AFFIDAVIT BY THE STUDENT

			t with admission/registration/e
rolment number) S/O. or D/O. Mr. / N	/rs. /Ms	inehitaioame	, having been admitted
			copy of the UGC Regulations
curbing the menace of Ragging in H	ligher Education	onal Institution	s, 2009, carefully read and fu
understood the provisions contained	I in the said Re	egulations.	
2. I have, in particular, perused	clause 3 of the	e Regulations a	and am aware as to what cons
tutes ragging.			
3. I have also, in particular, per	used clause 7	and clause 9.1	of the Regulations and am fu
aware of the panel and administrative	e action that is	liable to be take	en against me incase I am fou
guilty of or abetting ragging, actively of	or passively, or	being part of a	a conspiracy to promote raggir
4. I hereby solemnly aver and u			
a) I will not undilge in any b	pehaviour or a	act that may be	e constituted as ragging und
clause 3 of the Regulations.			sa for liw here y Mija
b) I will not participate in or a	bet or propaga	ate through any	y act of commission or omissi
that may be constituted as ragging u	inder clause 3	of Regulations	S. Shi mali yanani
		Language of the Control of the Contr	le for punishment according
clause 9.1 of the Regulations, withou			
against me under any penal Law or a			
6. I hereby declare that I have it			
tion in Country on account of being fo	und guilty of, a	abetting or bein	g part of conspiracy to promo
ragging; and further affirm that, in ca	ise the declara	ation is found to	o be untrue, I am aware that r
admission is liable to be cancelled.			
Declared this day of	month of	у	/ear
•			Signature of deponent
			Name:
moted targ	VERIFICA	TION	Bank State State of the State o
Verified that the contents of this affid			: 20 LB 12 20 10 12 12 12 12 12 12 12 12 12 12 12 12 12
	davit are true to	o the best of m	ny knowledge and no part of the
affidavit is false and nothing has been	davit are true to	o the best of m	
affidavit is false and nothing has bee	davit are true to n concealed o	o the best of m r misstated the	erein.
	davit are true to n concealed o	o the best of m r misstated the	erein.
affidavit is false and nothing has been verified at (Place) or	davit are true to n concealed o	o the best of m r misstated the	erein.
affidavit is false and nothing has been verified at (Place) or	davit are true to n concealed o	o the best of m r misstated the	erein. (Month),
affidavit is false and nothing has been verified at (Place) or	davit are true to n concealed o	o the best of m r misstated the	erein.
affidavit is false and nothing has been verified at (Place) or	davit are true to n concealed on this the	o the best of m r misstated the (Day) of _ 	erein. (Month),

AFFIDAVIT BY THE PARENTS / GUARDIAN

(Iuli flaffle of Student with admiss	parent/guardian) Father / Mother / Guard-
III DCCI dullille III	ion/registration/oprolment numbers
ing been admitted to (name of the insti Regulations on curbing the menace of Ragging in Higher read and fully understood the provisions contains die the	itution) house managers
read and fully understig the menace of Ragging in Higher	Educational Institutions, 2009, carefully
2. I have, in particular, perused clause 3 of the Regular	ulations and am aware as to what so not
tatoo ragging.	
3. I have also, in particular, perused clause 7 and clause 7.	ause 9.1 of the Regulations and am fully
and of the parter and administrative action that is liable	to be taken against missioned in-
and is round guilty of of abelling radding, actively or has	ssively, or being part of a conspiracy to
promote ragging.	va via vitas antigues antigues antigues
4. I hereby solemnly aver and undertake that	
a) My ward will not undilge in any behaviour or	act that may be constituted as ragging
and sidde of the Regulations.	
b) My ward will not participate in or abet or propa omission that may be constituted as ragging under claus.	agate through any act of commission or
o. Thereby annual that, it found dulity of radding my	ward is liable for numich ment
to stade of the requiations, without prelining to any	other criminal action that
and and and any penal Law of any I aw for the	time being in force
o. Thereby declare that my ward has not been expe	lled or deharred from admission in
and the second of the second o	anotting or house ment of
promote, ragging, and fulfilled alliff that in case the declar	aration is found to be untrue, the admis-
ward is liable to be callcelled	
Declared this day of month of year	
	The state of the s
	Signature of deponent
	The state of the second state of the second
Joseph Jo	Name:
VERIFICATION	Name:
VERIFICATION Verified that the contents of this affidavit are true to the be	Name:
Verified that the contents of this affidavit are true to the be affidavit is false and nothing has been concealed or misster.	Name :
Verified that the contents of this affidavit are true to the be affidavit is false and nothing has been concealed or misster.	Name :
Verified that the contents of this affidavit are true to the be	Name :
Verified that the contents of this affidavit are true to the be affidavit is false and nothing has been concealed or misster.	Name : est of my knowledge and no part of the ated therein(Month), (Year)
Verified that the contents of this affidavit are true to the be affidavit is false and nothing has been concealed or missta Verified at (Place) on this the (Day) of	Name :
Verified that the contents of this affidavit are true to the be affidavit is false and nothing has been concealed or missta Verified at (Place) on this the (Day) of	Name : est of my knowledge and no part of the ated therein(Month),(Year) Signature of deponent
Verified that the contents of this affidavit are true to the be affidavit is false and nothing has been concealed or missta Verified at (Place) on this the (Day) of	Name : est of my knowledge and no part of the ated therein(Month),(Year)
Verified that the contents of this affidavit are true to the be affidavit is false and nothing has been concealed or missta Verified at (Place) on this the (Day) of	Name : est of my knowledge and no part of the ated therein(Month),(Year) Signature of deponent
Verified that the contents of this affidavit are true to the be affidavit is false and nothing has been concealed or missta Verified at (Place) on this the (Day) of	Name : est of my knowledge and no part of the ated therein(Month),(Year) Signature of deponent
Verified that the contents of this affidavit are true to the be affidavit is false and nothing has been concealed or misstal verified at (Place) on this the (Day) of Solemnly affirmed and signed in my presence on this (Year) after reading the contents of this affivavit.	Name: est of my knowledge and no part of the ated therein. (Month),(Year) Signature of deponent (Day) of(Month),
Verified that the contents of this affidavit are true to the be affidavit is false and nothing has been concealed or misstal verified at (Place) on this the (Day) of Solemnly affirmed and signed in my presence on this (Year) after reading the contents of this affivavit.	Name : est of my knowledge and no part of the ated therein(Month),(Year) Signature of deponent