

# INFORMATION REGARDING ONLINE REGISTRATION PROCESS

## Academic Session JUL-DEC, 2022

1. The candidates, who have been offered the Provisional Admission in Ph.D./ PhD(WP) Program by IIIT Allahabad, are advised to register themselves ONLINE on Institute Portal: <https://erp.iiita.ac.in> using their "Application ID" as 'Login ID' and their "Mobile Number" as 'Password'. The online registration facility shall be opened from 09:00 AM of 17/06/2022 and will be closed on 04/07/2022 at 05:00 PM. Candidates are suggested to keep their good quality photos (30 mm x 50 mm), scanned signature (10 mm x 30 mm) along with the other documents ready as prescribed in List of Documents to be uploaded for Online Document Verification for uploading on the Portal.
2. Registration in (1) above refers to completely filling all your details on the ERP portal along with paying the requisite fee by the due date and time. Without both the things being completed admission requirements shall not be completed and your admission will be cancelled if registration is not done as per the schedule.
3. In order to complete the registration process after the closing of the online registration facility as mentioned above, you will have to send an email to [rds@iiita.ac.in](mailto:rds@iiita.ac.in) with proper justification for the delay. In case your request will be accepted by the Competent Authority, you will be communicated accordingly. After completion of ONE MONTH from the last date of ONLINE REGISTRATION, no request for registration will be entertained. After the closing of ONLINE REGISTRATION PERIOD (as mentioned in Sl. No. 1), you have to pay a sum of Rs. 2000/Week as LATE FEE in case your request for extension is accepted by Competent Authority.
4. E-mail sent to any other email-id will not be entertained.
5. After getting the email of "Provisional Enrollment Receipt" from ERP, candidates are requested to contact their respective departments for supervisor allotment latest by 25th July-2022.
6. **It is mandatory to report to R&D Section on any working day between 10 AM to 05 PM along with your original certificates uploaded at ERP portal for verification of the documents latest by 29th July 2022. Failing which, a suitable action will be taken as per discretion of Competent Authority which may also lead to cancellation of your admission to PhD program.**
7. 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 together with other legal action, as per law, for which the candidate himself/herself shall be solely responsible.
8. Admission Withdrawal & Refund Policy may be obtained from <https://rds.iiita.ac.in>.

### Schedule of ONLINE Registration

**17/06/2022 (09:00 AM) to 04/07/2022 (05:00 PM) - Registration & Documents uploading & fee submission by the applicants**

**05/07/2022 to 06/07/2022 - Documents Verification & Correction, if any (by R&D Section)**

**For any query please send email to [rds@iiita.ac.in](mailto:rds@iiita.ac.in)**

# LIST OF DOCUMENTS TO BE UPLOADED 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. Permanent Address Proof if address is other than the address on Aadhar
3. Correspondence Address Proof if address is other than the address mentioned on Aadhar/ Permanent Address Proof
4. Photo ID proof as per Govt. of India norms.
5. Address Proof as per Govt. of India norms.
6. Mark sheet of Class X.
7. Certificate of Class X.
8. Mark sheet of Class XII.
9. Certificate of Class XII.
10. Transcript/ Mark sheet of U.G for all semesters.
11. Degree of U.G.
12. Transcript/ Mark sheet of P.G for all semesters.
13. 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**.
14. Degree or Provisional certificate of P.G.
15. \*Transfer /Migration Certificate from the Institution last attended
16. \*Conduct certificate from the Institution last attended.
17. **If any/ all of the documents in Sl. No. 12 to 14 are not issued** by your respective College/ Institution till date then you have to upload a self declaration as per **\*Annexure-11**
18. GATE/NET/ NET-JRF AWARD LETTER /CAT/CSIR (If applicable) **[Optional for Admission to PhD(WP)]**
19. Email issued by IITA regarding Provisional Selection for admission in Respective Program.
20. \*Medical Examination Report. (**\*Annexure-7**)
21. \*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**))
22. \*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**))
23. \*MCAIP Form -"Medical-cum-Accidental Insurance Benefit Scheme". (**\*Annex-10**) **[Not applicable PhD(WP)]**
24. \*Undertaking by candidate for online documents submission. (**\*Annexure-12**)
25. \*Authorization by Student & Parents (**\*Annexure-15**) **[Not applicable for Admission to PhD(WP)]**

