

# Indian Institute of Information Technology Allahabad Prayagraj

Ann.1

**FORM for REQUESTING of Issuance of Academic Instruments from IIIT Allahabad**  
**(For USE by STUDENTS, Allumni, Verifiers, Employers / Employer Authorised Background Check Agencies and Others)**

Sl. No.	Item Head	Details																				
<b>1</b>	Student Name / Name of Employer / Authorised Background Check Agency																					
<b>2</b>	Student Date of Birth (As the one mentioned in his Class X Certificate)	DD/MM/YYYY Format : ...../...../..... <i>(To be used to establish the authenticity of the Requester)</i>																				
<b>3</b>	Enrollment Number																					
<b>4</b>	Academic Instrument (s) Requested	Transcript / Bonafide Certificate / Migration Certificate / Interim Document /CCPC / MIC / EQRV / CDA OR DUPLICATE AI As Follows: <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: center;">Academic Instrument (AI) Details</th> <th style="width: 30%; text-align: center;">Pl. Tick The Relevant Ones</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">Bonafide Certificate</td><td></td></tr> <tr><td style="text-align: center;">Migration Certificate</td><td></td></tr> <tr><td style="text-align: center;">Grade Card / Grade Sheet</td><td></td></tr> <tr><td style="text-align: center;">CCPC</td><td></td></tr> <tr><td style="text-align: center;">MIC</td><td></td></tr> <tr><td style="text-align: center;">Identity Card</td><td></td></tr> <tr><td style="text-align: center;">Identity Card (Express)</td><td></td></tr> <tr><td style="text-align: center;">Degree Certificate</td><td></td></tr> <tr><td style="text-align: center;"> </td><td></td></tr> </tbody> </table>	Academic Instrument (AI) Details	Pl. Tick The Relevant Ones	Bonafide Certificate		Migration Certificate		Grade Card / Grade Sheet		CCPC		MIC		Identity Card		Identity Card (Express)		Degree Certificate			
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<b>5</b>	Total Applicable Fees																					
<b>6</b>	Total Applicable Postal Charges																					

7	Sum Paid to the Institute	
8	Payment Mode	RTGS / DD
	RTGS Details Payable in the following Account: IIIT A General Account Indian Overseas Bank, Civil Lines Branch, Allahabad A/C No. 35001000060976 IFS Code: IOBA0000350	UTR No:..... Transacting Bank Name:..... Place of Bank:..... Date of making the Transaction:.....
	Demand Draft Details (Drawn in the name of "IIIT Allahabad" and made payable at Prayagraj / Allahabad)	DD No:..... Date of Issuance:..... Place of Issuance:
9	Issued Document Collection Mode	By Self From AAA Section Window / Through Authorised Representative from AAA Section Window. PI attach the duly filled Ann.2 alongwith / To be Sent By Post
		<b>Within India</b> : By SPEED POST / Courier <b>Outside India</b> : By AIR MAIL / SPEEDPOST/ Courier (Certified that Requisite Charges as per Institute Policy have been included in the payment made)
10	Contact Email Id of Requester <i>(Currently Operational may only be stated, to facilitate communication, if required)</i>	
11	Contact Mobile Number of Requester / Employer / Authorised Verifier Agency (This shall be stated on the Envelope)	
		Each Transcript to be SEPARATELY sealed and Signed / All SEPARATELY Sealed & Signed Transcripts to be packed in ONE Large



<b>15</b>	Date of Request	
<b>16</b>	Place of Request	

**Address Label:** Pl. note this will be pasted as such on the envelope. Kindly ensure completeness and correctness of the address, including that of Postal Codes / Email id / Cell Nos. **In case Documents are to be sent at multiple addresses,** One address label each shall be required:

**Address 1:**

.....

.....

.....

**Postal Code / PIN.....**

**Email Id:.....**

**Cell No:.....**

**Address 2:**

.....

.....

.....

**Postal Code / PIN.....**

**Email Id:.....**

**Cell No:.....**

**Address 3:**

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**Postal Code / PIN.....**

**Email Id:.....**

**Cell No:.....**

**To Be FILLED ONLY IF REQUIRED**

**Details of the Authorised Representative as stated in Sl. No. 9 of Ann.1**

<b>Sl. No.</b>	<b>Item</b>	<b>Details</b>
<b>1</b>	Name of the Requester	
<b>2</b>	Name of the Person Authorised	
<b>3</b>	Relationship of Requester with the Authorised Person	
<b>4</b>	Identification Document that the Authorised Person shall be carrying in original at the time of Collection of the Document(s)	
<b>5</b>	Declaration	I..... (the Requesting Person Name), hereby authorize the person as per the above details to make the request on my behalf / receive and collect the AI / Duplicate AI issued by IIITA on my behalf, at my own risks and Costs.
<b>9</b>	Signature of the Requester with Date & Place (Together with Seal of the Employer / Background Check Agency, in case the Requester is a Prospective Employer / Checking Agency)	