

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD

(An Institute of National Importance by Act of Parliament)

Deoghat Jhalwa, Prayagraj - 211015, UP, India

INFORMATION FOR Ph.D. CANDIDATES SELECTED FOR PROVISIONAL ADMISSION AT IIITA IN SESSION STARTING JULY -2025

SCHEDULE OF REGISTRATION	
DOCUMENTS UPLOADING & FORMS FILLING (ONLINE)	06/06/25 To 20/06/25
PHYSICAL REPORTING FOR DOCUMENTS VERIFICATION & ISSUANCE OF ENROLLMENT (Personal physical reporting with all documents)	23/06/25 To 10/07/25
COMMENCEMENT OF CLASSES	21/07/2025

All candidates Selected for Provisional admission to PhD (Regular Program) / Ph.D. Working Professional Program are advised to complete the registration process as follows -

- (1) **Fulfill the following requirements till 20/06/2025 in ONLINE MODE -**
 - a) Log on to - <https://erp.iiita.ac.in/> (Do not click now. Window will open from 06/06/2025 at 11:00 AM onwards.
 - b) **Using Login ID= Application No, Password= Your Mob. No.** (Filled in Application Form for PhD/PhD-WP)
 - c) Upload only freshly taken, good quality Digital colored **Photo against white Background** (30 mm x 50 mm) & **scanned signature** (10 mm x 30 mm)
 - d) Fill your personal information in the ONLINE Web Form. Candidates must ensure that their basic details such as Name, Father's name, Mother's Name, Date of birth etc. should match exactly as it is mentioned in Class 10th marksheet
 - e) Upload the colored scanned copy of original documents required for registration (**Annexure -A**)
 - f) Pay the due Fee (as will be shown after logging-in).
 - g) Link of fee payment would only be visible, when personal information & all the prescribed documents as above are filled/ uploaded at ERP portal
 - h) Cross verify the above information to make sure that it is complete.
- (2) **After completing (1), report at IIITA in R&D Section along with originals of all the documents uploaded as per (1) for Physical Verification of documents and issuance of Provisional Enrollment Receipt During 23/06/2025 to 10/07/2025. (10 am to 1 pm)**
- (3) **Complete Registration refers to :** (A) Completely filling of the online ERP web form with all your details, (B) Uploading the scanned copy of all the required documents, (C) Paying the requisite fee by the due date and time on the ERP portal & (D) Original Physical Documents verification at IIITA by candidates themselves in person.
- (4) Without complete registration, the admission requirements shall not be considered as having been completed and your allotment of provisional admission may be withdrawn.
- (5) After completion of registration, an I-CARD will be issued together with a Provisional Enrollment Receipt.
- (6) ONLY after receiving the email of "Provisional Enrollment Receipt" from ERP, candidates are requested to contact their respective departments for subsequent supervisor allotment (except for PhD in WP Mode) latest by Institute Opening Date i.e. **21/07/2025** as per the academic calendar.
- (7) Regular Candidates are advised to contact the Head of the Department for allotment of Supervisor after getting their Enrollment Number from the Institute. They have to opt courses in consultation with their supervisor for the first semester during the semester registration schedule.
- (8) Registration requests beyond the declared schedule as above are strongly discouraged. In only exceptional cases, competent authority may accept such requests. In case your request is accepted by the Competent Authority, you will be communicated accordingly. After the closing of REGISTRATION PERIOD (as mentioned in the email as well as Institute Website), you have to pay a sum of Rs. 2000 / Week or part thereof as LATE FEE in case your request for extension is accepted by the Competent Authority. After completion of

ONE MONTH from the last date of REGISTRATION SCHEDULE, no request for registration will be entertained & the provisional offer letter shall stand withdrawn.

- (9) Email queries, at rds@iiita.ac.in shall only be accepted..
- (10) Institute reserves the right to get the Certificates cross-verified from appropriate authorities. In case of any irregularities being found, at any stage, admission of the candidate shall be canceled all together with other legal action, as per law, for which the candidate himself/herself shall be solely responsible.
- (11) Institute publishes all latest information on its website www.iiita.ac.in only. So kindly keep visiting the same.
- (12) Hostels, to all unmarried candidates shall be allotted the same day, as per availability.

