

List of original documents required during Physical Verification
(soft and self-attested photo copy for records)

S.No.	Documents required during Physical verification (soft copy in .pdf and self-attested photo copy of the documents)
1	Two identical colored Passport sized latest photo
2	AADHAAR CARD
3	Provisional Seat Allotment Letter from CCMT2024/CCMN2024
4	Receipt of Advance Fee Payment at CCMT2024/ CCMN2024
5	Valid GATE Score Card/JAM Score Card
6	Mark sheet of Class 10 th Standard
7	Pass Certificate of Class 10 th Standard
8	Mark sheet of Class 12 th Standard
9	Pass Certificate of Class 12 th Standard
10	Proof of Date of Birth (in case DoB is not mentioned on class 10 th Certificate)
11	Grade/Mark sheet/transcript of qualifying degree examination of all semesters
12	Degree/Provisional Certificate of qualifying degree
13	Transfer/Migration/ Certificate from the Institution last attended
14	Character Certificate from the Institution last attended
15	Certificate of Category (SC/ST/OBC-NCL), if applicable; OBC-NCL certificate must have been issued on or after 01/04/2024.
16	EWS Certificate issued by the competent Authority, it must have been issued on or after 01/04/2024. (If applicable)
17	Certificate for Persons with Disability (for PWD Category candidates only, as may be applicable)
18	Medical Examination Report. Medical examination Report may be got filled in from anywhere, including the candidate's home place duly signed and stamped by the Doctor. (Annexure 1-A)
19	MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme". (Annexure 1-B)
20	Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-or nearest higher amount, duly notarized. (Annexure 1-C)
21	Anti-Ragging Affidavit by the Parent/ Guardian (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/- or nearest higher amount duly notarized. (Annexure 1-D)
22	Undertaking (Annexure 1-E)
23	OBC-NCL undertaking (Annexure 1-F)
24	Undertaking for Not Purchasing/Possessing/Consuming Prohibited Items. (Annexure 1-G)

In case of OBC-NCL/GEN-EWS category, the certificate must be issued on or after April 01, 2024.

Note:

(1) Caste certificate (SC/ST/OBC-NCL) issued by Maharashtra State must be validated by Social Welfare department (in case of SC and OBCNCL category) and Tribal Welfare department (in case of ST category) of Maharashtra Government. The SC/ST/OBC-NCL candidates of Maharashtra State have to produce their caste validity certificate.

(2) ST certificates from Tamil Nadu state must be issued by the concerned Revenue Divisional Officer.

(3) Medical examination Report may be got filled in from anywhere, including the candidate's home place. Pl. ensures that the same is duly signed and stamped by the Doctor. Doctor should also clearly state his/her MCI / State Council Registration No. along with the State in which Registered in case of State Council Registered Doctors.


Note: If the original certificates are not in English/Hindi, English/Hindi version/translation of such certificate, duly certified by the Principal/Director or other Competent Authority of the graduating Institute, will be required during the verification of documents.

MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)					
GENERAL EXPECTATIONS					
Candidates should have good general physique. In particular,					
1. Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction.					
2. 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 (having vision in only one eye) persons are restricted from admission to certain courses.					
3. Hearing should be normal. Defective hearing should be corrected.					
4. 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)				
4	Height in cm:	Weight in kg:		Blood Group:	
5	Past History	(a) Mental illness (b) Epileptic Fit			
6 Chest	(a) Inspiration in cm (b) Expiration in cm				
7 Hearing					
8	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Unocular vision (having vision in only one eye)
9	Respiratory System				
10	Nervous System				
11 Heart	(a) Sounds (b) Murmur				
12	Abdomen (a) Liver (b) Spleen	Hernia		Hydrocele	
13	Any other defects:				
Certificate of Medical Fitness					
<input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Medical/ Pharmaceuticals/ Science Course.					
<input type="checkbox"/> The candidate does not fulfill the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:					
Name of the Doctor		Signature		Registration Number	
				Seal	

Mediclaim-cum-Accidental Insurance Benefits Scheme (MCAIP)Offered by
National Insurance Company Limited**Exclusively for all IIITL Students****Broad of Feature of**

- MEDICLAIM Hospitalization Cover- Upto Rs. 90,000/- per annum.
- Accidental Death OR Permanent Total Disablement of Insured Student - Upto Rs. 5 Lakhs
- Carriage of Dead Body of the Insured, upon Accidental death to place of Normal Residence-Rs. 7500/•
- Upon Accidental Death of Fee Paying Parent / Guardian - Rs. 3 Lakhs.
- Education Expenses to Dependent Children of Married Insured Students on accidental death - Rs. 25,000/ - One child & Rs. 50,000/-* two Child.
- Mediclaim coverage extends throughout India on 24x7 basis.
- 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/JEEAppl. No:..... Degree Program of Enrollment at IIIT-L..... 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 No: Email: Pin Code:..... Police Station:.....	
3	Details of the FEE PAYING Parent/ Guardian of the Enrolled Student	Name:..... Relationship with Student:..... Address:.....	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.

		Phone No: Email: Pin Code:.....	3.00 Lakh, to assist with the continuation of the studies of the student,
4	(a) Marital Status of the Enrolled Student	Married / Un Married	In case of accidental death of the enrolled student, during the policy period, who is survived by a Spouse, Spouse shall be the NOMINEE for receiving the Insurance benefits, unless otherwise specified. In respect of Unmarried students, the Normal Fee Paying Parent / Guardian shall be the beneficiary.
	(b) In Case "Married", then Pl. provide the following (c) Do you have dependent Children	Yes / No	
4 Contd.	(d) In case "Y" 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 No:..... PIN Code:..... Email:..... <u>In respect of Second Child (Younger one): -</u> d) Name of Child:..... e) Age:.....Yrs. Sex: M/ F f) Address:..... Phone No:..... PIN Code:..... Email:.....	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.
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 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 three year, 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/JEE Application Number of the Student.....

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

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 student with admission /registration/ enrolment number) s/o./d/oMr./Mrs./Ms., having been admitted to (IIIT Lucknow) , 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 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 behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ____ day of _____ month of _____ year.

Signature of deponent

Name:
Address:
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

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY LUCKNOW

UNDERTAKING BY CANDIDATE FOR DOCUMENTS SUBMISSION

I..... D/o or S/o.....

Resident of.....agedyears

hereby execute this undertaking on /... .. / 2024 that the documents which I have submitted for admission are true to the best of my knowledge and if on subsequent verification any discrepancy is found/observed, my admission to the M.Sc. program will be canceled forthwith.

Date:

Place:

(Signature by Student)

Name: _____

JAM Registration Id.: _____

Course: _____

Permanent Address: _____

Mobile: _____

OBC Undertaking
Declaration / undertaking - for OBC Candidates only

I, son/daughter of Shri
resident of village/town/city District State
hereby declare that I belong to the community which is
recognized as a backward class by the Government of India for the purpose of reservation in services
as per orders contained in Department of Personnel and Training Office Memorandum
No.36012/22/93 - Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to
persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office
Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office
Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. I also declare that the condition of
status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial
year ending on March 31, 2024.

Place:

Signature of the Candidate

Date:

*Declaration/undertaking not signed by Candidate will be rejected



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 M.Sc. 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 M.Sc. 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: _____