



भारतीय सूचना प्रौद्योगिकी संस्थान इलाहाबाद

Indian Institute of Information Technology Allahabad

(An Institute of National Importance by Act of Parliament)

Deoghat Jhalwa, Prayagraj - 211015, UP, India

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INFORMATION FOR B.TECH. CANDIDATES PROVISIONALLY ALLOTTED AT IIITA THROUGH JoSSA/CSAB/DASA/SII – 2023

Date: 14/07/2023

- After the list of finally allotted candidates through JoSSA/CSAB/DASA/SII 2023 is received by the Institute, Institute will populate their details on its ERP System.
- Final list from JoSSA/CSAB/DASA/SII is expected to be received at IIITA by 06:00 PM of 05/08/2023 (Saturday). Accordingly, by 10:00 AM of 06/08/2023 (Sunday), ERP System of IIITA shall be populated with the details of the IIITA allotted candidates, who can then login, in to the ERP Portal of IIITA for uploading their documents.
- Online Login by allotted students shall **OPEN** w.e.f. 06/08/2023 (12 Noon) onwards and shall remain open till 11/08/2023 (5:00 PM). **PLEASE DONOT ATTEMPT HITTING THE PORTAL BEFORE THE SCHEDULE OPENING TIME. It is all software managed and will open automatically at its scheduled time. NEITHER ARE YOU REQUIRED TO DROP EMAILS TO ANYONE FOR THIS.**
 - Institute ERP Site Details – <https://erp.iiita.ac.in>**
 - For JoSSA/CSAB Candidates**
User Id for Logging in to the IIITA ERP System = Candidate's JEE Registration ID
Password = Your Mobile Number, used at the time of JEE Registration
 - For DASA Candidates**
User Id for Logging in to the IIITA ERP System = Candidate's DASA Application ID
Password = Your Mobile Number, used at the time of DASA Registration
 - For SII Candidates**
User Id for Logging in to the IIITA ERP System = SII Student ID
Password = Your Mobile Number, used at the time of SII Registration
- List of Documents that should be kept ready by allotted candidates for uploading on ERP System of the Institute, is as at **Annexure – A**.
- Fees and Mess Charges as on date payable online at the time of Online Registration on ERP System of IIITA are as below:

Sl. No.	Entry Channel	Categories	Institute & Hostel Fees	Advance Fees Paid to JoSSA/CSAB/DASA 2023	Balance Fees Payable	Mess Charges Payable to IIITA in Addition	Total Amount Payable
1	JoSSA/CSAB (Through JEE Mains)	GEN, OBC, EWS	₹116490	₹36000	₹80490	₹23940	₹104430
		SC, ST PwD	₹43490	₹16000	₹27490	₹23940	₹51430
2	DASA	CIWG	₹105990	₹62500	₹43490	₹23940	₹67430
		SAARC	\$2000 & ₹43490	\$2000	₹43490	₹23940	₹67430
		Non-SAARC	\$4000 & ₹43490	\$4000	₹43490	₹23940	₹67430
3	Study in India (SII)	G1 (100% waiver in Tuition Fee only)	SAARC	-----	-----	-----	\$3450
			Non-SAARC	-----	-----	-----	\$3450
		G2 (50% waiver in Tuition Fee only)	SAARC	-----	-----	-----	\$5950
			Non-SAARC	-----	-----	-----	\$6950
		G3 (25% waiver in Tuition Fee only)	SAARC	-----	-----	-----	\$7200
			Non-SAARC	-----	-----	-----	\$8700
		G4 (On Full Tuition Fee)	SAARC	-----	-----	-----	\$8450
			Non-SAARC	-----	-----	-----	\$10450

Note: All figures in Indian Rupee, except the ones prefixed by \$ which refers to US Dollar.

- Students admitted through any of the channel- JEE/DASA/SII, shall be required to report to the Institute **Physically** during 8th to 12th August 2023 as per below schedule:

Physical Reporting Time- 10:30 AM to 05:00 PM)

Venue: AAA Section, Room No. 1714, Admin Block, IIITA, Jhalwa, Prayagraj, UP, India-211015

Dates: As chosen by candidates at the time of ERP registration.