Kindly note

- a) **Verification of online submitted documents with the physical original documents** shall be undertaken, upon your physical arrival to the Institute on 02/01/2025.
- b) **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. Present day time temperature - 31 to 46 degrees Celsius. Normal Yearly temperature range - 8 to 45 degree celsius.
- e) **As mandated by the MoE/NAD/University Grants Commission, all the applicants should have their respective Academic Bank of Credits (ABC) ID. Steps for generating ABC ID are provided on the Institute website. OR Go to Digilocker / ABC ID portal, generate ID requiring mobile no. / AADHAAR No. The applicants can also watch this short video <https://www.youtube.com/watch?v=Gw3DUHaJg1c> for information on ABC Registration. Kindly note **IT IS MANDATORY. ABC Id is then to be filled on the ERP Form of the Institute. Also then Attach Snapshot of ABC ID Portal showing your ABC ID No. therein.****
- f) ANY NEW INFORMATION, RELEVANT TO ADMISSIONS shall be reflected on <https://iiita.ac.in/> Pl. keep visiting this portal for frequent updates as it is not possible to send individual information to all candidates separately.
- g) R&D Section has no role in Visitor Hostel Allotment. Avoid reaching for physical verification during late hours. Do not panic. Maintain peace. Come with a cool mind and ample time. Your details recorded at the time of registration are precious for your future.

Admission Withdrawal & Refund Policy may be obtained from <https://rds.iiita.ac.in>.

Please Note

For difficulty in Login at the time of registration,	erp@iiita.ac.in / 0532-292-2011/2192
For queries/issues related to fee	anands@iiita.ac.in/ 0532-292-2047
For any other query	rds@iiita.ac.in (0532-292-2087/2239)

Welcome onboard into the IIT Allahabad Family

LIST OF DOCUMENTS REQUIRED FOR APPLICANT'S REGISTRATION

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

1. Aadhar Card (Both Side).
2. ABC/APAAR ID Proof.
3. Photo ID proof as per Govt. of India norms.
4. Address Proof as per Govt. of India norms.
5. Mark sheet of Class X.
6. Certificate of Class X.
7. Mark sheet of Class XII.
8. Certificate of Class XII.
9. Transcript/ Mark sheet of Under Graduate for all semesters.
10. Degree of Under Graduate
11. Transcript/ Mark sheet of Post Graduate for all semesters.
12. Degree or Provisional certificate of Postgraduate, If the Post Graduation degree is awaited, a certificate of course completion from the institute/university last studied must be provided as per ***Annexure-1** Otherwise self declaration about Course completion has to be uploaded as per ***Annexure -2**.
13. ***Transfer /Migration Certificate from the Institution last attended (Not applicable if last attended Institution is IITA)**
14. ***Conduct/Character certificate from the Institution last attended. (Not applicable if last attended Institution is IITA)**
15. **If any/ all of the documents in Sl. No. 12 to 15 are not issued** by your respective College/ Institution till date then you have to upload a Certificate to the effect from your respective Institution / self declaration as per ***Annexure-10**
16. GATE/NET/ NET-JRF AWARD LETTER /CAT/CSIR (If applicable)-**Optional for - M.Tech. Qualified PhD Regular applicants & PhD Working Professional Applicants**
17. ***Medical Examination Report. (*Annexure-7)**
18. ***Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-, duly notarized by the Oath Commissioner. (*Annexure-8)**
19. ***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-9)**
20. ***Undertaking by candidate for documents submission. (*Annexure-11)**
21. ***Authorization by Student & Parents (*Annexure-15) [Not applicable for Admission to PhD(WP)]**
22. ***MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme". (*Annexure-16) [Not applicable for Admission to PhD(WP)]**

Additional Documents Required for SC/ST/ -

23. Certificate of category / Caste Certificate as per Government of India format, issued by the competent authority.

Additional Documents Required for OBC-NCL -

24. OBC-NCL Category / Caste Certificate as per Government of India format, issued by the competent authority as per **"*Annexure - 3"** must be issued on or after **April 01, 2025**.

