

# Indian Institute of Information Technology Allahabad

## Physical Reporting Schedule at IITA for B.TECH -2025 FRESHER

For JoSAA / CSAB ROUND candidates allotted IITA after final round  
+ DASA + SII Candidates

Date of Physical Reporting: 25/08/2025 to 28/08/2025

### Things To Do Before Coming For Physical Reporting

A. Visit the IITA ERP Portal- <https://erp.iita.ac.in/> (portal will be opened (TENTATIVELY ON 22th August, 2025), subject to receiving of the list from JoSAA / CSAB / DASA & also for SII Candidates.

1. Fill the personal details in the format as on IITA ERP Portal- <https://erp.iita.ac.in/> and upload the required documents. List of documents to be uploaded are available at ANNEXURE A attached.

SII Candidates, who have not yet FILLED the details on ERP Portal (which was open during 18.7.2025 to 25.7.2025), may also upload their documents during the above date.

B. Deposit the balance Academic fees and Mess Fees as per your applicable category-

Sl. No.	Entry Channel	Categories	Institute & Hostel Fees	Advance Fees Paid to JoSAA/CSAB/DASA 2025	Balance Fees Payable	Mess Charges Payable to IITA in Addition	Total Amount Payable
1	JoSAA/CSAB (Through JEE Mains)	GEN, OBC, EWS	₹141200.00	₹75000.00	₹66200.00	₹25560.00	₹91760.00
		SC, ST PwD	₹51200.00	₹35000.00	₹16200.00	₹25560.00	₹41760.00
2	DASA	CIWG	₹1,13,700.00	₹62500.00	₹51200.00	₹25560.00	₹76760.00
		SAARC	\$2000+₹51200.00	\$2000.00	₹51200.00	₹25560.00	₹76760.00
		Non-SAARC	\$4000+₹51200.00	\$4000.00	₹51200.00	₹25560.00	₹76760.00
3	Study in India (SII)	G1 (100% waiver in Tuition Fee only)	SAARC	-----	-----	-----	\$3450
			Non-SAARC	-----	-----	-----	\$3450
		G2 (50% waiver in Tuition Fee only)	SAARC	-----	-----	-----	\$5950
			Non-SAARC	-----	-----	-----	\$6950
		G3 (25% waiver in Tuition Fee only)	SAARC	-----	-----	-----	\$7200
			Non-SAARC	-----	-----	-----	\$8700
		G4 (On Full Tuition Fee)	SAARC	-----	-----	-----	\$8450
			Non-SAARC	-----	-----	-----	\$10450

### ERP LOGIN PROCEDURE

#### For JoSAA / CSAB Candidates

User Id for Logging in to the IITA ERP System = JEE Registration ID  
Password = Your Mobile Number, used at the time of JEE Registration

#### For DASA Candidates

User Id for Logging in to the IITA ERP System = Candidate's DASA Application ID  
Password = Your Mobile Number, used at the time of DASA Registration

#### For SII Candidates

User Id for Logging in to the IITA ERP System = Candidate's SII Student ID  
Password = Your Mobile Number, used at the time of SII Registration (without space or dash)

## **Things to be brought at the time for Physical Reporting**

- 1. All Documents as listed in Annexure A (includes filled in & Notarized however as per list required) format A1 to A9.**
- 2. One full set of self-attested photocopies of 1. above**

### **Kindly note:**

- Verification of online submitted documents with the physical original documents** shall be undertaken, upon your physical arrival to the Institute
- Hostel allotment** shall be done immediately upon enrollment number allotment and after physical verification of your documents. Hostel accommodation provides for a well-lit accommodation, study table and Cot along with storage space. Pl. bring your own lock, Bucket, Mug, personal clothing and bedding or you can purchase them locally, as per your choice. Cooler if desired, has to be purchased by you
- For those students accompanied by Parents/Guardians, they may approach for Visitor Hostel accommodation by requesting for it on [mkhare@iita.ac.in](mailto:mkhare@iita.ac.in) directly.
- Preferred Railway Codes for reaching Prayagraj is PRYJ (Abt 8 KMS) / SFG (Abt 3 KMS) / ACOI (Abt 22 KMS) / while for Flights is IXD.
- As mandated by the MoE/NAD/University Grants Commission, all the applicants should have their respective Academic Bank of Credits (APAAR) ID. Steps for generating APAAR ID is provided in the notices tap as well as on the Institute website. The applicants can also watch this short video <https://www.youtube.com/watch?v=Gw3DUHaJg1c> for information on APAAR Registration.**

