

Indian Institute of Information Technology Una (H.P.)

Saloh, Una-177209

M. Tech. Admissions 2024

Document Verification Form

Affix Passport
Size Photograph

Name: _____

Gate Roll Number: _____

Category: OP/EWS/SC/ST/OBC Whether PwD: Yes / No

Registration Number: _____

(To be assigned by Institute at the time of admission)

Note: Each candidate is required to produce one set of documents/certificates along with other credentials given below. **A candidate will not be admitted if the original documents/certificates are not produced for verification.** Formats of various certificates/affidavits along with the instructions are available on the Institute website and candidates are advised to use the same.

SNo	Details of Documents/Certificates	Y	N	NA
1.	Form No. 01: Document Verification Form			
a)	Provisional Admission letter from CCMT-2024 (Self Attested) (along with Four Number of Color Photographs)			
b)	Online Document Verification Certificate (ODVC) from CCMT-2024 (Self Attested)			
c)	Print Copy of Registration from and locked choices form CCMT-2024 (Self Attested)			
d)	Gate Score Card 2022/2023/2024(Self Attested)			
e)	Gate Admit Card for verification of identity of the Candidate (Self Attested)			
f)	Mark Sheet/Certificate of Class X (High School) [as Date of Birth proof] (Self Attested)			
g)	Mark Sheet and Pass Certificate of Class XII (Self Attested)			
h)	Mark Sheet and Pass Certificate of B. Tech./ Course Completion Certificate (Self Attested)			
i)	Conduct/Character Certificate from Head of Institution Last Attended (Self Attested)			
j)	Migration/Transfer Certificate (Original)			
k)	Photo ID Proof (Self Attested)			
l)	Police Clearance Certificate/Character Certificate (As advised by District Administration) (Original)			
2.	Form No. 02: Fee Payment Form			
3.	Form No. 03: Data Sheet			
4.	Form No. 04: Undertaking- Moral and Disciplinary			
5.	Form No. 05: Anti Ragging Affidavits (Student and Parents) (02 copies each)			
6.	Form No. 06: Institute Admit Card			
7.	Form No. 07: Course Registration Form			
8.	Form No. 08: Medical Fitness Certificate (Original)			
9.	Form No. 09: Study Gap Affidavit			
10.	Form No. 10: Valid Category Certificate (EWS/SC/ST) on CCMT-2024 format (Note: The caste of the candidate must be in the state-wise central list)			
11.	Form No. 11: Valid Category Certificate for OBC-NCL candidates in the given format for OBC-NCL Candidates) [OBC-NCL Certificate must be issued on or after April 1, 2024] (Original)			
12.	Form No. 12: Undertaking-OBC			
13.	Form No. 13: Disability Certificate			
14.	Form No. 14: Undertaking - PwD Candidates			
15.	Form No. 15: Parents/Guardian Information			
16.	Form No. 16: Declaration			

Note: If the original documents/certificates are not in English/Hindi, duly certified English/Hindi version/translation of such documents/certificates shall be required during verification.

I hereby declare that the above statements are correct. In case I fail to submit the remaining documents by the specified deadline, I shall accept the Institute decision for seat cancellation and forfeit my claim on the admission.

Signature of the Student

- The above documents have been verified with the originals.
- The documents/proofs at S.No. _____ is/are not produced by the specified deadline then admission of the student gets cancelled as per rules of the institute/CCMT-2024.

Document Verifying Officer (1)

Document Verifying Officer (2)

HoD (SoC)

Faculty In-charge (Academic Affairs)

Indian Institute of Information Technology Una (H.P.)
Saloh, Una-177209
M. Tech. Admissions
Fee Payment Form

School : School of Computing

Branch : M. Tech. (CSE)

Gate Registration No.: _____

Name : _____

(a) Remaining Institute Semester Fee (to be paid through SBI Collect or through DD payable at SBI Una HP)(i) **Candidates Participated in CCMT 2024 only**

Candidates who have participated in CCMT – 2024 and got seat allotment in CCMT-2024 rounds SAF/PAF/SR/NSR.