25. ***Undertaking by the candidate on OBC-NCL status in the prescribed format. (*Annexure-5)**

Additional Documents Required for EWS -

26. EWS Category Certificate as per **"*Annexure - 4"** must be issued on or after **April 01, 2025**.

Additional Documents Required for PwD -

27. ***Original Certificate for Persons with Disabilities (PwD), if applicable, issued by the competent authority. (*Annexure-6)**

Additional Documents Required for Students selected for admission under External Project Fund -

28. Appointment Letter Along with Project Sanction Letter
29. Proof of payment receipt from Project (Bank Statement – Maximum of Last 3 Months if received any amount) -

Additional Documents Required for PhD Working Professionals -

30. Supervisor Acceptance Letter (**Annexure-14**)
31. Work Experience Certificate issued from current organization stating that the candidate has worked for +2 years.
32. Salary slips of last 3 months till the date of email when email of Provision Admission is sent to the candidate.
33. ***Declaration Form/ NoC (*Annexure-12/ 13)** as applicable to be filled and signed by Candidate and Candidate's organization.

Please note that -

34. In the attached Annexure(s) please leave the portion blank where you are supposed to mention your enrollment number.
35. If any of the documents at ERP is “NOT APPLICABLE” to you, you may write “Not Applicable” along with “Document Name” and reason for it in an A4 Size paper & upload the scanned copy in PDF format at ERP Portal.
36. Funding Agency’s Fellowship Award Letter, with an acceptable validity period to join PhD Program, is mandatory for candidates selected under External Fellowship.
37. Caste certificate (SC/ST/OBC-NCL) issued by Maharashtra State must be validated by the Social Welfare department (in case of SC and OBC-NCL category) and Tribal Welfare department (in case of ST category) of Maharashtra Government.
38. The SC/ST/OBC-NCL candidates of Maharashtra State have to produce their caste validity certificate
39. ST certificates from Tamil Nadu state must be issued by the concerned Revenue Divisional Officer.
40. Medical examination Report may be 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 MCI / State Council Registration No. along with the State in which Registered in case of State Council Registered Doctors.
41. All the original documents marked with * along with a self attested photocopy (with date & duly page numbered) of all other documents uploaded at the portal, are to be submitted personally by the applicant during the period of OFFLINE REGISTRATION SCHEDULE.

COURSE COMPLETION CERTIFICATE
(TO BE ISSUED IN OFFICIAL LETTER HEAD OF THE INSTITUTE/UNIVERSITY)
(FOR THOSE WHOSE QUALIFYING PROGRAM REQUIREMENTS IS COMPLETED BUT DEGREE IS YET TO AWARDED)

This is to certify that -

1. Mr./ Ms. _____(Full Name)
bearing Roll No. _____ is a bonafide student of _____ (Course/
Program Name) in our university.
2. He/ She has completed all the requirements of the course / program and all of his/her
examinations have already been completed
3. His / Her final result is awaited and will be published on or before _____/_____(DD/MM)
of this _____YYYY.

Date _____

Place _____

Signature (with Seal)
Of Registrar/ Authorized Signatory of the Institute/University

FORMAT OF SELF DECLARATION ABOUT COURSE COMPLETION
(FOR THOSE CANDIDATES WHOSE RESULT IS NOT YET DECLARED)

I _____ D/o _____ / _____ S/o _____ Shri _____

R/o _____ do hereby

declare on oath as under:

1. That I am a bonafide student of _____ (Course/Programme Name) in _____ (Institute/University Name) with Enrollment no _____.
2. That I am in the final year of the aforesaid course/programme and have completed all the requirements of the course/programme which was to be completed upto ____/____/____ (DD/MM/YYYY).
3. That I will submit my degree/provisional certificate issued by the Institute/University upto _____, failing which I understand that my provisional admission in Ph.D. Programme may be cancelled.
4. That I further understand that if I am unable to qualify the minimum eligibility criterion for admission to Ph.D. Programme, my admission will stand cancelled and the admitting Institution shall have no liability for the same.