### **f) FOR ANY ISSUES KINDLY CONTACT**

BTECH ECE STUDENTS	Mr. Ramesh Rai	0532-2922033
BTECH IT STUDENTS	Mr. Anoop Kumar Verma	0532-2922286
	Mr. Jai Singh	0532-2922286
BTECH Business Informatics	Ms. Gayatri	0532-2922085
Office dealing with ERP/FEES/ADMISSION		
Mess Fees Related	Mr Rajat Ghosh	0532-2922112
Institute Fees Related	Mr Anand Srivastava	0532-2922047
ERP Related Issue	Dr Mithilesh Mishra	0532-2922011
Dean Office and Officers		
Dean AR office	Mr Ashutosh Shukla	0532-2922040
AR –Admission	Mr. Vivek Nagar	0532-2922013
JR-Admission	Dr Asheesh Kumaar	0532-2922006
Centre Incharge Admission Dean AR	Prof. Manish Goswami	0532-2922003

- For candidates facing any difficulty in uploading of documents owing to lack of resources, they may visit the Institute for undertaking uploading of documents on 24.8.2025. Admissions will however commence from **25.8.2025** only.

## **B.Tech Freshers 2025- Orientation Program and Classes**

**Orientation Schedule:** To be communicated separately.

**Commencement of Classes:** Classes are likely to commence immediately after the close of admission.

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Indian Institute of Information Technology Allahabad	
(Admission Assessment and Award Section)	
List of Required "Mandatory Documents" During Physical Verification & Admission Completion in B.Tech 2025	
Sl. No	Document Details
1	* Aadhaar Card / <b>Passport (for DASA &amp; SII Candidate)</b>
2	* JEE/DASA Rank Card **
3	* JEE/DASA Admit Card **
4	* SAT / TOEFL or IELTS Score Card (for SII Candidate only)
5	* Online Document Verification Certificate **
6	* Proof of Payment of Seat Acceptance Fee (SAF) **
7	* Receipt of Advance Fee Payment at CCMT/JoSAA/DASA/SII
8	* Provisional Seat Allotment / Admission Letter / Offer Letter
9	Character/Conduct Certificate
10	* Marksheet of Class 10th Standard
11	* Marksheet of class 12th Standard
12	MCAIP Form, in the attached Format
13	Medical Examination Report, in the attached Format
14	Migration/Transfer Certificate
15	* Pass Certificate of Class 10th Standard
16	* Pass Certificate of Class 12th Standard
17	* Proof of Date of Birth (In case DoB is not mentioned on Class 10th Certificate)
18	Undertaking by Candidate for Documents Submission ( <b>Affidavit</b> )
19	Anti-Ragging Affidavit By Parent ( <b>Affidavit</b> )
20	Anti-Ragging Affidavit By Student ( <b>Affidavit</b> )
21	* Caste/Category Certificate ( <b>For Reserved Category</b> ) **
22	OBC-NCL Undertaking, in the attached Format ** ( <b>For OBC-NCL Candidate</b> )
23	* Economically Weaker Section Certificate ( <b>For EWS Candidate</b> ) **
24	* 12 Digit APAAR (Academic Bank of Credits) Registration ID (for details visit <a href="https://aaa.iiita.ac.in/">https://aaa.iiita.ac.in/</a> )
(FOR * marked documents above), the self-attested Photocopies will be retained after verification from Original documents & the rest of the documents will be retained by the Institute in Original.	
** MARKED DOCS NOT REQUIRED FOR SII CANDIDATES	

**Please note that**

- If the original certificates are not in English/Hindi, English/Hindi version/translation of such certificates, duly certified by the Principal/Director or other competent authority of the graduating Institute, will be required during the verification of documents.
- Caste certificate (SC/ST/OBC-NCL) issued by Maharashtra State must be validated by Social Welfare department (in case of SC and OBC-NCL category) and Tribal Welfare department (in case of ST category) of Maharashtra Government. The SC/ST/OBC-NCL candidates of Maharashtra State have to produce their caste validity certificate additionally.
- ST certificates from Tamil Nadu state must be issued by the concerned Revenue Divisional Officer.
- Medical examination Report may be got filled in from anywhere, including the candidate's home place. Pl. ensures that the same is duly signed and stamped by the Doctor. Doctor should also clearly state his/her MCI / State Council Registration No. along with the State in which Registered in case of State Council Registered Doctors.

