



Indian Institute of Information Technology, Lucknow

Dear Candidate,

Congratulations on your being allotted a seat at Indian Institute of Information Technology, LUCKNOW (IIITL), in its Two-year full time M. Tech. Computer Science (CS). On behalf of the Institute, it is a pleasure to welcome you onboard into the IIITL family !

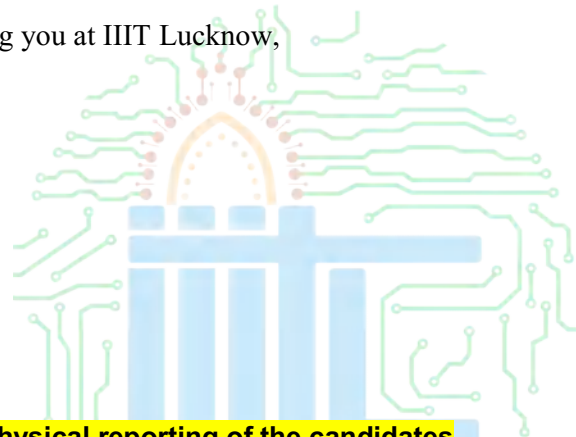
Kindly note that the admission process is completed only after:

1. Requisite Fees being deposited in the Institute. (As per Attached fee structure)
2. Enrollment number is allotted to you, after documents verifications at Institute level
3. Your credentials are physically verified at the Institute

Looking forward to meeting you at IIIT Lucknow,

With Good Wishes,

IIIT-Lucknow



Admission Schedule for physical reporting of the candidates

8th August to 18th August 2022 (Except Saturday, Sunday & Gazetted Holidays)

Reporting Site: Admin Building, IIIT Lucknow, Chak Ganjaria, (CG City), Lucknow-226002

A. Documents required at the time of admission:

One set of Clear Photocopied documents (A-4 Sized, self-attested) as follows are required to be brought by the selected candidate at the time of reporting to Admission Section, IIIT Lucknow for submission at the Institute.

1. Provisional Seat Allocation Letter from CCMT 2022/ Document Verification-cum-Seat Acceptance Letter
2. GATE Score Card
3. Class X Certificate & Marksheet. (In Original)
4. Class XII Certificate & Marksheet. (In Original)
5. Grade/ Mark sheet of qualifying degree examination of all semesters. (In Original)
6. Degree/ Provisional Certificate, of qualifying degree. (In Original)
7. Caste Certificate (if applicable, for SC/ST/OBC in the attached format (Issued by the Competent Authority)). **OBC/EWS certificate must have been issued on or after 01/04/2022.** (In Original)
8. Certificate for Persons with Disability in the attached format (for PWD Category candidates only, as may be applicable).(In Original)
9. AADHAAR CARD
10. Undertaking by the candidate regarding OBC status in the attached format (for OBC Candidates only). (In Original)
11. Character Certificate from the Institution last attended. (In Original)
12. Transfer/ Migration Certificate from the Institution last attended. (In Original)
13. Two identical coloured passport sized photographs of GOOD QUALITY on Matt Finish against white background (size 35 x 50mm).
14. Medical Examination Report. (In Original in the format attached).Medical examination Report may be got filled in from anywhere, including the candidate's home place. Pl. ensure that the same is duly signed and stamped by the Doctor. Doctor should also clearly state his/her MCI / State Council Registration No alongwith the State in which Registered in case of State Council Registered Doctors.
15. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-, duly notarized. (In Original for deposition at the Institute)
16. Anti-Ragging Affidavit by the Parent/ Guardian (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-duly notarized. (In Original for deposition at the Institute)
17. Undertaking by the candidate and Parent regarding not Purchasing/Possessing/Consuming Prohibited items in the attached format (In Original)

Originals of Sr. No. 3 to 8 will be required only at the time of verification & returned thereafter.

(Note – Kindly maintain the same sequence of documents as given above)

B. Fee Details for candidates. to be admitted in M.Tech. (CS) 2022

For candidates Admitted through CCMT 2022 have to pay semester Balance fee after deduction of Rs. 40000/- (applicable to) for General / EWS and OBC candidates and deduction of Rs. 15000/- (applicable to) for SC, ST and PWD candidates between 8th to 18th August 2022 through SBI Collect link as below

- **Fee and Mess Charges Payment Methodology**

1. To deposit **SEMESTER Fee** the web address for SBI Collect is
<https://www.onlinesbi.com/sbicollect/icollecthome.htm?corpID=956936>
2. To deposit **MESS Fee** the web address for SBI Collect is
<https://www.onlinesbi.com/sbicollect/icollecthome.htm>

Select State as '*Uttar Pradesh*' and Type of Institution as '*Educational Institute*' from there you have to select '*IITL Mess Account*' and pay your Mess Fee.