Signature of the Candidate: _____

Name: _____

Registration ID: _____

Date: _____

FORMAT FOR OBC [NCL] CERTIFICATE
(TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION IN IIITA)
[This certificate MUST have been issued on or after 1st April 2025]

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of

Shri/Smt. _____ of

Village/Town _____ District/Division _____ in the

_____ (State/UT) belongs to the

_____ Community which is recognized as a backward class under:

1. 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.
2. 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.
3. 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.
4. Resolution No. 12011/96/94-BCC, dated 9/03/96.
5. 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.
6. Resolution No. 12011/13/97-BCC, dated 03/12/97.
7. Resolution No. 12011/99/94-BCC, dated 11/12/97.
8. Resolution No. 12011/68/98-BCC, dated 27/10/99.
9. 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.
10. 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.
11. 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.
12. Resolution No. 12016/9/2000-BCC, dated 06/09/2001.
13. Resolution No. 12011/1/2001-BCC, dated 19/06/2003.
14. Resolution No. 12011/4/2002-BCC, dated 13/01/2004.
15. 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.
16. Resolution No. 12015/2/2007-BCC, dated 18/08/2010.
17. Resolution No. 12015/2/2007-BCC, dated 11/10/2010.
18. Resolution No. 12015/13/2010-BC-II, dated 08/12/2011.
19. Resolution No. 12015/05/2011-BC-II, dated 17/02/2014.
20. Resolution No. 12011/6/2014-BC-II, dated 07/12/2016.
21. Resolution No. 12011/13/2016-BC-II, dated 22/12/2016
22. Resolution No. 20012/1/2017-BC-II, dated 19/01/2017
23. Resolution No. 12011/7/2017-BC-II, dated 31/07/2017

Shri/Smt./Kum. _____ and/or his/HER family ordinarily reside(s) in the
_____ District/Division of _____ State/UT. 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. 36
012/22/93-Estt.(SCT), dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.), dated
09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res) dated 14/10/2008, again further
modified vide OM No. 36036/2/2013-Estt (Res) dated 30/05/2014.

Date: _____

Place: _____

Signature _____
(with seal of office)

Designation _____

NOTE:

- A. The term 'Ordinarily' 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 / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1ST Class Stipendiary Magistrate) .
 - II. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - III. Revenue Officer not below the rank of Tehsildar.
 - IV. Sub-Divisional Officer of the area where the candidate and / or his family resides.
- C. OBC Certificate issued from Maharashtra State must be validated by the Social Welfare Department of Maharashtra Government.

INCOME & ASSETS 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]

Certificate No. _____

Date _____

VALID FOR THE YEAR _____

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 _____. 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 the Office)

Name _____

Designation _____

**Latest
Passport Size
Photograph**

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.

**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.

[OBC UNDERTAKING]**(Declaration / undertaking - for OBC Candidates only)**

I, _____ son/daughter of Shri _____
 _____ resident of village/town/city _____ district
 _____ State hereby declare that I belong to the _____
 community which is recognized 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. I also
 declare that the condition of status/annual income for creamy layer of my parents/guardian is
 within prescribed limits as of the financial year ending on March 31,2025.

Place:**Signature of the Candidate*****Date:******Declaration/undertaking not signed by Candidate will be rejected***

FORMAT FOR DYSLEXIA CERTIFICATE - I

MEDICAL CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATES

{Psycho-Education Evaluation Report - To be obtained from any Dyslexia Association*}

No. _____

Date: _____

Name of the

candidate: _____

Date of Birth: ____/____/____

Name of the

father/mother/Guardian _____

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

No. _____

Date: ____/____/____

Name/ Address and Regn. No. of the Dyslexia Association: _____


 Passport
Size
Photo of
Candidate

Physical & Neurologic Assessment: []
 Psychological Assessment: [] WISC
 Verbal IQ:
 Performance IQ:
 Full Scale IQ:
 Interpretation: []
 Educational Assessment: []

Certified that:

The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)**
 The disability is PERMANENT in nature.

*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkata, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
2. Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1, 1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Centre Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

**Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However, the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

Official Seal:

[Signature]

Name of the certifying Official:_____

FORMAT FOR DYSLEXIA CERTIFICATE - II
TESTIMONIAL TO BE PRODUCED BY DYSLEXIC CANDIDATES

{Testimonial - To be obtained from the Principal of the school/college last attended*}

No. _____

Date: _____

Name of the

candidate: _____

Date of Birth: ____ / ____ / ____

Name of the

father/mother/Guardian _____

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

—

Name & Address of School/ College: _____

—

Passport
Size
Photo of
Candidate

Certified that:

Shri/Shrimati/Kumari _____ **son/daughter of** _____

_____ **of** _____ **Village / Town passed his/her Class X from**

this school and as per records, he/she has availed concession under dyslexic category.

