

Information for B.Tech. first semester student getting admission through Special Round conducted by CSAB 2015 at IIT Allahabad / RGIIT Amethi / IIT, Lucknow

Note: All candidates who have been allotted IIT Allahabad, RGIIT Amethi campus or IIT Lucknow are required to report at IIT Allahabad, Jhalwa Campus during the period as specified by CSAB 2015

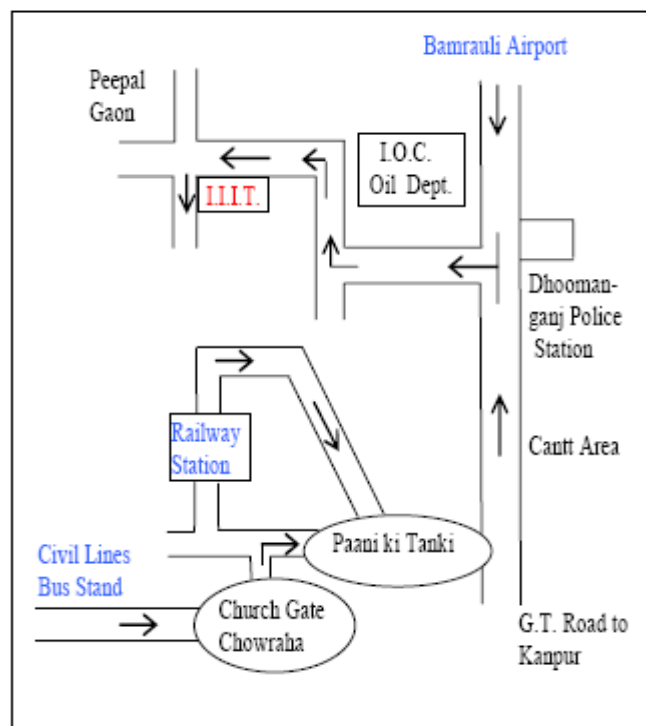
Special Round Reporting Date: 20 August - 26 August, 2015

Classes commenced from : July 27, 2015

How to reach:

The IIT Allahabad campus is located at Deoghat Jhalwa (Peepalgaon Road), which is on the outskirts of Allahabad. It is 10 km from the town center and 7 km from the main railway station. Allahabad is very well connected by Trains as well as Air route from both Delhi as well as Kolkata. Railway services to this city from all mega cities of the country are excellent and quite comfortable. Best is to alight on Platform No. 1 site of Allahabad Junction and hire an auto rickshaw for about Rs. 70 – 100, depending upon day-night timings of your arrival.

Guide Map for Reaching IIT Allahabad



**Indian Institute of Information Technology Allahabad
Deoghat, Jhalwa, Allahabad -211 012 (U.P.), INDIA**

Contact Person: Mr. Ashutosh Shukla (0532-2922085)

Documents to be brought by the selected candidates at the time of reporting to the Institute:

Candidates are required to bring the following documents (two sets of self-attested document with date & ORIGINAL DOCUMENTS for VERIFICATION) in the same sequence as given here below -

Following documents in Original/ Downloaded from CSAB portal must be carried by a candidate, when he/ she reports at IIIT- ALLAHABAD:

