

Indian Institute of Information Technology Allahabad

Physical Reporting Schedule at IIITA for MTECH -2025 FRESHER

For CCMT Round upto NSR candidates
WHO HAVE BEEN ALLOTTED SEATS AT IIITA

Date of Physical Reporting: 12/08/2025 to 14/08/2025

Things To Do Before Coming For Physical Reporting

- A. Visit the IIITA ERP Portal- <https://erp.iiita.ac.in/> portal will be opened (**TENTATIVELY ON 8th August, 2025**), subject to receiving of the list from CCMT.
1. Fill the personal details in the format as on IIITA ERP Portal- <https://erp.iiita.ac.in/> and upload the required documents. List of documents to be uploaded are available at **ANNEXURE A** attached.
- B. Deposit the balance Academic and Mess Fees as per your applicable category-

Sl. No.	Social Category	Institute & Hostel Fees	Less Advance Fees Paid to CCMT 2025	Balance Fees Payable on Institute Portal	Mess Charges Payable (Additionally)	Total Amount Payable
1.	GEN, OBC, EWS	1,34,200/-	40,000/-	94200/-	25560/-	119760/-
2.	SC, ST & PwD		15,000/-	119200/-	25560/-	144760/-

- C. Format of few Documents listed in Annexure A (A1 to A9)

ERP LOGIN PROCEDURE

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

Things To Be Brought At The Time For Physical Reporting

- All Documents as listed in Annexure A (includes filled in & Notarized however as per list required) format A1 to A9.
- 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 alongwith 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

- c) For those students accompanied by Parents/Guardians, they may approach for Visitor Hostel accommodation by requesting for it on mkhare@iiita.ac.in directly.
- d) Preferred Railway Codes for reaching Prayagraj is PRYJ (Abt 8 KMS) / SFG (Abt 3 KMS) / ACOI (Abt 22 KMS) / while for Flights is IXD.
- e) 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

Program	Concerned Person	Landline no
MTECH IT STUDENTS	Mr. Santosh Mishra	0532-2922030
MTECH ECE MTECH Bioinformatics Students	Ms. Gayatri Kasniyal	0532-2922085
MTECH Biomedical Engg.	Mr. Shyam Lal Gupta	0532-2922282
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	Mr. Prashant Srivastava	0532-2922191
Dean Office and Officers		
Dean AR Office	Mr. Ashutosh Shukla	0532-2922040
Assistant Registrar - Admission	Mr. Vivek Nagar	0532-2922013
Joint Registrar- Admission	Dr. Asheesh Kumar	0532-2922006
Centre In-charge Admission Dean AR	Prof. Manish Goswami	0532-2922003

- g) 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 11.8.2025. Admissions will however commence from 12.8.2025 only.

M.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.

Annexure A

Indian Institute of Information Technology Allahabad	
(Admission Assessment and Award Section)	
List of Required "Mandatory Documents" During Physical Verification & Admission Completion in M.Tech 2025	
Sl. No.	Document Details
1	Aadhaar Card / Passport (for DASA & SII Candidate) *
2	GATE Score Card *
3	Online Document Verification Certificate *
4	Proof of Payment of Seat Acceptance Fee (SAF) *

5	Receipt of Advance Fee Payment at CCMT/DASA/SII *
6	Provisional Seat Allotment / Admission Letter *
7	Character/Conduct Certificate
8	Degree/ * Provisional or Course Completion Certificate of UG Degree
9	Marksheet of UG Degree for all Semesters *
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 (Affidavit)
19	Anti-Ragging Affidavit By Parent (Affidavit)
20	Anti-Ragging Affidavit By Student (Affidavit)
21	Caste/Category Certificate (For Reserved Category) *
22	OBC-NCL Undertaking, in the attached Format (For OBC-NCL Candidate)
23	Economically Weaker Section Certificate (For EWS Candidate) *
24	12 Digit APAAR (Academic Bank of Credits) Registration ID * (for details visit https://aaa.iita.ac.in/)
(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.	

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 10, 2025.**

**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 Part 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 1st 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 _____ Pin Code _____ State/Union Territory

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

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.

Note:

* 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 EXPECTATIONSColoured
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 ofmonth 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 ofMonth of theYear.

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 ofmonth 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) onMonth ofYear 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 IITA 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	Mr./Ms./Dr/ S/o OR D/o Address: Enrollment No: Degree Program of Enrollment at IIIT-A..... Nationality:	 A Colored Photograph of the Student being Insured, duly Self Attested
2	Complete Address of NORMAL RESIDENCE of the Enrolled Student	Phone No: E-Mail: 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 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><u>In respect of First Child</u> (Elder one): -</p> <p>a) Name of Child:..... b) Age:.....Yrs. Sex: M/ F c) Address:..... Phone No:..... PIN Code:..... E-Mail:.....</p> <p><u>In respect of Second Child</u> (Younger one): -</p> <p>d) Name of Child:..... e) Age:.....Yrs. Sex: M/ F f) Address:..... Phone No:..... PIN Code:..... E-Mail:.....</p>	<p>In case of accidental death of the Insured Student, during the policy period, survived by his dependent children, upto TWO dependent children are eligible for receiving a sum of upto Rs 25000/- each, as a onetime assistance by the Insurance company.</p>
5.	<p>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 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).....</p> <p>(Pl. add if more)</p>	<p>Pre Existing Diseases qualify for claim only after four continuous claim three year, in respect of those diseases,</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: _____