Official Seal:
[Signature]

Name of the certifying Official: _____

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

DISABILITY CERTIFICATE FORMAT - II

{In cases of amputation or complete permanent paralysis of limbs and in cases of blindness}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

--

Passport
size
photogra
ph of the
candidat
e

This is to certify that I have carefully examined Shri/Smt./Kum. _____

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[Age - _____ years], male/female, Registration No. _____ permanent resident of

House No. - _____, Ward/Village/Street _____, Post Office _____

_____ District- _____ State _____ whose

photograph is affixed above, and am satisfied that

1. he/she is a case of (Please tick as applicable):

- a. locomotor disability
- b. blindness

2. The diagnosis in his/her case is _____

3. He / She has _____% (in figure) _____ percent (in words) permanent physical impairment/blindness in relation to his/her _____ (part of body) as per guidelines (to be specified).

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

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorized Signatory of notified Medical Authority] Name:

DISABILITY CERTIFICATE FORMAT - III

{In cases of multiple disabilities}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport
size
photogra
ph of the
candidat
e

This is to certify that I have carefully examined Shri/Smt./Kum. _____

son/wife/daughter of Shri _____ Date of Birth ____/____/____

[Age - _____ years], male/female, Registration No. _____ permanent resident of

House No. - _____, Ward/Village/Street _____, Post Office _____

_____ District- _____ State _____ whose

photograph is affixed above, and am satisfied that

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

Cntd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____%

In words: _____percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. Reassessment of disability is:

I. Not Necessary [**or**]

II. Is recommended/after _____years_____months, and therefore this certificate shall be valid till (DD/MM/YY)_____.

@ - e.g. Left/Right/both

arms/legs # - e.g. single

eye/both eyes

£- e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing the certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

DISABILITY CERTIFICATE FORMAT - IV

{In cases of any other case not covered in Format – II & III}

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

Passport
size
photogra
ph of the
candidat
e

This is to certify that I have carefully examined Shri/Smt./Kum. _____

_____ son/wife/daughter of Shri _____ Date of Birth

____/____/____ [Age - _____ years], male/female, Registration No. _____ permanent

resident of House No. - _____, Ward/Village/Street _____ Post

Office _____ District- _____ State _____ whose

photograph is affixed above, and am satisfied that

1. He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

Cntd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____%

In words: _____percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.
4. Reassessment of disability is:

I. Not Necessary [or]

II. Is recommended/after _____years _____months, and therefore this certificate shall be valid till (DD/MM/YY)_____.

@ - e.g. Left/Right/both arms/legs

- e.g. single eye/both eyes

£- e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing the certificate

Official Seal:

[Authorized Signatory of notified Medical Authority*]

Name: _____

* In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

Countersigned

Official Seal:

[CMO/Medical Superintendent/Head of Govt. Hospital]

Name: _____

^ Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in case the certificate is issued by a medical authority who is not a government servant.

MEDICAL EXAMINATION REPORT

PART - A General Expectation

Colored
Passport
Size
Photograph
duly attested
by verifying
Doctor

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

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 the 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.
2. Skin 4. Ears/Hearing:.....
5. Vision with or without glasses :
 - a) Right eye : c) Colour Blindness :.....
 - b) Left eye : d) Unocular Vision :.....
6. Respiratory system :..... 7. Nervous system:.....

Continued..

8. Heart : 9. Abdomen :

a) Sounds : b) Liver:

c) Murmur : d) 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

Certified that Shri/Smt./Kum.....

son/daughter of Shri/Smt.....

a) Fulfills the prescribed standard of physical fitness, as per general expectations stated in Part A and is FIT for admission to _____ (Ph.D./ Ph.D.(WP)) 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

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.