- i. Provisional Seat Allotment Letter
- ii. Proof of fee payment by e-challan of SBI
- iii. Original Admit Card of JEE (Main) 2015
- iv. One passport size photograph identical to the one pasted on the JEE (Main)-2015 application form.
- v. Score Card of JEE (Main)-2015 issued by CBSE (downloaded score card is acceptable).
- vi. Photo ID proof issued by central Govt./ State Govt./ last attended School/ 12th Admit card
- vii. Class X marks sheet as proof of date of birth and Name of Candidate. Class X Certificate.
- viii. Class XII Board Certificate and Marks sheet of qualifying examination with details of Marks and Aggregate percentage of marks for verification in format provided at **Annexure 4**.
- ix. Original Transfer Certificate from last school/ college attended.
- x. Original Character Certificate from last school/ college attended or from any Gazetted Officer.
- xi. Duly filled **Medical Examination Report** in the format as placed at **Annexure -5** (as on JoSAA website)
- xii. Undertaking by Candidate (**Annexure - 6**)
- xiii. Category (SC / ST) certificate, in the format given on JoSAA website (Form EC1) (Issued by competent authority)
- xiv. Certificate of category of OBC-NLC, if applicable, is to be issued by the competent authority in the prescribed format given on JoSAA website and should clearly mention that the candidate belongs to Non Creamy Layer. (Form EC2). The certificate should have been issued based on the parental income in the financial year 2013-14 viz. 1st April 2013 to 31st March 2014
- xv. Certificate for Persons with Disabilities (PwD), if applicable (Form EC3) (as on JoSAA website). The certificate should be issued from a duly constituted Medical Board. The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent. Certificate not issued by a Medical Board or invalid / expired on the date of reporting shall not be accepted in any case.
- xvi. **NECESSARILY bring two sets of self attested photocopy of above mentioned documents.** The originals will be returned after verification and self-attested copies will be retained by the Institute.
- xvii. Additional 5 Nos. coloured photo of good quality (passport size).
- xviii. Anti-Ragging Affidavit by the student (submitted on a Non-Judicial stamp paper of Rs. 10/- duly authorized by the Oath Commissioner) (Format Attached)
- xix. Anti-Ragging Affidavit by the Parent/ Guardian (submitted on a Non-Judicial stamp paper of Rs. 10/- duly authorized by the Oath Commissioner) (Format Attached)
- xx. MCAIP Form for “Medical-cum-Accidental Insurance Benefit Scheme” has to be submitted in duplicate (will be provided at the time of admission). (Format Attached)

Along with above original certificates and downloaded documents, candidates are advised to carry following:

1. Printout of locked choices and terms and conditions taken from the CSAB website and duly signed by the candidate.

Note: If the documents are found to be invalid for reasons other than willful forgery / act of cheating, then the following rules will be applied in addition to the change of category tag:

- (A) If the OBC-NCL, SC, ST or PwD certificate is found to be invalid or not produced AND the candidate satisfies all other requirements AND the seat is allocated in the OPEN category, then the offer of admission will be confirmed.
- (B) If the OBC-NCL certificate is found to be invalid or not produced AND the candidate satisfies all other

requirements AND the seat is allocated in OBC-NCL category, then Allocated seat will be cancelled.

The rule as stated above in (B) for OBC-NCL will be applied similarly if the SC or ST certificate is found to be invalid or not produced.

- (C) If the PwD certificate is found to be invalid or not produced AND the candidate satisfies all other requirements AND the seat is allocated under the PwD category, then Allocated seat will be cancelled.

Note:-

- All students are required to bring fee for 1st Semester as per below fee structure after deduction of the amount deposited by them to JOSAA, as a part of Fee, which will be transferred to the Institute by JOSAA.

FEE STRUCTURE FOR B.TECH IIIT-ALLAHABAD & RGIIT-AMETHI									
Sl. No.	Items of Fee	B.Tech.							
		1st Sem.	2nd Sem	3rd Sem.	4th Sem.	5th Sem.	6th Sem.	7th sem.	8th Sem
A	<u>One Time FEE</u>								
	Admission Fee	2500							
	Enrolment Fee	1000							
	Identity Card Fee	1000							
	Alumni Fund	8000							
B	<u>Annual Dues</u>								
	Benevolend Fund	500		500		500		500	
	Gymkhana Fees	500	500	500	500	500	500	500	500
	Group Insurance and Student Welfare Fund	1000		1000		1000		1000	
	Library Fee	1000		1000		1000		1000	
C	<u>Semester Fees</u>								
	Tuition Fee	40000	40000	40000	40000	40000	40000	40000	40000
	Hostel rent (Double Occupancy Rs. 4500/-) (Single Occupancy Rs. 9000/-)	4500	4500	4500	4500	4500	4500	4500	4500
	Examination Fee	1000	1000	1000	1000	1000	1000	1000	1000
	Grade Card Fee	500	500	500	500	500	500	500	500
	Medical Fee	500	500	500	500	500	500	500	500
	Mess Fee (Fee Calculated on exact no. of days basis 1 st semester Jul-Dec 2015) Mess for RGIIT Amethi Campus 1 st Sem Jul-Dec 2015 Rs. 12586/-	12860	12000	12000	12000	12000	12000	12000	12000
	TOTAL	74860	59000	61500	59000	61500	59000	61500	59000