## Additional Documents Required for SC/ST/ -

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

## Additional Documents Required for OBC-NCL -

27. Certificate of category / Caste Certificate as per Government of India format, issued by the competent authority.
28. OBC-NCL Certificate as per "**\*Annexure - 3**" must be issued on or after April 01, 2022.
29. \*Undertaking by the candidate on OBC-NCL status in the prescribed format. (**\*Annexure-5**)

## Additional Documents Required for EWS -

30. EWS Category Certificate as per "**\*Annexure - 4**" must be issued on or after April 01, 2022.

## Additional Documents Required for PwD -

31. \*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 -

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

## Additional Documents Required for PhD Working Professionals -

34. \*Letter of Sponsorship issued to candidate by his/ her current organization for Joining this Program at IIIT-A.
35. Salary slips of last 3 months from date of submission of Documents at ERP portal for registration.
36. \*Declaration Form/ NoC (**\*Annexure-13/ 14**) as applicable to be filled and signed by Candidate and Candidate's organization.

## Please note that -

37. In the attached Annexure(s) please leave the portion blank where you are supposed to mention your enrollment number.
38. 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.
39. JRF Award Letter is mandatory for candidates selected under fellowship sponsored by UGC NET-JRF.
40. 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.
41. The SC/ST/OBC-NCL candidates of Maharashtra State have to produce their caste validity certificate
42. ST certificates from Tamil Nadu state must be issued by the concerned Revenue Divisional Officer.
43. Medical examination Report may be 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.
44. Link of fee payment would only be visible when all the prescribed documents as above will be uploaded at ERP portal.
45. **All the original documents marked with \*alongwith a self attested photocopy (with date) of all supporting documents uploaded by you at the portal, have to be submitted personally or sent by post to "Research & Development Section, IIT Allahabad, Deoghat, Jhalwa, Prayagraj, Uttar Pradesh, PIN-211015" within 7 days from the date you will receive an email regarding "ENROLLMENT CONFIRMATION".**
46. For Login issue at the time of registration, you may contact to [erp@iiita.ac.in](mailto:erp@iiita.ac.in) / 0532-292-2011.
47. For queries/issues related to fee, you may contact to [anands@iiita.ac.in](mailto:anands@iiita.ac.in)/ 0532-292-2047.
48. **For any other query (excluding 46 & 47) please send email to [rds@iiita.ac.in](mailto:rds@iiita.ac.in) (0532-292-2087/2239)**

**COURSE COMPLETION CERTIFICATE**  
**(TO BE ISSUED IN OFFICIAL LETTER HEAD OF THE INSTITUTE/UNIVERSITY)**  
**(FOR THOSE WHOSE DEGREE IS COMPLETED)**

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**

# **Indian Institute of Information Technology Allahabad**

## **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 **30/09/2022**, 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:** \_\_\_\_\_

# **Indian Institute of Information Technology Allahabad**

## **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 1<sup>st</sup> April 2022 ]**

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 1<sup>st</sup> April 2022]**

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.

**Indian Institute of Information Technology Allahabad**  
**[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 31,2022.

**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, 1<sup>st</sup> 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: \_\_\_\_\_

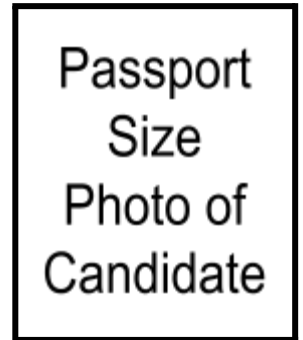
Name of the candidate: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the father/mother/Guardian \_\_\_\_\_

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

Name & Address of School/ College: \_\_\_\_\_



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  
candidate

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/herscase 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  
candidate

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:

<b>Name and Seal of Member</b>	<b>Name of Seal of Member</b>	<b>Name and Seal of the Chairperson</b>

**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  
candidate

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:**

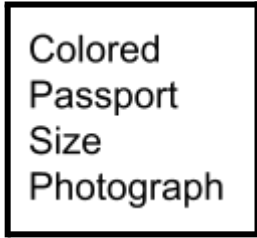
**[CMO/Medical Superintendent/Head of Govt. Hospital]**

**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



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

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/oMr./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.