**ANTIRAGGING 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)

1. I,..... (full name of student with application 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 behavior 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 _____ 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

**ANTIRAGGING 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)

1. I, Mr./Mrs./Ms. _____ (full Name of parent/ guardian) father/mother/guardian of _____ (full name of student & application 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 behavior 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: _____

Mob.No. _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) **on this** _____ day of _____ Month of _____ 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

Indian Institute of Information Technology Allahabad

FORMAT OF SELF DECLARATION ABOUT FORM SUBMISSION of

(Applicable only for Sr. No. 12 to 16)

I, _____ (Name of candidate), Application

ID No. _____, S/D/O _____

resident of _____ do hereby declare on oath as
under:

That I will submit my _____ up to
_____. Failing that, I understand that my admission in _____ (Ph.D./ Ph.D.(WP))

Program at IIITA may be cancelled.

Date _____

Place _____

Signature of the Applicant

UNDERTAKING BY CANDIDATE FOR DOCUMENTS SUBMISSION

I.....S/o.....
Resident of.....agedyears hereby
execute this undertaking on ____/ ____/ _____ DD/MM/YYYY that the documents
which I provided for 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 the _____(Ph.D./ Ph.D.(WP)) programme at IITA may be cancelled forthwith.

Date: _____

Place: _____

Signature of the Applicant

Application No.: _____

Permanent Address:. _____

DECLARATION FORM TO APPLY FOR ADMISSION IN PHD-WP PROGRAM
(Applicable for Candidates from Private Sectors/ Organizations)

- I, _____, S/o / D/o / W/o _____,
 residing at _____, is presently working for _____
 _____ (Organization Name) as _____ for _____ years. I have applied for
 admission in Ph. D. program (Working Professional Mode) at Indian Institute of Information Technology,
 Allahabad and my application number is _____. I hereby declare that –
- A. My admission in Ph.D. program as a working professional is supported/ sponsored by _____
 _____.
- B. I have chosen my research studies in _____ (subject).
- C. I will be a -
 i) Full time residential scholar at IITTA
 ii) Part time scholar at my Workplace
 iii) Full time scholar at my Workplace
- D. I agree to complete the course requirement in remote mode, remaining in contact with the
 research supervisor(s) online / offline. I will carry out the studies as stipulated, submit the
 assignments, participate in discussion-sessions, present seminars, appear for quizzes, review
 tests etc. offline or online or in person.

Date - _____

Signature- _____

Declaration by Organization/ Institute in which Applicant/ Candidate is working

As declared above by Mr. _____ we are **AGREED/ NOT AGREED** that our
 organization is formally supporting/ sponsoring the aspirant candidate for research studies on a full / part time
 basis.

Name of the Signing Authority _____

Position in Organization _____

(Not Less than Partner/ Proprietor/ Director/ MD)

Contact Number _____

E-mail _____

Signature of the Signing Authority
 (With Organization Seal/ Stamp)

**NO OBJECTION CERTIFICATE TO APPLY FOR ADMISSION IN PHD-WP PROGRAM
(ONLY for Candidates from Government Organizations/ Autonomous Bodies)**

(Following format is to be printed on the **letter head of the Organization** where the candidate is currently working)

This is to certify that Mr./Ms/Mrs. _____ is employed with our organization as _____ since _____ till date _____. He / She has an experience of _____ years and _____ months in our organization. We Sponsor him/her to join PhD under Working Professional Scheme in the department of _____ at Indian Institute of Information Technology Allahabad, in session _____ on Full-time / Part-time basis. It is certified that he/she will be allowed to use facilities for research work at our Organization. It is further certified that he/she will be allowed to spare quality time for his/her research work in the area _____, and we believe that this research work would be useful for our organization.

Date:

Signature of Head of Organization _____

Name of Head of Organization: _____

(Official Seal)

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD

SUPERVISOR'S ACCEPTANCE LETTER

(For Working Professionals only)

I, the undersigned _____ (Name and Surname), _____
(Designation) in the Department of _____ hereby declare
that I support the application of Mr./Ms./Mrs. _____
(Name of Applicant) working as _____ (Working Position) at _____
_____ (Current Employer's Name) to the Ph.D. for Working
Professionals program vide application no. _____, and agree to act as a
supervisor for her/his research work.