(Combined DD for FEE and MESS will not be accepted)

**FEE STRUCTURE FOR FIVE YEAR B.TECH.-M.TECH COURSE
IIIT-ALLAHABAD**

Sl. No.	Items of Fee	1st Year		2nd Year		3rd Year		4th Year		5th Year.	
		1st Sem.	2nd Sem	3rd Sem.	4th Sem.	5th Sem.	6th Sem.	7th sem.	8th Sem	9th sem.	10th Sem
A	<u>One Time FEE</u>										
	Admission Fee	2500									
	Enrolment Fee	1000									
	Identity Card Fee	1000									
	Alumni Fund	8000									
B	<u>Annual Dues</u>										
	Benevolent Fund	500		500		500		500		500	
	Gymkhana Fees	500	500	500	500	500	500	500	500	500	500
	Group Insurance and Student Welfare Fund	1000		1000		1000		1000		1000	
	Library Fee	1000		1000		1000		1000		1000	
C	<u>Semester Fees</u>										
	Tuition Fee	40000	40000	40000	40000	40000	40000	35000	35000	35000	35000
	*Hostel rent (Double Occupancy Rs. 4500/-) (Single Occupancy Rs. 9000/-)	4500	4500	4500	4500	4500	4500	4500	4500	4500	4500
	Examination Fee	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000
	Grade Card Fee	500	500	500	500	500	500	500	500	500	500
	Medical Fee	500	500	500	500	500	500	500	500	500	500
	*Mess Fee (Fee calculated on exact no. of days basis 1 st semester Jul-Dec 2015)	12860	12000	12000	12000	12000	12000	12000	12000	12000	12000
	TOTAL	74860	59000	61500	59000	61500	59000	56500	54000	56500	54000

(Combined DD for FEE and MESS will not be accepted)

FEE STRUCTURE FOR B.TECH (IIIT-LUCKNOW)

Details of fee structure for B.Tech. Programme (General and OBC Category)			
Sl. No.	Items	Periodicity	Amount(Rs.)
1	Admission	One Time	150
2	Grade Card Fee	One Time	150
3	Provisional Certificate Fee	One Time	100
4	Medical Examination Fee	One Time	100
5	Student Welfare Fund	One Time	200
6	Identity Card Fee	One Time	50
7	Tuition Fee	Per Semester	45,000
8	Examination Fee	Per Semester	350
9	Registration/ Enrolment Fee	Per Semester	200
10	Gymkhana Fee	Per Semester	200
11	Medical Fee	Per Semester	100
12	Institute Caution Money	One Time (Refundable)	1,000
13	Library Caution Money	One Time (Refundable)	1,000
14	Hostel Admission Fee	One Time	400
15	Hostel Rent	Per Semester	1,000
16	Fan, Electricity and water charges	Per Semester	2,000
17	Hall Caution Money	One Time (Refundable)	1,000
Total without mess related fee/ deposit			53,000

Mess related collection for all hosteller students

18	Mess Deposit	One Time (Refundable)	2,600
19	Hall Mess Establishment Charges	One Time	1,000
20	Hostel Fund	Per Semester	400
21	Mess Advance	First Month	2,600
Total of Mess related fee/ deposit			6,600

(Note: Mess related fee may change time to time depending on cost of food)

- | | |
|---|-------------|
| 1. Fee for 1 st semester | Rs. 53,000 |
| 2. Fee for remaining 7 semester (48850X7) | Rs. 341,950 |
| 3. Mess related fee for 8 semester (3200X48) | Rs. 153,600 |
| Total fee for 4 years B.Tech Programme (Approx) | Rs. 548,550 |