- Allotted candidates are advised to visit the ERP portal from their place of residence itself and they can upload their documents from there itself. In case however, it is not possible they may do so after arriving at the Institute, but then it will be time consuming for them and they should come prepared for extra time. **Candidates are also advised to choose their own preferred date for Physical reporting on ERP portal itself and report to the Institute accordingly.**
- Verification of online submitted documents with the physical original documents** shall be undertaken, upon your physical arrival to the Institute during 8th to 12th August 2023 as per chosen schedule by you. Until then, your admission in to the allotted program shall be provisional only.
Note: Please bring one full set of self-attested documents as per Annexure-A. (AS APPLICABLE) for submission at the Institute during your Physical Reporting, in the indicated serial order.
- Hostel allotment** shall be done immediately upon enrollment number allotment after physical verification of your documents. Hostel accommodation provides for a well-lit accommodation, study table and Cot alongwith storage space. Pl. bring your own lock, Bucket, Mug, personal clothing and bedding or you can purchase them locally, as per your choice. Cooler if desired, has to be purchased by you.
- Classes are likely to commence w.e.f. 12/08/2023. Detailed **Academic Calendar** and **Applicable Fees & Other Charges** shall be communicated in due course of time.
- For those students accompanied by Parents/Guardians, they may approach for Visitor Hostel accommodation by requesting for it on anddas@iiita.ac.in directly.
- Preferred Railway Codes for reaching Prayagraj is PRYJ (Abt 8 KMS) / SFG (Abt 3 KMS) /ACOI (Abt 22 KMS) / while for Flights is IXD. Present daytime temperature - 25 to 28 degrees Celsius. Normal yearly temperature range – 8 to 45 Degrees Celsius.

Please Note: -

- ANY NEW INFORMATION, RELEVANT TO ADMISSIONS shall be reflected on <https://aaa.iiita.ac.in/>. Pl. keep visiting this portal for frequent updates as it is not possible to send individual information to all candidates separately.
- AAA Section has no role in Visitor Hostel Allotment.
- Avoid reaching for physical verification during late hours.
- Do not panic. Maintain peace. Come with cool mind and ample time. Your details recorded at the time of registration are precious for your future. Upload only freshly taken, good quality Digital colored Photo against white Background.
- Applicant must ensure that their basic details such as Name, Father's name, Mother's Name, Date of birth etc. should match exactly as it is mentioned in 10th marksheet.
- As mandated by the MoE/NAD/University Grants Commission, all the applicants should have their respective Academic Bank of Credits (ABC) ID. Steps for generating ABC ID is provided in the notices tap as well as on the Institute website. The applicants can also watch this short video <https://www.youtube.com/watch?v=Gw3DUHaJg1c> for information on ABC Registration.**
- The online registration process will be considered completed only after the realization of the registration fee, physical verification of documents at the Institute, etc.

For assistance in respect of:

- Online fee payment/ receipt generation on IIITA ERP Portal, contact anands@iiita.ac.in, 0532-2922047
- Technical difficulties related to ERP Portal contact prashantkr@iiita.ac.in, 0532-2922192
- Office timings close at 6 pm. Saturday and Sunday Closed. 12/8/23 Saturday is open only for admissions.

Welcome to IIIT Allahabad !!!

Indian Institute of Information Technology Allahabad				
(Admission Assessment and Award Section)				
List of Required "Mandatory Documents" During Physical Verification & Admission Completion in UG & PG Programs				
Sl. No.	Mandatory Document Required for Admission Completion	Required for B.Tech.	Required for M.Tech.	Required for MBA
1	Aadhaar Card / Passport (for DASA & SII Candidate)	YES*	YES*	YES*
2	CAT/MAT/XAT/CMAT/GMAT Score Card	NO	NO	YES*
3	GATE Score Card	NO	YES*	NO
4	JEE/DASA Rank Card	YES*	NO	NO
5	JEE/DASA Admit Card	YES*	NO	NO
6	SAT / TOEFL or IELTS Score Card (for SII Candidate only)	YES*	NO	NO
7	Online Document Verification Certificate	NO	YES	NO
8	Proof of Payment of Seat Acceptance Fee (SAF)	NO	YES	NO
9	Receipt of Advance Fee Payment at CCMT/JoSAA/DASA/SII	YES	YES	NO
10	Provisional Seat Allotment / Admission Letter	YES	YES	NO
11	Character/Conduct Certificate	YES	YES	YES
12	Degree/Provisional or Course Completion Certificate of UG Degree	NO	YES*	YES*
13	Marksheet of UG Degree for all Semesters	NO	YES*	YES*
14	Marksheet of Class 10th Standard	YES*	YES*	YES*
15	Marksheet of class 12th Standard	YES*	YES*	YES*
16	MCAIP Form, in the attached Format (Annexure-1)	YES	YES	YES
17	Medical Examination Report, in the attached Format (Annexure-2)	YES	YES	YES
18	Migration/Transfer Certificate	YES	YES	YES
19	Pass Certificate of Class 10th Standard	YES*	YES*	YES*
20	Pass Certificate of Class 12th Standard	YES*	YES*	YES*
21	Proof of Date of Birth (In case DoB is not mentioned on Class 10th Certificate)	YES*	YES*	YES*
22	Undertaking by Candidate for Documents Submission (Affidavit), in the attached Format (Annexure-3)	YES	YES	YES
23	Anti-Ragging Affidavit By Parent (Affidavit), in the attached Format (Annexure-4)	YES	YES	YES
24	Anti-Ragging Affidavit By Student (Affidavit) in the attached Format, (Annexure-5)	YES	YES	YES
25	Caste/Category Certificate (For Reserved Category)	YES*	YES*	YES*
26	OBC-NCL Undertaking, in the attached Format (For OBC-NCL Candidate) (Annexure-6)	YES	YES	YES
27	Economically Weaker Section Certificate (For EWS Candidate)	YES*	YES*	YES*
28	12 Digit ABC (Academic Bank of Credits) Registration ID (for details visit https://aaa.iiita.ac.in/)	ID No. fill at erp portal at the time of registration		