Description		Open/OBC/EWS (₹)	SC/ST & PwD (₹)
I.	Total Institute Fee (A)	62,900/-	62,900/-
II.	Fee paid to CCMT(SAF+PAF)/SR/NSR (B)	40,000/-	15,000/-
III.	Balance Institute Fee to be paid at the time of physical reporting. (C) = A - B	22,900/-	47,900/-

(b) Hostel Fee (to be paid through SBI Collect or through DD payable at SBI Una HP).

Description		Open/OBC (₹)	SC/ST & PwD (₹)
I.	Mess Advance (A)	22,800/-	22,800/-
II.	Hostel Services and Maintenance Charges (B)	20,390/-	20,390/-
III.	Total Hostel Fee to be paid at the time of physical reporting. (C) = A + B	43,190/-	43,190/-

The remaining institute fee or hostel fee payment must be made by following the procedure given on the next page.

Sr. No.	Mode of Payment (SBI Collect / DD)	Amount	Date of Payment	Receipt No./ DD No.	Is proof of Payment attached or not
Institute Fee					
Hostel Fee					

Signature of student

Guidelines for Payment of Remaining Institute Fee/Hostel Fee

for M.Tech. admission in IIIT Una

PROCEDURE

Through SBI Collect

Institute Fee

1. Go to www.onlinesbi.sbi and select option SB Collect.
2. Select Category : Educational Institutions.
3. Filter by State : Himachal Pradesh
4. Search for Educational Institutions : IIITU
5. Click on : IIITU
6. Select payment category : 'INSTITUTE FEES'
And fill the details to proceed further.
7. The students are directed to fill **Gate Registration No in place of Roll Number**. Fill all the details to proceed further.
8. After filling the Form, pay the amount and save / take a print of the 'Proof of Payment' for further submission.

Hostel Fee

1. Go to www.onlinesbi.sbi and select option SB Collect.
2. Select Category : Educational Institutions.
3. Filter by State : Himachal Pradesh
4. Search for Educational Institutions : IIITU
5. Click on : IIITU
6. Select payment category : 'HOSTEL FEES'
And fill the details to proceed further.
7. The students are directed to fill **Gate Registration No in place of Roll Number**. Fill all the details to proceed further.
8. After filling the Form, pay the amount and save / take a print of the 'Proof of Payment' for further submission.

Through Demand Draft (DD)

- DD from any scheduled bank in favour of 'Director, IIIT Una' Payable at Una Himachal Pradesh.
- The students are directed to make separate DD for 'INSTITUTE FEES' and 'HOSTEL FEES'.

Indian Institute of Information Technology Una (H.P.)

Saloh, Una-177209
Data Sheet (Session 2024-25)

CCMT Application Number:

Date :	Entry Number:	Roll No:			
Name (in English):					
Name (in Hindi):					
Email:					
Date of Birth: (DD/MM/YYYY)	Religion:	Gender: Main Category: <small>(OP/OPPwD/EWS/SC/SCPwD/ST/STPwD/OBC/OBCPwD/OBC-NCL)</small>			
Student's Mobile Number:		Student's Aadhar Number:			
Do you Belong to Urban Area / Rural Area (tick <input checked="" type="checkbox"/> appropriate)		State: Country:			
Correspondence Address	PIN:				
Permanent Address	PIN:				
Nearest Railway Station:					
Gate Application No:	Gate Score:	Gate AIR-CRL:			
Gate AIR-Category:	Admitted Category: <small>(OP/OPPwD/EWS/SC/SCPwD/ST/STPwD/OBC/OBCPwD/OBC-NCL)</small>				
Country from where UG Passed:	State from where UG Passed:				
B.Tech. Institute/University Name:					
UG Year of Passing:	UG Percentage/CGPA:	State:			
PG Program: M.Tech.	Branch	M. Tech. Computer Science and Engineering			
Hosteller: Yes /No (tick <input checked="" type="checkbox"/> appropriate)	Hostel Name (tick <input checked="" type="checkbox"/> appropriate): BOYS / GIRLS				
Father's Name:	Father's Mobile:	Father's Email:			
Mother's Name:	Mother's Mobile:	Mother's Email:			
Guardian's Name:	Guardian's Mobile:	Guardian's Email:			
Fees Status	Total Fee paid to CCMT -2024	Amount 1: ₹	Date:	Amount 2: ₹	Date:
	IIIT Una Institute Fee	Amount: ₹	Date:	Receipt No.:	
	Total	Amount: ₹			