Date _____

Signature of Supervisor _____

Name of Supervisor _____

AUTHORIZATION BY STUDENT & PARENT

(To be made on a Non-Judicial Stamp Paper of Rs.10)

I,(name of the candidate to be enrolled) s/o,
d/o.....(Father's / Mother's Name) hereby authorize the Institute
authorities to share the details regarding my Attendance / Marks / Grades obtained / Awards/ Medals received by me /
Disciplinary proceedings or actions initiated/ taken upon me, during the course of my enrollment at IIIT Allahabad with
the following:

Sl. No.	Name of the Person Authorized	Relationship with the Student	Contact Address	Contact Email (Contact Phone Number)
01				
02				
03				

I, (name of the candidate to be enrolled) s/o,
d/o.....(Father's / Mother's Name) hereby also authorise the
Institute to share such other details with the person(s) above named, as may be felt necessary and proper by the Institute,
towards my overall Conduct / Grooming and Personality as a responsible professional / citizen of the country, during the
course of my enrollment at the Institute.

Candidate Signature -

Candidate Name –

Certified that the details as above, presented by the Candidate, are correct and acceptable to me.

Candidate's Father's / Mother's / Guardian's Signature:.....

Candidate's Father's / Mother's / Guardian's Name:.....

Date :.....

Place :.....

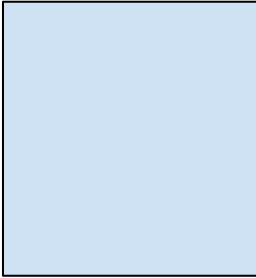
Note - 75% Attendance is MANDATORY at IIIT-Allahabad, to be allowed to appear in Examinations.

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.90,000/- per annum.
- Accidental Death OR Permanent Disablement of Insured Student-Upto Rs.5 Lakhs
- Carriage of Dead Body of the Insured, upon Accidental death to place of Normal Residence-Rs.7500/-
- Upon Accidental Death Of Fee Paying Parent/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 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.
- Spouses 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 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 Date of Birth:...../...../..... Sex:(Male /Female) Blood Group:.....
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.
	(b) In Case "Married", then Pl. provide the following		
	(c) Do you have dependent Children	Yes /No	
4 Cntd.	(d) In case "Y" to (c) above ,Pl. provide the details :	<u>In respect of First Child (Elder one): -</u> a) Name of Child:..... b) Age:.....Yrs. Sex:.....(M/ F) c) Address:..... Phone No:.....PIN..... E-Mail:..... ... <u>In respect of Second Child (Younger one): -</u> d) Name of Child:..... e) Age:.....Yrs. Sex: M/ F f) 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 uptoRs 25000/- each , as a one time assistance by the Insurance Company.

		PIN Code:..... E-Mail:..... ...	
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 those arise within 30 days of the Inception of the Insurance Policy. Also, Include diseases attributable to pre-existing diseases.)	(a)..... (b)..... (c)..... (d)..... (e)..... (Pl. add if more)	Pre Existing Diseases qualify for claim only after four continuous claim three year, in respect of those diseases, Few diseases, that arise after the inception of the coverage are however included in the list of diseases that are not payable only during the FIRST year of operation of Policy.(Refer Policy document for details)

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

UNDERTAKING:

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

Signature of the Enrolled Student:.....

Name of the Enrolled Student:.....

Enrollment Number of the Student:.....

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

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD

Three Year Fee Structure

Course: PhD Regular Batch Jul-2025 & Jan-2026 Categories :Gen/OBC/EWS/SC/ST/PwD

Academic Session: July-Dec, 2025 to Jan-Jun, 2028

Academic Session		Jul-Dec, 2025	Jan-Jun, 2026	Jul-Dec, 2026	Jan-Jun, 2027	Jul-Dec, 2027	Jan-Jun, 2028
S. No	General Fees & Dues (All Figures in ₹)	1st Sem	2nd Sem	3rd Sem	4th Sem	5th Sem	6th Sem
A	One Time Fee						
1	Admission Fee	4050					
2	Enrolment Fee	1630					
3	Identity Card Fee	1630					
4	Alumni Fund	12900					
5	Training & Placement	2670					
6	Caution Money (Refundable)	5330					
	Subtotal (A)	28210					
B	Annual Dues						
1	Benevolent Fund	830		920		1020	
2	Group Insurance and SWF	1630		1800		1980	