**FORMAT OF COURSE COMPLETION CERIFICATE**

[TO BE ISSUED IN THE OFFICIAL LETER HEAD OF THE LAST ATTENDED INSTITUTE/UNIVERSITY]

**This is to certify that**

1. Mr. /Ms. .... (full name of student) S/D of  
Mr. .... bearing Roll No. .... is a bonafide  
student of..... (course/ program name) in our institute/university.
2. His / Her final result is awaited and will be published **on or before August 24, 2025.**

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**Signature (with Seal) of the  
Principal/Director/Registrar of the  
Institute/University**

**Date:**

**Place:**

**OBC CERTIFICATE FORMAT****FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES  
APPLYING FOR APPOINTMENT TO POSTS/ 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 belongs to the \_\_\_\_\_

community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published In the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97. (vii) Resolution No. 12011/99/94-BCC dated 11/12/97. (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published In the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary P.art I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No.12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 12011/14/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section I No. 67\* dated 12/03/2007.
- (xvii) Resolution No. 12015/2/2007-BCC dated 18/08/2010.
- (xviii) Resolution No. 12015/13/2010-BCC dated 08/12/2011.

Shri / Smt. / Kum. \_\_\_ and / or his family ordinarily reside(s) in the \_\_\_\_\_ District / Division of \_ State. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008 or the latest notification of the Government of India.

Dated:

District Magistrate/  
Deputy Commissioner/  
Competent Authority

Seal

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

**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 I 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.

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Government of .....

(Name & Address of the authority issuing the certificate)

**[This certificate MUST have been issued on or after 1<sup>st</sup> April 2025 and to be signed by an officer not below the rank of Tehsildar in the States/UTs]**

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

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

**1. This is to certify that Shri/Smt./Kumari\_\_\_, son/daughter/wife of permanent resident of \_\_\_\_\_, Village/Street \_\_\_\_\_, Post Office\_\_\_\_\_District in the State/Union Territory \_\_\_\_\_Pin Code \_\_\_\_\_ whose photograph is attested below belongs to**

**Economically Weaker Sections, since the gross annual income\* of his/her family\*\* is below Rs. 8 Lakh (Rupees Eight Lakh only) for the financial year 2024-25. His/her family does not own or possess any of the following assets\*\*\*:**

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

**2. Shri/Smt./Kumari\_belongs to the caste which is not**

**recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).**

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent  
Passport  
size attested  
photograph  
of the  
applicant

Note:

**The income and assets of the families as mentioned would be required to be certified by an officer not below the rank of Tehsildar in the States/UTs.**

\* Income covered all sources i.e. salary, agriculture, business, profession, etc. for the F.Y. 2024-25

\*\* The term 'Family' for this purpose includes the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

\*\*\* The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

**FORMAT FOR SELF DECLARATION TO BE SUBMITTED BY OBC-NCL CANDIDATE**

***OBC Undertaking***

I, \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_ resident of village/town/city district \_\_\_\_\_ State hereby declare that I belong to the \_\_\_\_\_ community which is recognised as a backward class by the

Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. 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, and again further modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017 or the latest notification of the Government of India. I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2025.

I am fully aware that if I am not able to submit the required document(s), my seat will stand cancelled, and I will not have any further claim on the seat allotted.