Details of fee structure for B.Tech. Programme (SC, ST & PWD Category)			
Sl. No.	Items	Periodicity	Amount(Rs.)
1	Admission	One Time	150
2	Grade Card Fee	One Time	150
3	Provisional Certificate Fee	One Time	100
4	Medical Examination Fee	One Time	100
5	Student Welfare Fund	One Time	200
6	Identity Card Fee	One Time	50
7	Tuition Fee	Per Semester	36,000
8	Examination Fee	Per Semester	350
9	Registration/ Enrolment Fee	Per Semester	200
10	Gymkhana Fee	Per Semester	200
11	Medical Fee	Per Semester	100
12	Institute Caution Money	One Time (Refundable)	1,000
13	Library Caution Money	One Time (Refundable)	1,000
14	Hostel Admission Fee	One Time	400
15	Hostel Rent	Per Semester	1,000
16	Fan, Electricity and water charges	Per Semester	2,000
17	Hall Caution Money	One Time (Refundable)	1,000
Total without mess related fee/ deposit			44,000

Mess related collection for all hosteller students

18	Mess Deposit	One Time (Refundable)	2,600
19	Hall Mess Establishment Charges	One Time	1,000
20	Hostel Fund	Per Semester	400
21	Mess Advance	First Month	2,600
Total of Mess related fee/ deposit			6,600

(Note: Mess related fee may change time to time depending on cost of food)

- | | |
|---|-------------|
| 1. Fee for 1 st semester | Rs. 44,000 |
| 2. Fee for remaining 7 semester (39850X7) | Rs. 278,950 |
| 3. Mess related fee for 8 semester (3200X48) | Rs. 153,600 |
| Total fee for 4 years B.Tech Programme (Approx) | Rs. 476,550 |

Mode of Fee Payment:

For IIIT-Allahabad Main Campus

- All fees & dues can be paid through MICR type Demand Draft drawn in favour of “IIIT Allahabad” from any nationalized bank and made payable at “Allahabad”
- For Mess Fee - Separate DD of Rs.12,860/- to be made in favour of “Council of Wardens IIIT-Allahabad” payable at Allahabad.
- Name, Enrollment Number and Mobile Number should be clearly written on the backside of the draft.

For RGIIT, Amethi Campus

- DD for Fee in favour of “RGIIT Amethi Fee A/c” payable at Amethi
- DD of Rs. 12,586/- for Mess Charges in favour of “Council of Wardens IIIT-Allahabad” payable at Amethi.
- Name, Enrollment Number and Mobile Number should be clearly written on the backside of the draft.

For IIIT-Lucknow

- DD in favour of “IITS Lucknow” payable at **ALLAHABAD.**

For General & OBC :

Ist Sem. Fee -	53,000=00
Mess Related Fee -	6,600=00
Mess Fee -	19,200=00
Total (in Rs.)-	78,800=00

For SC, ST & PD:

Ist Sem. Fee -	44,000=00
Mess Related Fee -	6,600=00
Mess Fee -	19,200=00
Total (in Rs.)-	69,800=00

- Name, Enrollment Number and Mobile Number should be clearly written on the backside of the draft.

Banking Facility:

- Extension counters of Canara Bank & Indian Overseas Bank exist at the Institute where students can open their personal accounts. ATM service is provided by HDFC bank and is available at Gate No. 1 of Institute.

Hostel Facility:

The Institute is fully residential. All the Hostels (includes four boys hostel & three girls hostel) provided with modern boarding and lodging facilities. Hostels have adequate recreational facilities including sports. Each student is provided with a Cot, Table, Chair and an Almirah space, the suggested list of items that may be required by a Hosteler during the course of his/ her stay on campus is likely to include the following:

- One bucket with mug + soap with soap case + Door Lock

- Bedding with warm clothing, Blanket/ Quilt & Mosquito Net.
- Temperature at Allahabad & Amethi ranges between 7-10 in winters (December - January) and 40 – 49 in summers (April – June).
- Table Lamp – In case you are habitual otherwise Tube lights are provided in all rooms.
- Appropriate Clothing & Shoes.

Medical Facility:

Round the clock medical facility is available at the Institute campus. MEDICLAIM cum Accidental Insurance Policy (MCAIP) is also available at the Institute.

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PwD)**NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No. _____

Date: _____

DISABILITY CERTIFICATE

1. This is to certify that Smt/Shri/Kum _____ --son/daughter of Shri _____
 _____ age _____ Male/Female having identification marks as below:
 _____ is suffering from permanent disability of following category:

A. Locomotor or cerebral palsy:

- (i) BL – Both legs affected but not arms.
 (ii) BA - Both arms affected: a) Impaired reach b) Weakness of grip
 (iii) OL - One leg affected (right or left): a) Impaired reach b) Weakness of grip c) Ataxic
 (iv) OA - One arm affected (right or left): a) Impaired reach b) Weakness of grip c) Ataxic
 (v) BH - Stiff Back and hips (cannot sit or stoop)
 (vi) MW - Muscular Weakness and limited physical endurance.

