## AFFIDAVIT BY THE STUDENT

- I , \_\_\_\_\_\_ ( full name of student with admission/registration/ enrollment number) S/O. or D/O. Mr./Mrs/Ms. having been admitted to\_\_\_\_\_\_ (name of Institution) have received a copy of the UGC Regulations on curbing the menace of Ragging in Higher Educational Institutions. 2009, 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 panel 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 behavior or act that may be constituted as ragging under cause 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 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 Country on account of being found guilty of abetting or being part of 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 is 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 the	(Day) of	(Mo	nth)	(Year)
			Signature of deponent		
•	and signed in my presence on this_ ontents of this affidavit.	(Da	y)of	_(Month	_ (Year)

Oath Commissioner | Notary | Executive Magistrate

## **AFFIDAVIT BY THE PARENTS / GUARDIAN**

- I Mr. ,'Mrs,/Ms... \_\_\_\_\_\_ ( full name of parent/guardian) Father i Mother/ Guardian of (full name of student with admission/registration /enrollment number) having been admitted to \_\_\_\_\_\_\_ (name of Institution) have received a copy of the UGC Regulations on curbing the menace of Ragging in Higher Educational Institutions. 2009, 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 panel and administrative action that is liable to be taken against my ward in case her/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 cause 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 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 Country on account of being found guilty of abetting or being part of 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
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Signature of the deponent

Name :

## VERIFICATION

Verified that the contents of this affidavit is 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 the	(Day) of		(Month) Signature of deponent	
			Signatu		
•	ed and signed in my presence on this_ e contents of this affidavit.	(I	Day)of	(Month	(Year)

Oath Commissioner | Notary | Executive Magistrate