Preferably use your internet banking for the transfer of the amount.

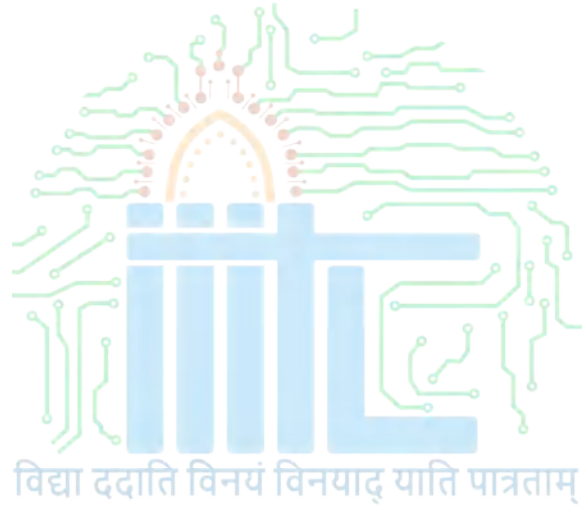
- **Kindly provide the required details through google form link.**

https://docs.google.com/forms/d/e/1FAIpQLSehNAiU7BkTOscdrR3lpHyIO1pb1BmHvISM0MT5wUHtKhjcQ/viewform?usp=sf_link

M.Tech Fee Structure of IIIT Lucknow, for Batch 2022-24

FEE STRUCTURE FOR M.Tech. Academic Batch 2022 IIIT LUCKNOW Session July 2022 - 2024					
For General, EWS, OBC, SC, ST and PWD Category Students (in INR)					
	Payment For	1 st Sem.	2 nd Sem	3 rd Sem	4 th Sem
A	<u>One Time FEE</u>				
1	Admission Fee	1500	----	----	----
2	Institute Caution Money (One Time Refundable)	2000	----	----	----
3	Enrolment Fee	1000	----	----	----
4	Identity Card Fee	1000	----	----	----
5	Alumni Fund	3000	----	----	----
6	Institute Development and Maintenance Charges	10000	----	----	----
B	<u>Annual Dues</u>				
1	Benevolent Fund	500	----	500	----
2	Group Insurance and Student Welfare Fund	1300	----	1300	----
3	Library Fee	2000	----	2000	----
C	<u>Semester Fees</u>				
1	Tuition Fee	120000	120000	120000	120000
2	Student Activity Fee	1500	1500	1500	1500
3	Examination Fee	1200	1200	1200	1200
4	Grade Card Fee	500	500	500	500
5	Medical Fee	500	500	500	500
6	Electricity and Water charges	3000	3000	3000	3000
7	Hostel Fee single seated	20000	20000	20000	20000
8	Total chargeable fees in a single semester for single seated hostel occupancy (A+B+C1 to C6+C7)	169000	146700	150500	146700
9	Hostel Fee double seated	10000	10000	10000	10000
10	Total chargeable fees in a single semester for double seated hostel occupancy (A+B+C1 to C6+C9)	159000	136700	140500	136700
11	Hostel Fee three seated	6000	6000	6000	6000
12	Total chargeable fees in a single semester for three seated hostel occupancy (A+B+C1 to C6+C11)	155000	132700	136500	132700
13	Hostel Fee more than three seated	3000	3000	3000	3000
14	Total chargeable fees in a single semester for more than 3 seated hostel occupancy (A+B+C1 to C6+C13)	152000	129700	133500	129700

D	Mess deposit (One Time Refundable)				
1	Mess Deposit(One Time, Refundable)	2500	----	----	----
2	Mess Charges (Mess Charges are subject to actual basis)	15000	15000	15000	15000
3	Total (D1+D2)	17500	15000	15000	15000
Note: Fee structure is subject to revision as per the decision of the BoG of the Institute.					



