



Indian Institute of Information Technology Allahabad

(An Institute of National Importance by Act of Parliament)

Deoghat Jhalwa, Prayagraj - 211015, UP, India

List of Waitlisted Candidates for Admission in M.Tech DSA Program (Jan 2022-Dec 2023)

OBC NCL CATEGORY (In order of Merit)

Sl. No.	Application ID	Name of Applicant
1	933078981003	Mohd Shahid



**Information regarding online registration of Waitlist candidate for
Master of Technology in Data Science and Analytics Program**

Jan 2022 to Dec 2023

1. The candidates, whose names appear in this list, are advised to register themselves ONLINE on the following Institute's Portal: <https://erp.iiita.ac.in> using their 'Application ID' as 'Login ID' and their 'Mobile No as 'Password' (Mobile no. as mentioned in application form). The online registration facility shall open from 05.00 PM of 03/01/2022 and close on 06/01/2022 (05.00 PM). Candidates are suggested to keep their good quality photos (in .jpeg format) (30 mm x 50 mm) and scanned signature (in .jpeg format) (10 mm x 30 mm) ready for uploading on the Portal.
2. Registration in (1) above refers to completely filling all your details on ERP portal by the due date and time. Otherwise admission requirements shall not be completed.
3. Institute reserves the right to get the Certificates cross-verified from appropriate authorities. In case of any irregularities being found, at any stage, admission of the candidate shall be cancelled together with other legal action, as per law, for which the candidate himself/herself shall be solely responsible.

Schedule of ONLINE Registration:

03/01/2022 (05:00 PM) to 06/01/2022 (05:00 PM) – Registration, Documents uploading and Documents Verification.

- 1- For any login related or technical query please send email to erp@iiita.ac.in
- 2- For any other query please send email to smishra@iiita.ac.in/ 0532-2922801
- 3- For classes & other academic activities pl contact AS Dept. - 05322922197
- 4- For Fee related matter please contact at- 05322922053

**Provisional Admission in M.Tech. DSA Program
Academic Batch Jan-2022**

List of Documents to be uploaded for Online Document Verification

Note: Candidates are required to upload the colored scanned copy of the following original Documents:

1. Document for Proof of date of birth: Class X Marksheet/ certificate issued by the school last attended/ Recognized educational board containing the date of birth of the applicant. In case, class X marksheet/certificate does not contain date of birth, the candidate is required to upload class X marksheet/ certificate and any other Government issued document containing date of birth of the applicant, name and Parent's name such as Passport/ Aadhar Card/ Driving License/ Voter ID Card/ PAN Card/ Birth Certificate issued by Municipal Corporation/authority empowered to register the birth.
2. Photo ID proof as per Govt. of India norms.
3. Mark sheet of Class X.
4. Certificate of Class X.
5. Mark sheet of Class XII.
6. Certificate of Class XII.
7. Mark sheet of U.G for all semesters.
8. Degree or Provisional certificate of U.G.
9. Conduct certificate from the Institution last attended.
10. Gate score card (If applicable)
11. Certificate of category (SC/ST/OBC-NCL/EWS or PH), if applicable, as per Government of India format, issued by the competent authority. **In case of OBC-NCL/ EWS category, the certificate must be issued on or after April 01, 2021. (Annexure-2 for OBC-NCL & Annexure-3 for EWS)**
12. Migration/Transfer Certificate
13. Undertaking by the candidate on OBC-NCL status in the prescribed format. (Annexure-4)
15. AADHAR Card.
16. Medical Examination Report. (Annexure-6)
17. Anti-Ragging Affidavit by the student (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-, duly notarized by the Oath Commissioner. (Annexure-7)
18. Anti-Ragging Affidavit by the Parent/ Guardian (to be submitted on a Non-Judicial Stamp Paper of Rs. 10/-duly notarized by the Oath Commissioner. (Annexure-8)
19. MCAIP Form for "Medical-cum-Accidental Insurance Benefit Scheme". (Annexure-9)

Please note that

- (1) Caste certificate (SC/ST/OBC-NCL) issued by Maharashtra State must be validated by Social Welfare department (in case of SC and OBC-NCL 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. PI. 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.

For any query please send email to smishra@iiita.ac.in/ 0532-2922801

(Annexure-2)

Indian Institute of Information Technology Allahabad

FORMAT FOR OBC [NCL] CERTIFICATE

To be produced by Other Backward Classes Applying for Admission in M.Tech. program in IIITA
[This certificate MUST have been issued on or after 1st April 2021]

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.
- (C) OBC Certificate issued from Maharashtra State must be validated by the Social Welfare Department of Maharashtra Government.

(Annexure-4)

Indian Institute of Information Technology Allahabad

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, 2021.

Place:

Signature of the Candidate*

Date:

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

MEDICAL EXAMINATION REPORT

(Annexure-6)

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 NoOR
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 B.Tech. / Dual Degree B.Tech.- M.Tech./ Dual Degree B.Tech.-MBA/ 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.

(Annexure -7)

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

(Annexure - 8)

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 _____ (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 _____ day of _____ 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

Mediclaim-cum-Accidental insurance Benefits Scheme (MCAIP) (Annexure-9)

Offered by

National Insurance Company Limited


Exclusively for all IIITA Students

Broad of Feature of Scheme*

- > MEDICLAIM Hospitalization Cover- Upto Rs 90,000/- per annum.
- > Accidental Death OR Permanent Disablement of Insured Student – Upto Rs 5Lakhs
- > 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 60,000/- two 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-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
	(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 :	<p><u>In respect of First Child (Elder one): -</u></p> <p>a) Name of Child:.....</p> <p>b) Age:.....Yrs. Sex: M/ F</p> <p>c) Address:.....</p> <p>.....</p> <p>.....</p> <p>Phone No:.....</p> <p>PIN Code:.....</p> <p>E-Mail:.....</p> <p><u>In respect of Second Child (Younger one): -</u></p> <p>d) Name of Child:.....</p> <p>e) Age:.....Yrs. Sex: M/ F</p> <p>f) Address:.....</p> <p>.....</p> <p>.....</p> <p>Phone No:.....</p> <p>PIN Code:.....</p> <p>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).....</p> <p>(b).....</p> <p>(c).....</p> <p>(d).....</p> <p>(e).....</p> <p>(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