Signature of the Student

***Indian Institute of Information Technology Una (H.P.)
Saloh, Una-177209***

Name: _____ Branch: _____

Gate Registration No.: _____

- a. I hereby do undertake to devote myself to studies, games, and such extramural activities as are recognized by the Institution authority during my stay at the institute and shall appear in all class tests / seminars / quizzes, mid-term examinations and end semester examinations whenever required to do so by the concerned teacher or institution authorities. I shall also abide by the rules/regulations of the Institution as amended from time to time.
- b. I do clearly undertake that my name may be removed from the Roll of the Institute or I may be finally rusticated or expelled from the institute, if I directly or indirectly take part in any movement or agitation to stage Dharna and Strike in the institute for any reasons whatsoever, or induce directly any other activity which in the opinion of the institution is subversive of institution discipline.
- c. I also do undertake that concealment of any material fact in any application or furnishing of wrong information which might be detected at any stage even after my admission would render me disqualified and any amount paid by me towards Institution fees, etc., would stand forfeited.
- d. I hereby declare that I was never involved or punished in any case of indiscipline during my School/College studies so far. There is no enquiry pending against me with the School/College/Police/District authorities or the State to which I belong. In case the above declaration is proved false my admission in the Indian Institute of Information Technology Una may be cancelled, the amount deposited be forfeited and I would not be entitled to any claim whatsoever on the account.
- e. I have gone through the rules and regulations regarding ragging and disciplines of the Institution.

I hereby solemnly affirm that I will not indulge in any activities which violate any of the rules of the institute. I will have no claim against the order of the imposition of fine, suspension, rustication, expulsion from the institution and expulsion from the hostel or any other disciplinary action taken by the institute.

Dated:

Signature of Candidate

Permanent Home Address (in CAPITAL LETTERS)	
.....	
.....	
.....	
Pin:	Tel. No./ Mobile No:
Email address:	

Online Generation of Anti Ragging Affidavit Through www.antiragging.in

The registration for Anti Ragging Affidavit can be done at the following link:

https://www.antiragging.in/affidavit_university_form.php

Following are the details to be filled in “College Details” information:

Details	Information to be filled
State in which the College is	Select “Himachal Pradesh”
Name of the College	IIIT Una (H.P.)
Director/Principal Name	Enter “Prof. Manish Gaur”
Phone No.	Enter “1975-257902”
Nearest Police station Name and Address	Enter “Haroli, H.P.-177220”

Following are the details to be filled in “Course Details” information:

Details	Information to be filled	
Post Graduate or Post Graduate	Select “Post Graduate Degree”	
Name of the Course	Enter “M.Tech.”	
How many students are in your Class	Branch	Total Number of Students
	Computer Science and Engineering	15
Year of Study	Select “1”	

Note:

- i) Generate Affidavit by the **Student** and take 2 copies for submission, one for Institute and the other for Hostel.
- ii) Generate Affidavit by the **Parent/ Guardian**.
- iii) The student name, registration number must be written on the print out and signed by the student/ parent.



Indian Institute of Information Technology
Una (H.P.)
Saloh, Una-177209

Institute Admit Card (M.Tech.)

Mr/Ms: _____ S/D/O: _____

Registration No: _____

School: School of Computing

Branch: M. Tech. CSE

Date of Registration in the Institution: _____

Documents to be submitted (if any): _____

Admission is Provisional subject to submission of above document(s) by 30, Sept.'24.

Faculty In-charge (Academic Affairs)

Admit Card (Candidate Copy)



Indian Institute of Information Technology
Una (H.P.)
Saloh, Una-177209

Institute Admit Card (M.Tech.)

