **Exclusively for all IIITA Students ONLY**

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

- MEDICLAIM Hospitalization Cover-Upto INR 90,000/- per annum.
- Accidental Death OR Permanent Disablement of Insured Student Upto INR 5 Lakhs
- > Carriage of Dead Body of the Insured, upon Accidental death to place of Normal Residence-Rs. 7500/-
- ▶ Upon Accidental death of Fee Paying Parent I Guardian − Rs. 3 Lakhs.
- Education Expenses to Dependent Children of Married Insured Students on accidental death Rs. 25,000/- One child & Rs. 60,000/-\* two Child.
- Mediclaim coverage extends throughout India on 24x7 basis.
- > Territorial limits for Accidental Death I Permanent Disablement Insurance extend throughout the world
- Treatments under Allopathic System of Medicine are only covered.
- > Dental treatments and Physiotherapy are not covered for claims/ reimbursements.
- > CASHLESS ACCESS SERVICES, at designated Hospitals, subject to Pre-Authorization.
- > Spouse of married Students AND their dependent Children CAN be covered, for extension benefits, upon payment of additional premiums. NOT COVERED by default in this cover.

| In     | formation required from each stu                                      | ndent 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/                            |   |
|        |   | Address:                               |   |
|        |   |  |   |
|        |   | Enrollment No:                         |   |
|        |   | Degree Program of Enrollment at IIIT-A | A Colored Photograph of the<br>Student being Insured, duly Self<br>Attested                     |
|        |   | Nationality:                           | Date of Birth://  |
| 2      | Complete Address of NORMAL RESIDENCE of the Enrolled Student          |  | Sex: Male /Female   |
|        |   | Phone No:                              | Blood Group:  |
|        |   | E-Mail:                                |   |
|        |   | Pin Code:                              |   |
|        |   | Police Station:                        |   |
| 3      | Details of the FEE PAYING Parent/<br>Guardian of the Enrolled Student | Name:                                  | In the event of the fee paying Parent /Guardian not remaining alive (owing to accidental death, |
|        |   | Relationship with Student:             | during the Policy Period), during the course of the continuation of                             |
|        |   | Address:                               | the enrolled Degree Program of the student, the student shall be eligible for a payment of Rs.  |

|             |   | Phone No:  E-Mail:  Pin Code:  | 3.00 Lakh, to assist with the continuation of the studies of the student,   |
|-------------|---|--|---|
| 4           | (a) Marital Status of the   | Married /Un Married  | In case of accidental death of the enrolled student, during the   |
|             | Enrolled Student  |  | policy period, who is survived by a Spouse, Spouse shall be the   |
|             | (b) In Case "Married", then Pl. provide the following   |  | NOMINEE for receiving the   |
|             | (c) Do you have dependent Children  | Yes /No  | Insurance benefits, unless otherwise specified. In respect of Unmarried students, the Normal Fee Paying Parent / Guardian shall be the beneficiary.   |
| 4<br>Contd. | (d) In case "Y" to (c ) above ,Pl. provide the details:   | In respect of First Child  (Elder one): - a) Name of Child: b) Age:Yrs. Sex: M/ F c) Address:  Phone No: | 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 sun of upto Rs 25000/- each, as a onetime assistance by the Insurance company. |
| 5.          | Pre Existing Diseases*, at the time of admission into the Institute:  (The ones that exist at the time of enrolling at the institute PLUS the | (a)<br>(b)   | Pre Existing Diseases qualify for claim only after four continuous claim three year, in respect of those diseases,  |
|             | those arise within 30 days of the   | (d)  | Few diseases, that arise after the inception of the coverage are however included in the list of  |
|             | Inception of the Insurance Policy. Also, Include diseases attributable to Preexisting diseases.)  | (e)(Pl. add if more)   | diseases that are not payable only<br>during the FIRST year of operation<br>of Policy.( Refer Policy document for<br>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 |