* Photocopies will be retained after verification from Original documents & rest will be retained by the Institute in Original.

Mediclaime-cum-Accidental insurance Benefits Scheme (MCAIP)

Offered by

National Insurance Company Limited

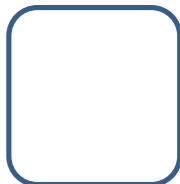
Exclusively for all IIITA Students

Broad of Feature of Scheme*

- MEDICLAIM Hospitalization Cover-Upto Rs. 2.0 lakh /- per annum.
- Accidental Death OR Permanent Disablement of Insured Student – Upto Rs. 10 Lakhs
- Upon Accidental death or Permanent Disability of Fee Paying Parent /Guardian – Rs. 10 Lakhs.
- Education Expenses to Dependent Children of Married Insured Students on accidental death -Rs. 1.0 lakh – for one child & Rs. 2.0 lakh for two Children.
- Mediclaim coverage extends throughout India on 24x7 basis.
- Territorial limits for Accidental Death /Permanent Disablement Insurance extend throughout the world.
- Treatments under Allopathic System of Medicine are only covered.
- Dental treatments and Physiotherapy are not covered for claims/ reimbursements.
- CASHLESS ACCESS SERVICES, at designated Hospitals, subject to Pre-Authorization.
- Spouse of married Students AND their dependent Children CAN be covered, for extension benefits, upon payment of additional premiums. NOT COVERED by default in this cover.

(*Condition Apply)

Information required from each student to enable him/ her avail the benefit under the Scheme

Sl No.	Item	Information	Remark
1	Name of the. student to be Insured	Mr./Ms./Dr/..... S/o OR D/o..... Address:..... Enrollment No:..... Degree Program of Enrollment at IIIT-A..... Nationality:.....	 A Colored Photograph of the Student being Insured, duly Self Attested
2	Complete Address of NORMAL RESIDENCE of the Enrolled Student	Phone No: E-Mail: Pin Code:..... Police Station:.....	Date of Birth:...../...../..... Sex: Male /Female Blood Group:.....
3	Details of the FEE PAYING Parent/ Guardian of the Enrolled Student	Name:..... Relationship with Student:..... Address:..... Phone No: E-Mail: Pin Code:.....	In the event of the fee paying Parent /Guardian not remaining alive (owing to accidental death, during the Policy Period), during the course of the continuation of the enrolled Degree Program of the student, the student shall be eligible for a payment of Rs. 3.00 Lakh, to assist with the continuation of the studies of the student,
4	(a) Marital Status of the Enrolled Student	Married /Un Married	In case of accidental death of the enrolled student, during the policy period, who is survived by a Spouse, Spouse shall be the NOMINEE for receiving the Insurance benefits, unless otherwise specified. In respect of Unmarried students, the Normal Fee Paying Parent / Guardian shall be the beneficiary.
4 Contd.	(b) In Case "Married", then Pl. provide the following		
	(c) Do you have dependent Children	Yes /No	

4 Contd.	<p>(d) In case "V" to (c) above ,Pl. provide the details :</p>	<p><u>In respect of First Child</u> (Elder one): -</p> <p>a) Name of Child:..... b) Age:.....Yrs. Sex: M/ F c) Address:..... Phone No:..... PIN Code:..... E-Mail:.....</p> <p><u>In respect of Second Child</u> (Younger one): -</p> <p>d) Name of Child:..... e) Age:.....Yrs. Sex: M/ F f) Address:..... Phone No:..... PIN Code:..... E-Mail:.....</p>	<p>In case of accidental death of the Insured Student, during the policy period, survived by his dependent children, upto TWO dependent children are eligible for receiving a sum of upto Rs 25000/- each, as a onetime assistance by the Insurance company.</p>
5.	<p>Pre Existing Diseases*, at the time of admission into the Institute: (The ones that exist at the time of enrolling at the institute PLUS the those arise within 30 days of the Inception of the Insurance Policy. Also, Include diseases attributable to Pre-existing diseases.)</p>	<p>(a)..... (b)..... (c)..... (d)..... (e)..... (Pl. add if more)</p>	<p>Pre Existing Diseases qualify for claim only after four continuous claim three year, in respect of those diseases,</p> <p>Few diseases, that arise after the inception of the coverage are however included in the list of diseases that are not payable only during the FIRST year of operation of Policy.(Refer Policy document for details)</p>

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

UNDERTAKING:

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

Signature of the Enrolled Student.....