B. Blindness or Low Vision: (i) B - Blind (ii) PB - Partially Blind

C. Hearing Impairment: (i) D - Deaf (ii) PD - Partially Deaf.

(Delete the category whichever is not applicable)

Paste here your recent
 colour photograph
 showing the disability
 (The Photograph should
 be attested by the
 Chairperson of the
 Medical Board)

Signature of the candidate

2. This condition is progressive/non-progressive/likely to improve/ not likely to improve. Re-assessment of this case is not recommended/ recommended after a period _____ years _____ months.

3. Percentage of disability in his/ her case is _____ Percent.

4. Smt./Shri/Kum _____ meets the following physical requirement for discharge of his/her duties.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| (i) F-can perform work by manipulating with fingers | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) PP-can perform work by pulling and pushing | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) L--can perform work by lifting | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv) KC-can perform work by kneeling and crouching | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (v) B-can perform work by bending | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vi) S-can perform work by sitting | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vii) ST-can perform work by standing | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (viii) W-can perform work by walking | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ix) SE-can perform work by seeing | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (x) H-can perform work by hearing/speaking | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (xi) RW-can perform work by reading and writing | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

(Signature of Doctor)

Name:

Registration No.:

Member Medical Board

(Signature of Doctor)

Name:

Registration No.:

Member Medical Board

(Signature of Doctor)

Name:

Registration No.:

Member Chairperson,
Medical Board

*Please delete the words which are not applicable

Place:

Date:

Counter Signature of the Medical Superintendent/CMO/Head of Hospital (with seal)

Note : (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-section(1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of whom at least one shall be a specialist in the particular field for assessing locomotor/ hearing & speech disability, mental retardation and leprosy cured, as the case may be. (ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.

SC/ST Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES AND SCHEDULED TRIBES CANDIDATES**

1. This is to certify that Shri/ Shrimati/ Kumari* _____
son/daughter* of _____ of Village/Town* _____
District/Division* _____ of State/Union Territory* _____
belongs to the _____ Scheduled Caste / Scheduled Tribe* under :-

* The Constitution (Scheduled Castes) Order, 1950

* The Constitution (Scheduled Tribes) Order, 1950

* The Constitution (Scheduled Castes) (Union Territories) Order, 1951

* The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

* The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;

* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;

* The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;

* The Constitution (Dadara and Nagar Haveli) Scheduled Tribes Order, 1962;

* The Constitution (Pondicherry) Scheduled Castes Order, 1964;

* The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

* The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;

* The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;

* The Constitution (Nagaland) Scheduled Tribes Order, 1970;

* The Constitution (Sikkim) Scheduled Castes Order, 1978;

* The Constitution (Sikkim) Scheduled Tribes Order, 1978;

* The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989;

* The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;

* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;

* The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991;

2. # This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri /Shrimati* _____ father/mother* of Shri /Shrimati /Kumari* _____
_____ of Village/Town* _____ in
District/Division* _____ of the State State/Union Territory* _____
_____ who belong to the Caste / Tribe* which is recognised as a Scheduled Caste /
Scheduled Tribe* in the State / Union Territory* _____ issued by the
_____ dated _____.

3. Shri/ Shrimati/ Kumari * _____ and / or* his / her* family ordinarily reside(s)** in
Village/Town* _____ of _____ District/Division* of the State
Union Territory* of _____.

Signature: _____

Designation _____

(with seal of the Office)

Place: _____ State/Union Territory* _____

Date: _____

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

Applicable in the case of SC/ST Persons who have migrated from another State/UT.

IMPORTANT NOTES

The term "ordinarily reside(s)**" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.

2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.

3. Revenue Officers not below the rank of Tehsildar.

4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).