# 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/- ( or equivalent nearest higher curren | cv of |
|--|-------|
| residence of candidate duly notarized by the Oath Commissioner)                                  |       |
|  |       |

| 1) I,                            |                  |                  |            |                 |           |             | (full name                        |
|----------------------------------|------------------|------------------|------------|-----------------|-----------|-------------|-----------------------------------|
|                                  |                  |                  |            |                 |           |             | number) s/o,/d.                   |
|                                  |                  |                  |            |                 |           |             | name of the institution), have    |
| received a cop                   | y of the UG      | C Regulations    | on Curbi   | ing the Mena    | ce of Ra  | gging in I  | Higher Educational Institution    |
| 2009, (hereinaf                  | fter called the  | e "Regulations"  | ') careful | ly read and fu  | ılly unde | rstood the  | provisions contained in the sa    |
| Regulations.                     |                  |                  |            |                 |           |             |                                   |
| 7) I have, in pa                 | rticular, peru   | ised clause 3 of | the Regu   | ılations and a  | m aware   | as to wha   | t constitutes ragging.            |
|                                  |                  |                  |            |                 |           |             | am fully aware of the penal ar    |
|                                  |                  |                  |            |                 | I am foui | nd guilty o | f or abetting ragging, actively   |
| passively, or be                 | • •              |                  | •          | ragging.        |           |             |                                   |
| 9) I hereby sole                 | •                |                  |            |                 |           |             |                                   |
| a) I will<br>Regula              | -                | in any behavi    | our or a   | ct that may     | be const  | ituted as 1 | ragging under clause 3 of th      |
| •                                |                  | te in or abet o  |            | _               | ny act o  | of commiss  | sion or omission that may be      |
| 10) I hereby                     | y affirm that,   | if found guilt   | y of ragg  | ging, I am lia  | ble for p | unishmen    | t according to clause 9.1 of the  |
| Regulations, w                   | ithout prejud    | ice to any othe  | r criminal | l action that n | nay be ta | ken agains  | t me under any penal law or a     |
| law for the time                 | •                |                  |            |                 |           |             |                                   |
| ,                                |                  |                  | •          |                 |           |             | any institution in the country of |
|                                  |                  | •                | ٠.         |                 |           | •           | ragging; and further affirm that  |
|                                  |                  |                  |            | -               |           | n is liable | to be cancelled.                  |
| Declared this_                   | day of           | n                | nonth of_  | year            | •         |             |                                   |
|                                  |                  |                  |            |                 |           | Signa       | ature of deponent                 |
|                                  |                  |                  |            |                 |           |             | nt candidate to be admitted)      |
|                                  |                  |                  |            |                 | Name:     |             |                                   |
|                                  |                  |                  | VE         | CRIFICATIO      | N         |             |                                   |
|                                  |                  |                  |            |                 |           |             |                                   |
| Verified that the and nothing ha |                  |                  |            |                 | ny know   | ledge and i | no part of the affidavit is false |
| Verified at                      | (nl <sub>1</sub> | oca) on this     | day of     | Month of t      | ho        | ••          |                                   |
|                                  | <u>\</u> pi      | ice) on this     |            |                 | .110      | Year.       |                                   |
|                                  | <u>(</u> pi      | ice) on this     | _uu        |                 |           |             |                                   |
|                                  | <u>(</u> pir     | ice) on this     | _uuy       |                 |           |             | e of deponent                     |
| Solemnly affir                   | •                |                  | •          |                 |           |             | •                                 |
| •                                | med and sign     |                  | nce on th  | is the          |           | Signature   | •                                 |

OATH COMMISSIONER Or Equivalent official of the applicant candidates present country of residence.

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

( <u>To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- ( or equivalent nearest higher currency of residence of candidate duly notarized by the Oath Commissioner)</u>

| 7)  | I,   | I  | Mr./l  | Mrs.   | /Ms.  |   |  |  |  |  |  |  |   |  |  |  |   |  |  |  |
|---|--|--|--|--|---|---|--|--|--|--|--|--|---|--|--|--|---|--|--|--|
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# <u>To be made on a Non-Judicial Stamp Paper duly notarized by the Oath commissioner</u> <u>(or equivalent nearest higher currency of residence of candidate)</u>

# **A** uthorization

|   |  |  | (name of the  |  |
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| Name<br>Mark                                | e) hereby authorize the Ins / Grades obtained / Awated/ taken upon me, d   | nstitute authorities to<br>ards / Medals receive | continuous | y Attendance / ings or actions                     |
| Sl.<br>No.                                  | Name of the Person<br>Authorized   | Relationship<br>with the<br>Student              | Contact Address   | Contact Email<br>(Contact Phone<br>Number)         |
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| enroll<br>hereb<br>be fel<br>as a<br>Instit | led) s/o, d/o<br>y also authorize the Institu<br>t necessary and proper by<br>responsible professional /<br>ute. | the Institute, towards                           | (name of the(Father's / er details with the person(s) about some overall Conduct / Groominatry, during the course of my   | Mother's Name) we named, as may ag and Personality |
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