Mr/Ms: _____ S/D/O: _____

Registration No: _____

School: School of Computing

Branch: M. Tech. CSE

Date of Registration in the Institution: _____

Documents to be submitted (if any): _____

Admission is Provisional subject to submission of above document(s) by 30, Sept.'24.

Faculty In-charge (Academic Affairs)



Indian Institute of Information Technology
Una (H.P.)
Saloh, Una-177209
Course Registration Form

AY 2024-25

Name: Mr. / Ms. :

Gate Registration No.:

School : School of Computing

Branch : M. Tech. (CSE)

Email Id :

I Sem M. Tech. CSE

Signature of the Student

MEDICAL EXAMINATION REPORT

(May be obtained from any authorized Govt. Medical Officer of the student's native place)

Gate Application No.: _____

GENERAL EXPECTATIONS

Candidate will have good general physique with:

(a)	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
(b)	Hearing	should be normal. Defective hearing should be corrected
(c)	Heart and Lungs	should not have any abnormality and no history of mental disease or Epileptic fits

PERSONAL HISTORY

1.	Name	
2.	Father/Guardian's Name	
3.	Date of Birth Age (as on date of Admission)	Years _____ Months _____
4.	Gender	
5.	Identification Mark on the Body (This can be a mole, scar or birthmark)	
6.	Major illness/operation (Specify nature of illness/operation)	

Declaration by student:

I am not suffering from any chronic illness like Epilepsy, Bronchial Asthma, etc.

Signature of the Candidate

MEDICAL CERTIFICATE

(Item 7-19 to be filled by Medical Officer conducting the Medical examination)

7.	Height	cm.
8.	Weight	Kg.
9.	Blood Group	
10.	Past History	(a) Mental Disease (b) Epileptic fit
11.	Chest	(a) Inspiration cm. (b) Expiration cm.
12.	Vision with or without glass	(a) Right eye (b) Left eye (c) Colour Blindness
13.	Hearing	
14.	Abdomen	(a) Liver (b) Spleen
15.	Respiratory system	
16.	Nervous system	
17.	Heart	(a) Sounds (b) Murmur
18.	(i) Hernia (ii) Hydrocele	
19.	Any other defects	

Certified thatson/daughter of

- (i) fulfills the prescribed standard of physical fitness and is FIT for admission to engineering studies
- (ii) does not fulfill the prescribed standard of physical fitness and is unfit/temporarily unfit for admission due to following defects:

Signature of the Medical Officer

Date:

Regn. No.:

SEAL

Tick if applicable or not: **Applicable / Not applicable**

I _____ S/D/o _____

R/o _____

do hereby solemnly state as under:

- 1 That my above name and address is correct.
- 2 That I have passed B.Tech. from _____
Institute/University in the year with _____ **Percentage/CGPA.**
- 3 That there is a gap of _____ year/s between passing of B.Tech. and now seeking admission in the **Indian Institute of Information Technology Una (HP).**
- 4 That during this gap period I was doing _____
_____.
- 5 That during this gap period, I was neither studying anywhere nor passed any other examination.
- 6 That I was not involved in any criminal offence whatsoever and I was not punished for any offence by any Court of law during this gap period.

DEPONENT VERIFICATION

That the above statement is true to the best of my knowledge and belief and nothing has been concealed.

DEPONENT

Note: Affidavit (on stamp paper of ₹10 denomination in the given format) for the gap of study after B. Tech. (if any) duly signed by Oath Commissioner/ Notary Public/ Executive Magistrate.

FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES

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

*The Constitution (Scheduled Castes) Order, 1950

*The Constitution (Scheduled Tribes) Order, 1950

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature: _____

Designation _____

(with seal of the Office)

Place: _____ State/Union Territory* _____

Date: _____

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

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

IMPORTANT NOTES

The term "ordinarily reside(s)***" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950. Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshdweep Island).
6. Certificate issued by any other authority will be rejected

To be issued on or after 01.04.2024

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

This is to certify that Shri/Smt./Kum* _____ Son/
 Daughter* of Shri/Smt.* _____ of Village/
 Town* _____ District/Division* _____ in the
 State/Union Territory _____ belongs to the
 _____ community that is recognized as a backward class under
 Government of India**, Ministry of Social Justice and Empowerment's Resolution No.
 _____ dated _____ ***

Shri/Smt./Kum. _____ and/or
 his/her family ordinarily reside(s) in the _____ District/Division
 of the _____ State/Union Territory. This is also to certify that **he/she does NOT belong to the persons/sections (Creamy Layer)** mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93- Estt.(SCT) dated 08.09.1993 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09.03.2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated 14.10.2008, again further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30.05.2014.