Name of the Enrolled Student:.....

Enrollment Number of the Student:.....

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

MEDICAL EXAMINATION REPORT

PART - A
GENERAL
EXPECTATIONS

Coloured
Passport
Size
PHOTO

Candidates will have good general physique with

- a) Chest measurement should not be less than 70 cm, with satisfactory norms of expansion and contraction.*
- b) Normal vision. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye.*
- c) Normal Hearing. Defective hearing should be corrected.*
- d) Normal Heart and lungs without any abnormality and having no history of mental illness and/or epileptic fits.*

PERSONAL HISTORY
(To be filled by Candidate)

1. Name
2. Parent/ Guardian's Name:
 - (a) Father's Name
 - (b) Mother's Name.....
3. Age: Years Months.....
4. Gender:..... Blood group.....
5. Identification Marks on the Body:
(This can be a mole or scar)
6. Major illness / operation (in past):
(Specify nature of illness / operation.)
7. Allergies if any:
8. Any Chronic illness for which he/she is taking treatment:
(Eg. Diabetes, Asthma, Epilepsy, Kidney disease, Bleeding disorder, etc.)
9. Any kind of disability:

MEDICAL CERTIFICATE

(To be issued by registered medical practitioner not less than MBBS)

(The following are to be filled by the Medical Officer conducting the medical examination at the candidate side.)

1. Height :.....cm. 2. Weight:..... kg.
3. Skin 4. Ears/Hearing:.....
5. Vision with or without glasses :
 - a) Right eye : c) Colour Blindness :.....
 - b) Left eye : d) Uniocular Vision :.....
6. Respiratory system : 7. Nervous system:.....
8. Heart : 9. Abdomen :
 - a) Sounds :..... a) Liver:
 - b) Murmur :..... B) Spleen :.....

10. a) Hernia :..... b) Hydrocele :.....

11. Any other health issue :.....

Signature of the Medical Officer

Full Name :.....

MCI Registration NoOR

State Council Registration Number:

State with whose Council Registered:

Official Seal :..... Date :.....

PART - B
MEDICAL CERTIFICATE

(To be issued by registered medical practitioner not less than MBBS)

Certified that

son/daughter of

a)Fulfills the prescribed standard of physical fitness, as per general expectations stated in Part A and is FIT for admission to B.Tech. / M.B.A / M.Tech. / Dual Degree M.Tech.-Ph.D. Program offered by the Institute.

b) Does not fulfill the prescribed standard of physical fitness and is unfit / temporarily unfit to admission due to following defects:

Signature of the Medical Officer

Declaration

(By the candidate)

I hereby declare that I am not suffering from any disease other than mentioned in the medical report. In case if any other disease is found for which I am taking treatment for long time and that is not reported to the Institute at the time of admission then the Institute will not bear the cost of treatment.

Signature of the Candidate

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

Annexure-3

(To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- or nearest higher amount duly notarized)

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY ALLAHABAD

UNDERTAKING BY CANDIDATE FOR DOCUMENTS SUBMISSION

I.....Son/Daughter of.....

Resident of.....aged.....years hereby execute this undertaking on/..... / **20__** 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 B.Tech./M.Tech./ MBA & Dual Degree M.Tech. Ph.D. program shall be cancelled forthwith.

Note: Candidates who has appearing in final examination:

If my minimum eligibility criteria of percentage of marks, or any other minimum eligibility criterion are observed as not having met at any stage, my provisional admission to B.Tech./M.Tech. / MBA & Dual Degree M.Tech.-Ph.D program shall be treated as cancelled forthwith. All responsibility in this respect lies on me.

Date:

Place:

Counter Signed by:

(Candidate`s Signature)

Father/Mother: _____

Name: _____

Name: _____

GATE/CAT/MAT/XAT/GMAT/CMAT/JEE Application No.:

Address: _____

Program: _____

Phone/Mobile No.: _____

Permanent Address: _____

Aadhar No.: _____

Mobile No: _____

Aadhar No.: _____

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 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

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 _____ 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 _____ day of _____ Month of _____ Year
this _____ the _____.

Signature of deponent

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

OATH COMMISSIONER

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 recognised as a
backward class by the Government of India for the purpose of reservation in services as per orders
contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt.
(SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer)
mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which
is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.)
dated 9/3/2004. I also declare that the condition of status/annual income for creamy layer of my
parents/guardian is within prescribed limits as on financial year ending on March 31, 20__.

Place:

Signature of the Candidate*

Date:

****Declaration/undertaking not signed by Candidate will be rejected***