CCMT – 2022

FORMAT FOR OBC [NCL] CERTIFICATE

TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION THROUGH CCMT-2022

[This certificate MUST have been issued on or after 1st 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:

- (i) 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.
- (ii) 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.
- (iii) 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.
- (iv) Resolution No. 12011/96/94-BCC, dated 9/03/96.
- (v) 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.
- (vi) Resolution No. 12011/13/97-BCC, dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC, dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC, dated 27/10/99.
- (ix) 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.
- (x) 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.
- (xi) 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.
- (xii) Resolution No. 12016/9/2000-BCC, dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC, dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC, dated 13/01/2004.
- (xv) 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.
- (xvi) Resolution No. 12015/2/2007-BCC, dated 18/08/2010.

- (xvii) Resolution No. 12015/2/2007-BCC, dated 11/10/2010.
- (xviii) Resolution No. 12015/13/2010-BC-II, dated 08/12/2011.
- (xix) Resolution No. 12015/05/2011-BC-II, dated 17/02/2014.
- (xx) Resolution No. 12011/6/2014-BC-II, dated 07/12/2016.
- (xxi) Resolution No. 12011/13/2016-BC-II, dated 22/12/2016
- (xxii) Resolution No. 20012/1/2017-BC-II, dated 19/01/2017
- (xxiii) Resolution No. 12011/7/2017-BC-II, dated 31/07/2017

Shri/Smt./Kum. _____ and/or his 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.

Place _____

Signature _____

Date _____

Designation _____

(with seal of office)

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.

CCMT – 2022

FORMAT FOR DECLARATION TO BE SUBMITTED BY OBC CANDIDATES

I, _____, son/daughter of
Shri _____ resident of village/town/city _____
district _____ of State/UT _____ 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, 2022.

Place: _____

Date: _____

Signature of the Candidate

CCMT – 2022

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Castes or the Scheduled Tribes should submit in support of his claim an attested/self-certified copy of a certificate in the form given below, from the District Officer or the Sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the CCMT-2022 would accept only attested/self-certified photocopies of such certificates and not any other copy.

This is to certify that Shri/Shrimati/Kumari* _____
_____ **son/daughter of** _____
_____ **of village/town/*** _____ **in**
District/Division* _____ **of the State/Union Territory*** _____
belongs to the _____ **Caste/Tribe* which is recognized as a Scheduled Castes**
[SC]*

/ Scheduled Tribes [ST]* 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 Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976. [%]

The Constitution (Jammu & 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 (Dadra and Nagar Haveli) Scheduled Castes Order, 1962. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962**. The Constitution (Pondicherry) Scheduled Castes Order, 1964**. The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967**. The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968**. The Constitution (Goa, Daman & 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 & Kashmir) Scheduled Tribes Order 1989**. The Constitution (SC) Orders (Amendment) Act, 1990**. The Constitution (ST) Orders (Amendment) Ordinance, 1991**. The Constitution (ST) Orders (Second Amendment) Act, 1991**. The Constitution (ST) orders (Amendment) Ordinance, 1996. The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act. 2002. The Constitution (Scheduled Caste) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste) Order (Amendment) Act, 2007. [%]

2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes certificate issued to Shri/Shrimati _____, Father/Mother of Shri/Srimati/Kumari* _____ of village/town* _____ in the District/Division* _____ of the State/Union Territory* _____, who belong to the _____ Caste/Tribe* which is recognized 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 the village/town* _____ of _____ District/Division* of the State/Union Territory of _____.

Place _____

Signature _____

Date _____

Designation _____

(with seal of office)

* Please delete the words which are not applicable

** Please quote specific presidential order

% please delete the paragraph which is not applicable.

^ List of authorities empowered to issue Schedule Caste / Schedule Tribe Certificates:

- 1) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner / Taluka Magistrate / Executive Magistrate.
- 2) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- 3) Revenue Officers not below the rank of Tehsildar.
- 4) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTES:

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

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 photograph 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/her case is _____.

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

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

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

Official Seal:**[Authorized Signatory of notified Medical Authority] Name:**

DISABILITY CERTIFICATE FORMAT - III

{In cases of multiple disabilities}**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

--

Passport size photograph 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		

Contd.

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

In figures: _____%

In words: _____percent

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

4. Reassessment of disability is:

(i) Not Necessary[or]

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

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

- e.g. single eye/both eyes

£ - e.g. Left/Right/both ears

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

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

6. Signature and seal of the Medical Authority:

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

DISABILITY CERTIFICATE FORMAT - IV

{In cases of any other case not covered in Format – II & III}**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

No. - _____

Date - ____/____/____

Signature/LTI/RTI of the Candidate

--

Passport size photograph 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		

Contd.

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.

