<u>AFFIDAVIT</u>

Undertaking by student

1.	I,					
	S/o D/o Mr./Mrs./Ms, having					
	been admitted to					
	(Name of the Institution) , have received a copy of the UGC/AICTE 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 4 of the Regulations and am aware as to what constitutes ragging.					
3.	I have also, in particular, perused clause 5(3) and clause 8(4)(a) 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 4 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 4 of the Regulations.					
5.	I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause					
	8(4)(a) 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.					
	ERIFICATION					
V	erified that the contents of this affidavit are true to the best of my knowledge and no part of the fidavit is false and nothing has been concealed or misstated therein.					
P	lace:					
D	ate: Signature of deponent					
	Address:					
	Telephone/ Mobile No.:					
	colemnly affirmed and signed in my presence on this the (day) of (month), (year) after reading the contents of this affidavit.					

AFFIDAVIT BY PARENT/GUARDIAN

1.	I, Mr./Mrs./Ms	1.4	- Fil		The second secon	
	Father/Mother/Guardian	of		Mr./Mrs./Ms.	S/o	D/o
	Mr./Mrs./Ms	ukiben 6.26	A V		CONTRACTOR OF THE SECOND	, having
	been admitted to		11	38.1 1118		
	(Name of the Institution)	, have receive	d a cop	y of the UGC/A	ICTE Regulations	on Curbing
	the Menace of Ragging	in Higher Ed	ucationa	Institutions,	2009, (hereinafte	r called the
	"Regulations") carefully r	read and fully	unders	stood the prov	isions contained	in the said
	Regulations					

- 2. I have, in particular, perused clause 4 of the Regulations and am aware as to what constitutes ragging.
- 3. I have also, in particular, perused clause 5(3) and clause 8(4)(a) 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 4 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 4 of the Regulations.
- 5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 8(4)(a) 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.

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.

Place :	
Date :	Signature of deponent
	Address:
	Telephone/ Mobile No.:

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