**Place:**

**Signature of the Candidate**

**Date:**



**MEDICAL EXAMINATION REPORT**

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

Coloured

Passport

Size

PHOTO

Candidates will have good general physique with

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

**PERSONAL HISTORY**

(To be filled by Candidate)

- 1. Name .....
- 2. Parent/ Guardian's Name:
  - (a) Father's Name .....
  - (b) Mother's Name.....
- 3. Age: ..... Years ..... Months.....
- 4. Gender:..... Blood group.....
- 5. Identification Marks on the Body: .....  
(This can be a mole or scar)
- 6. Major illness / operation (in past): .....  
(Specify nature of illness / operation.)
- 7. Allergies if any: .....
- 8. Any Chronic illness for which he/she is taking treatment: .....  
(Eg. Diabetes, Asthma, Epilepsy, Kidney disease, Bleeding disorder, etc.)
- 9. Any kind of disability: ..... **MEDICAL CERTIFICATE**  
(To be issued by registered medical practitioner not less than MBBS)  
(The following are to be filled by the Medical Officer conducting the medical examination at the candidate side.)

- 1. Height :.....cm. 2. Weight: ..... kg.
- 3. Skin ..... 4. Ears/Hearing:.....
- 5. Vision with or without glasses :
  - a) Right eye : ..... c) Colour Blindness :.....
  - b) Left eye : ..... d) 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 :.....

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

Full Name :.....

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

State with whose Council Registered: .....

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

#### PART - B MEDICAL CERTIFICATE

(To be issued by registered medical practitioner not less than MBBS)

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

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

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

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

Declaration  
(By the candidate)

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

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

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

**UNDERTAKING BY THE STUDENT (AS PER UGC REGULATIONS ON CURBING THE MENACE OF RAGGING IN HIGHER EDUCATIONAL INSTITUTIONS, 2009)**

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

- 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 / NOTARY**

**UNDERTAKING BY THE PARENT/GUARDIAN (AS PER UGC REGULATIONS ON CURBING THE MENACE OF RAGGING IN HIGHER EDUCATIONAL INSTITUTIONS, 2009)**

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

- 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.

.....(place) on .....Month of .....Year Verified

at..... this day..... of the.....

Signature of deponent

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

**OATH COMMISSIONER / NOTARY**

**Mediclaim-cum-Accidental insurance Benefits Scheme (MCAIP)**


Offered by

**National Insurance Company Limited****Exclusively for all IIITA Students****Broad of Feature of Scheme\***

- MEDICLAIM Hospitalization Cover-Upto Rs. 2.0 lakh/- per annum.
- Accidental Death OR Permanent Disablement of Insured Student – Upto Rs. 10 Lakhs
- Upon Accidental death or Permanent Disability of Fee Paying Parent /Guardian – Rs. 10 Lakhs.
- Education Expenses to Dependent Children of Married Insured Students on accidental death -Rs. 1.0 lakh – for one child & Rs. 2.0 lakh for two Children.
- 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-Authorization.
- Spouse of married Students AND their dependent Children CAN be covered, for extension benefits, upon payment of additional premiums. NOT COVERED by default in this cover.

(\*Condition Apply)

**Information required from each student to enable him/ her avail the benefit under the Scheme**

Sl No.	Item	Information	Remark
1	Name of the. student to be Insured	<b>Mr./Ms./Dr/</b> ..... <b>S/o OR D/o</b> ..... <b>Address:</b> ..... ..... <b>Enrollment No:</b> ..... Degree Program of Enrollment at IIIT-A..... <b>Nationality:</b> .....	 A Colored Photograph of the Student being Insured, duly Self Attested <b>Date of Birth:</b> ...../...../..... <b>Sex:</b> Male /Female <b>Blood Group:</b> .....
2	Complete Address of NORMAL RESIDENCE of the Enrolled Student	..... Phone No: ..... E-Mail: ..... Pin Code: ..... Police Station: .....	
3	Details of the FEE PAYING Parent/ Guardian of the Enrolled Student	Name: ..... Relationship with Student: ..... Address: ..... ..... Phone No: ..... E-Mail: ..... Pin Code: .....	In the event of the fee paying Parent /Guardian not remaining alive (owing to accidental death, during the Policy Period), during the course of the continuation of the enrolled Degree Program of the student, the student shall be eligible for a payment of Rs. 3.00 Lakh, to assist with the continuation of the studies of the student,
4	(a) Marital Status of the Enrolled Student	Married /Un Married	In case of accidental death of the enrolled student, during the policy period, who is survived by a Spouse, Spouse shall be the NOMINEE for receiving the Insurance benefits, unless otherwise specified. In respect of Unmarried students, the Normal Fee Paying Parent / Guardian shall be the beneficiary.
4 Contd.	(b) In Case "Married", then Pl. provide the following		
	(c) Do you have dependent Children	Yes /No	