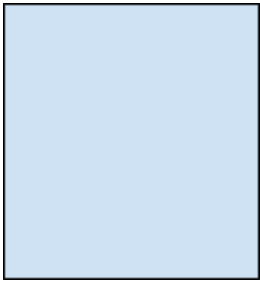
**OATH COMMISSIONER**

**Mediclaim-cum-Accidental insurance Benefits Scheme(MCAIP)****Offered by - National Insurance Company Limited****Exclusively for all IITA Students****(May be changed from time to time)****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 IIT-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.
	(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 :	<p><b><u>In respect of First Child (Elder one): -</u></b></p> <p>a) Name of Child:.....</p> <p>b) Age:.....Yrs. Sex:.....( M/ F)</p> <p>c) Address:.....</p> <p>.....</p> <p>Phone No:.....PIN.....</p> <p>E-Mail:.....</p> <p><b><u>In respect of Second Child (Younger one): -</u></b></p> <p>d) Name of Child:.....</p> <p>e) Age:.....Yrs. Sex: M/ F</p> <p>f) Address:.....</p> <p>.....</p> <p>Phone No:.....</p> <p>PIN Code:.....</p> <p>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 sun of uptoRs 25000/- each as a one time 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 institutePLUS the those arise within 30 days of the Inception of the Insurance Policy. Also, Include diseases attributable to pre-existing diseases.)</p>	<p>(a).....</p> <p>(b).....</p> <p>(c).....</p> <p>(d).....</p> <p>(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 InsurancePolicy 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

## FORMAT OF SELF DECLARATION ABOUT FORM SUBMISSION of

-----  
(Applicable only for Sr. No. 12, 13 & 14)

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 **30/09/2022**.

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**

# Indian Institute of Information Technology Allahabad

## UNDERTAKING BY CANDIDATE FOR ONLINE DOCUMENTS SUBMISSION

I.....S/o.....  
Resident of.....aged .....years hereby  
execute this undertaking on \_\_\_/ \_\_\_/ \_\_\_\_\_ DD/MM/YYYY 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 the \_\_\_\_\_(Ph.D./ Ph.D.(WP)) programme at IITA may  
be cancelled forthwith.

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

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Applicant**

**Application No.:** \_\_\_\_\_

**Permanent Address:.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD**  
**RESEARCH & DEVELOPMENT SECTION**

**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 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.
- E. I am ready to be on campus of IITTA with the research supervisor(s) for at least 15 days in every 6 months.

Date - \_\_\_\_\_

Signature- \_\_\_\_\_

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

As declared above by Mr. \_\_\_\_\_ we are **AGREED/ NOT AGREED** (Strike out whichever is not applicable) with the above statement. For Point No C ii) & iii) we also agreed that –

- a) Our professional Centre is recognized as a Research Centre by IIT Allahabad
- b) The work place / professional centre of our organization is formally sponsoring the aspirant candidate for research studies on a full / part time basis.
- c) The Management / Administration agrees to extend the research facilities, infrastructural support, library / computing resources and sufficient quality time for the researcher.
- d) The Management / Administration is willing to extend the logistics of providing local hospitality and travel expenses to the research supervisor(s) / Doctoral committee whenever the visit is warranted for monitoring and reviewing the research progress and also grant permission to the candidate to travel to IITTA to meet research supervisor(s) / Doctoral committee for discussion and assessment process.
- e) The Management / Administration is ready to identify a suitably qualified resource person, if available, to act as a local mentor / local supervisor for the research candidate, who will be identified as the joint supervisor for the candidate by IITTA along with the main supervisor from IITTA.
- f) The Management / Administration is agreed to accept the research papers / patents resulting from such joint work as joint properties of both the institute/ organizations and the advantage will be proportionately shared.

**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)



**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD**  
**RESEARCH & DEVELOPMENT SECTION**

**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)

**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 authorise 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 IIT  
Allahabad with the following:

Sl. No .	Name of the Person Authorised	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 IIT-Allahabad, to be allowed to appear in assessment.**