5. Administrator / Secretary to Administrator / Development Officer (Lakshdweep Island).

6. Certificate issued by any other authority will be rejected

OBC-NCL Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)
APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs),
UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./ Kum* _____
Son/Daughter* of Shri/Smt.* _____ of Village/Town* _____
_____ District/Division* _____
in the State/Union Territory _____ belongs to the
_____ community which is recognized as a backward
class under Government of India**, Ministry of Social Justice and Empowerment's Resolution
No. _____ dtd. _____**. Shri/Smt./Kum.
_____ and/or his/her family ordinarily
reside(s) in the _____ District/Division of the
_____ State/ Union Territory. This is also to certify that he/she does
NOT belong to the persons/sections (Creamy Layer)[based on the parental income in the financial
year 2013-14 viz. 1st April 2013 to 31st March 2014] mentioned in Column 3 of the Schedule to the
Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated
08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified
vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008, again further modified vide OM
No.36036/2/2013-Estt (Res) dtd. 30/05/2014.

District Magistrate /
Deputy Commissioner /
Competent Authority

Dated:

Seal

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

****As listed in Annexure –A*** The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.**

NOTE:

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st 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' and
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

ANNEXURE 4

SPECIAL ROUND- CSAB 2015 DOCUMENT VERIFICATION

Name of the candidate:
JEE (Main) 2015 roll number:

1	Name of Class XII (or equivalent) board and roll number					
	Marks Obtained in Class XII (or equivalent)					
	Physics <<Marks>>	Mathematics <<Marks>>	Language <<Marks>>	Fourth subject <<Name>> <<Marks>>	Fifth subject <<Name>> <<Marks>>	
	Total marks for the 5 subjects					
	Percentage marks obtained in Class XII (or equivalent) examination Paper-1 (B.Tech./B.Eng.) based admission 45% [for GEN, OBC-NCL] and 40% [for SC, ST, PwD] Paper-2 (B.Arch./B.Planning) based admission: 50% [for all categories] [Mathematics is compulsory]					%
Name, designation and signature of the document verifying official						

ANNEXURE 5

MEDICAL REPORT

(To be issued by a Registered Medical Practitioner)

GENERAL EXPECTATIONS

Candidates should have good general physique. In particular,

- a) Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.
- b) Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and unocular persons are restricted from admission to certain courses.
- c) Hearing should be normal. Defective hearing should be corrected.
- d) Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits.

1	Name of the candidate:				
2	Identification Mark (a mole, scar or birthmark), if any				
3	Major illness/operation, if any (specify nature of illness/operation)				
To be filled by a Medical Officer					
4	Height in cm		Weight in kg		
5	Past History	(a) Mental illness (b) Epileptic Fit			
6	Chest (a) Inspiration in cm		(b) Expiration in cm		
7	Blood Group				
8	Hearing				
9	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Unocular vision
10	Respiratory System				
11	Nervous System				
12	Heart	(a) Sounds	(b) Murmur		
13	Abdomen (a) Liver (b) Spleen	Hernia		Hydrocele	

14	Any other defects:
	<p style="text-align: center;">Doctor's certification</p> <p>(a) The candidate fulfills the prescribed standard physical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceuticals/ Science Course</p> <p>(b) Does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for admission due to following defects:</p> <p>(c) Any other comments.</p> <hr/> <p>Name Signature Registration number Seal of the Doctor</p>

MEDICAL EXAMINATION REPORT

(Attach ORIGINAL Medical Report (photocopy if Original is already submitted at any of the JoSAA Reporting Centres) (Annexure-8))

MEDICAL CERTIFICATE

(To be issued by IIIT-A health Centre in Allahabad)

Certified that..... Son/daughter of

- a) Fulfills the prescribed standard of physical fitness and is FIT for admission to B.Tech. Program offered by IIIT-A.
- 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 at IIIT-A

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 be bear the cost of treatment.