4 Contd.	(d) In case "Y" to (c ) above ,Pl. provide the details :	<p><b><u>In respect of First Child</u></b>  <b><u>(Elder one): -</u></b></p> <p>a) Name of Child:.....  b) Age:.....Yrs.    Sex: M/ F  c) Address:.....  .....  .....  <b>Phone No:.....</b>  <b>PIN Code:.....</b>  <b>E-Mail:.....</b></p> <p><b><u>In respect of Second Child</u></b>  <b><u>(Younger one): -</u></b></p> <p>d) Name of Child:.....  e) Age:.....Yrs.    Sex: M/ F  f) Address:.....  .....  .....  <b>Phone No:.....</b>  <b>PIN Code:.....</b>  <b>E-Mail:.....</b></p>	<p>In case of accidental death of the Insured Student, during the policy period, survived by his dependent children, upto TWO dependent children are eligible for receiving a sun of upto Rs 25000/- each, as a onetime assistance by the Insurance company.</p>
5.	<p><b>Pre Existing Diseases*, at the time of admission into the Institute:</b>  (The ones that exist at the time of enrolling at the institute PLUS the those arise within 30 days of the Inception of the Insurance Policy. Also, Include diseases attributable to Pre-existing diseases.)</p>	<p>(a).....  (b).....  (c).....  (d).....  (e).....    (Pl. add if more)</p>	<p><b>Pre Existing Diseases qualify for claim only after four continuous claim three year, in respect of those diseases,</b></p> <p>Few diseases, that arise after the inception of the coverage are however included in the list of diseases that are not payable only during the FIRST year of operation of Policy.( Refer Policy document for details)</p>

(Note: The above is a brief description of the salient features of the intended Insurance Policy and is not a -replica of the full Policy document. For details, reference to the Policy document should be made)

**UNDERTAKING:**

- I willingly AGREE to abide by the "Terms and Conditions of the MEDICLAIM- cum- Accidental Insurance Policy as briefed herein above.
- I shall personally be responsible for the correctness and completeness of the information provided above and to the satisfaction of the Insurance Company. Also in case of change in my Marital Status, for being eligible for the accrued benefits by the Insurance Company in the same respect. I shall keep the Institute duly apprised.
- Also, I understand that all claims pertaining to Mediclaim-cum Accidental insurance Scheme shall be settled by insurance Company only and Institute's liability in this respect shall be restricted to being assistive only.

**Signature of the Enrolled Student.....**

**Name of the Enrolled Student:.....**

**Enrollment Number of the Student:.....**

**Signature of Father /Mother /Guardian of the Enrolled Student:.....**

(To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- or nearest higher amount duly notarized)

**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD**

**UNDERTAKING BY CANDIDATE FOR DOCUMENTS SUBMISSION**

I.....Son/Daughter of.....

Resident of.....aged.....years hereby execute this undertaking on ...../..... / 2025 that the documents which I have uploaded for Online provisional admission are true to the best of my knowledge and if on subsequent physical verification any discrepancy is found/observed, my provisional admission to \_\_\_\_\_ program shall be cancelled forthwith.

**Note:** Candidates who has appearing in final examination:

If my minimum eligibility criteria of percentage of marks, or any other minimum eligibility criterions are observed as not having met at any stage, my provisional admission to \_\_\_\_\_ program shall be treated as cancelled forthwith.

All responsibility in this respect lies on me.

Date:

Place:

**Counter Signed by:**

**(Candidate's Signature)**

Father/Mother: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

CAT/MAT/XAT/GMAT/CMAT Application No.:

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

\_\_\_\_\_

\_\_\_\_\_

Program: \_\_\_\_\_

Phone/Mobile No.: \_\_\_\_\_

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

\_\_\_\_\_

Aadhaar No: \_\_\_\_\_

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

Aadhaar No: \_\_\_\_\_