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 Association: No _____

Date - ____/____/____

Passport size
photograph
of the
Candidate

Name & Address of the Dyslexia Association: _____

Registration No. of the Dyslexia Association: _____

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 Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
- 2) Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1, 1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
- 3) Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
- 4) The Dyslexia Association of India, MZ-47, The Center 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: _____

CCMT - 2022

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 Association: No _____

Date - ____/____/____

Passport size
photograph
of the
Candidate

Name & Address of the 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 Principal: _____

*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.

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INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Government of

(Name & Address of the authority issuing the certificate)

[This certificate MUST have been issued on or after 1st April 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).s

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph
of the applicant

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.

CCMT – 2022

FORMAT OF COURSE COMPLETION CERIFICATE

[TO BE ISSUED IN THE OFFICIAL LETER HEAD OF THE INSTITUTE/UNIVERSITY]

This is to certify that

- 1.** Mr. /Ms. _____(full name) bearing Roll No. _____ is a bonafide student of _____(course / program) in our institute/university.
- 2.** He / She is likely to complete all requirements of the course / program and all of his/her examinations is likely to be completed by August 15, 2022.
- 3.** His / Her final result is awaited and is likely to be published on or before September 30, 2022.

**Signature (with Seal) of the
Authorised Signatory of the
Institute/University**

Date - _____



Indian Institute of Information Technology, Lucknow

Chak Ganjaria (C.G.) City,
Lucknow – 226002, (U.P) – India

भारतीय सूचना प्रौद्योगिकी संस्थान लखनऊ

चकगंजरिया (सी.जी.) सिटी,
लखनऊ 226002 - उत्तर प्रदेश, भारत

Web: <https://www.iiitl.ac.in>

email: contact@iiitl.ac.in

Undertaking for Not Purchasing/Possessing/Consuming Prohibited Items

I _____ Institute Enrollment No. _____, a student of B.Tech. (Information Technology)/ (Computer Science)/ (Computer Science and Artificial Intelligence)/(Computer Science & Business) programme of the Institute, hereby undertake that **I will not possess/consume any type of prohibited items (alcoholic drinks, drugs, cigarettes, tobacco products or any other type of intoxication/smoking) inside the Hostel/Institute premises or enter the Hostel/Institute premises after consuming the same, during my entire study period in the Institute.**

I know that possession/consumption of prohibited items is strictly prohibited in the campus (including academic and hostel premises). **If I am found purchasing/in possession of/consuming any type of prohibited items, strict disciplinary action may be initiated against me which may lead to expulsion from the Institute also.**

(Name of the Student)

(Signature of the Student)

Mobile No. of the Student _____

Undertaking by the Parent/Guardian

I, Mr./Mrs/Ms. _____, (full name of the parent/guardian) father/mother/guardian of Mr./Ms. _____ Institute Enrollment No. _____, a student of B.Tech. (Information Technology)/ (Computer Science)/ (Computer Science and Artificial Intelligence)/(Computer Science & Business) programme of the Institute, will ensure that my **ward will not possess/consume any type of prohibited items** in the campus of the Institute (including academic and hostel premises) during his/her **entire** study period in the Institute. **If he/she is found purchasing/in possession of/consuming any type of prohibited items**, strict disciplinary action may be initiated against him/her which may lead to expulsion of my ward from the Institute also.

(Name of the Parent/Guardian)

(Signature of the Parent/Guardian)

Relation with the student: _____

Mobile No. of Parent/Guardian _____ email of Parent/Guardian: _____

Address of Parent/Guardian: _____

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

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) Unocular 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 No. OR

State Council Registration Number:

State with whose Council Registered:

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

PART - B
MEDICAL CERTIFICATE

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 M.Tech. 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.

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 notarised by the Oath Commissioner)

- 1) I,..... (full name of studentwithadmission/registration/enrolmentnumber)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 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 notarised 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 _____ this _____ (place) on _____ 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

Mediclaime-cum-Accidental Insurance Benefits Scheme (MCAIP)

offered by

National Insurance Company Limited


EXCLUSIVELY for all IITL 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 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 IIT-A / IITL :..... Nationality :.....	 A Colored Photograph of the Student being Insured, duly Self Attested
2	Complete Address of NORMAL RESIDENCE of the Enrolled Student Phone Number:..... Email:..... 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 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 Contd.	(b) In Case "Married", then Pl. 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.
	(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, Pl. provide the details:	<u>In respect of First Child (Elder One):</u> (a) Name of Child:..... (b) Age:.....Yrs. Sex: M / F (c) Address:..... Phone 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)..... (Pl. 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:.....