District Magistrate /
 Deputy Commissioner /
 Any other Competent Authority

Dated:

Seal

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

** As listed in the Annexure (for FORM-OBC-NCL)

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

NOTE:

- The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- The authorities competent to issue Caste Certificates are indicated below:
 - District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ 1st Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 - Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - Revenue Officer not below the rank of Tehsildar' and
 - Sub-Divisional Officer of the area where the candidate and/or his family resides

ANNEXURE for FORM-OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12018/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014

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 08.09.1993. 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 08.09.1993, which is modified vide Department of Personnel and Training Office
Memorandum No.36033/3/2004 Estt.(Res.) dated 09.03.2004. 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***

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP size Attested Photograph (Showing face only) of the person with disability

Certificate No. _____ Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum. _____

_____ son/ wife/daughter of Shri _____

Date of Birth (DD/MM/YY) _____ 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 he/she is a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is 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		

(Please strike out the disabilities which are not applicable.)

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

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.
3. Reassessment of disabilities:
 a. not necessary
 Or
 b. is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY)
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorized Signatory of notified Medical Authority)
 (Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Note: 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

The following is to be duly filled and printed/typed on Rs. 50/- Non Judicial Stamp paper and duly notarized.

AFFIDAVIT

(Only for PwD candidates accepting the seat at Institute)

I, _____ (Name of candidate) Gate
2024 Registration No. _____, Son/ Daughter of _____ and resident of
_____ do hereby solemnly
affirm and state as follows:

1. That, I have accepted the seat allotted to me by CCMT at IIIT Una, Himachal Pradesh.
2. That, I know that the document verification will be done Online by the official of the Institute based on documents uploaded by me.
3. That, I know that physical examination is required to judge the percentage of disability, which is not being done during Online Document Verification.
4. That, my physical examination will be done by the Institute at the time of physical reporting whenever the Institute reopens.
5. That, at the time of physical reporting if the Medical Board at the Institute finds that percentage of my disability is below the required level, my seat will be cancelled and I will not have any claim on the seat allotted in the Institute.
6. That, if my seat is cancelled at the time of physical reporting, I will not have any claim on the fee deposited by me as per rules of CCMT/Institute.

Deponent

Verified at _____ on this ____ day of _____ 2024 that the contents of the above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Deponent

***Indian Institute of Information Technology Una (H.P.)
Saloh, Una-177209***

Candidate Name:	
Gate Application No.:	
Father's Name:	Affix Passport Size Photograph
Father's Mobile:	
Father's Email:	
Father's Occupation:	
Father's Aadhar No.:	
Mother's Name:	Affix Passport Size Photograph
Mother's Mobile:	
Mother's Email:	
Mother's Occupation:	
Mother's Aadhar No.:	
Guardian's Name:	Affix Passport Size Photograph
Guardian's Mobile:	
Guardian's Email:	
Guardian's Occupation:	
Guardian's Aadhar No.:	

Dated:

Signature of Candidate

DECLARATION

I am aware that my admission is cancellable if there is a mismatch in the original certificates and the online copy uploaded during CCMT verification process by me based on which the seat is allocated to me in this institute, or any mismatched found at later stage AND

I assure that in case of such unforeseen and unfortunate event, I will take the complete responsibility on my own and I will not hold the institute responsible for my wrongful act AND

I am aware that I am not entitled for any refund of amount paid to the institute and will quit the institute smoothly without causing any hardship to the institute in case of cancellation.

<Signature of student>

<Endorsed by parent/guardian>