Signature of Candidate

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

ANNEXURE 6

UNDERTAKING BY THE CANDIDATE

I _____ son/daughter of Mr/Mrs. _____ bearing JEE (Main) 2015 Roll No. AIR _____ under CRL and _____ under OBC-NCL/SC/ST (encircle whichever is applicable) category and _____ Rank under PwD sub-category (if applicable) do undertake the following:

1. I accept the offer of provisional admission to Course Name: _____
Institute Name: _____
2. My marks are _____ out of 500 of the Board _____ from which I appeared the Qualifying Examination in 2014/2015.
3. I understand that my admission will stand cancelled in case this information is found to be incorrect at any later stage. I will submit original documents in proof of all my claims at the time of reporting at the admitting Institute.
4. Seat acceptance fee e-challan number _____ dated _____ @ SBI branch _____
5. [In case of not producing a valid category certificate] I agree to change of my category from _____ to _____.
6. [In case State Code of Eligibility was wrong] I agree to change the state code of eligibility from _____ to _____.
7. All information and documents furnished by me are true to the best of my knowledge and belief. In the event of suppression or distortion of any fact, I understand that my admission/degree acquired is liable to cancellation at any point of time. I also understand that the decision of Joint Admission Board regarding my admission to any of the Institutes is final and I shall abide by the rules and norms of the discipline of the Institute I join.

Signature of the Parent / Guardian (with date)

Signature of the candidate with date

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

AFFIDAVIT BY THE STUDENT

1) I,..... (full name of student with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms., having been admitted to (name of the institution) , have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this ___day of _____ month of _____year.

Signature of deponent

Name:

VERIFICATION

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

Verified at _____(place) on this ___day of ___Month of the _____ Year.

Signature of deponent

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

OATH COMMISSIONER

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

AFFIDAVIT BY PARENT/GUARDIAN

1) I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of _____, (full name of student with admission/registration/enrolment number) _____, having been admitted to _____(name of the institution) _____, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ___day of _____ month of _____year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.:

VERIFICATION

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

Verified at _____(place) on this ___day of _____Month of the _____ Year.

Signature of deponent

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

OATH COMMISSIONER

Mediclaime – cum – Accidental Insurance Benefits Scheme (MCAIP) Ann. 2

Offered by

National Insurance Company Limited


EXCLUSIVELY for IIIT – A and RGIIT – Amethi Students

Broad Features of the Scheme*

- MEDICLAIM Hospitalisation Cover – Upto Rs. 60,000/- 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. 5,000/-
 - Upon Accidental Death of Fee Paying Parent / Guardian – Rs. 3 Lakhs.
- Education Expenses to Dependent Children of Married Insured Students – Upto Rs. 25,000/- per child.
 - 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 – Authorisation.
- Spouse of married Students AND also their dependent Children CAN be covered, for extension benefits, upon payment of additional premiums. NOT COVERED by default in this cover.

(*Conditions Apply)

Information REQUIRED from each IIIT-A / RGIIT Amethi Student to enable him/her avail the benefit under the Scheme

Sl. No.	Item	Information	Remark
1	Name of the Student to be Insured	Mr./ Ms./ Dr..... s/o OR d/o Address:..... Enrollment No:..... Degree Program of Enrollment at IIIT-A / RGIITA :..... 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 Number:..... Email:..... PIN Code:..... Police Station:.....	
3	Details of the FEE PAYING Parent / Guardian of the Enrolled Student	Name:..... Relationship with the Student:..... Address:..... Phone Number:..... PIN Code:..... Email:.....	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.
	(a) Marital Status of the Enrolled Student	Married / Un Married	In case of accidental death of the enrolled student, during the

4	(b) In Case " Married ", then PI. provide the following:	(a) Name of Spouse:..... (b) Age:.....Yrs..... (c) Address:..... Phone Number:..... PIN Code:..... Email:.....	policy period, who is survived by a Spouse, Spouse shall be the NOMINEE for receiving the Insurance benefits, unless otherwise specified. In respect of Unmarried students, the Normal Fee Paying Parent / Guardian shall be the beneficiary.
4 Contd.	(c) Do you have dependent Children	Yes / 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 sum of upto Rs. 25,000/- each, as a onetime assistance by the Insurance company.
(d) In case " Yes " to (c) above, PI. 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 Number:..... PIN Code:..... Email:..... <u>In respect of Second Child (Younger One):</u> (a) Name of Child:..... (b) Age:.....Yrs. Sex: M / F (c) Address:..... Phone Number:..... PIN Code:..... Email:.....		
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 ones 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)..... (PI. add if more)	PRE EXISTING Diseases qualify for claim only after four continuous claim free years, 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:.....