FORMAT OF UNDERTAKING BY THE STUDENT

I	(Full Name in Block Letters)	Son/ Daughter of Mr./M	Irs./Ms	-
	_(Full Name in Block Letters)	admitted to the course	of	
	(Name of Course)with Admission No	_		
at	_(Name of College / Institution)_affiliat	ted to		
	(Name of University)_have received a copy tion of Ragging in Medical Colleges and Institutio ions). I have carefully read and fully understood the provi	ns) Regulations, 2021(he	reinafter referred to	
3.	I have particularly perused the provisions of regood what constitutes "ragging".	gulations3and 4 of the s	aid regulations and	have fully
4. penal a	I have also in particular perused the provisions of Cactions that may be taken against me in case I am ly, or being part of a conspiracy to promote ragging.	_		
5.	I hereby undertake that—			
	(i) I will not indulge in any behaviour or act the constituted under regulation3 of the said regulation.		lefinition of ragging	as may be
	(ii) I will not participate in or abet or propagate may be constituted under regulation3 of the s		ded but not limited to	those that
	(iii) I will not hurt anyone physically or psycholog	gically or cause any other l	narm.	
6. said reg	I hereby agree that if found guilty of any aspect ogulations or as per the applicable laws for the time be		hed as per the provis	ions of the
	I also declare that I have never been found to be guring part of a conspiracy to promote ragging and have ther affirm that if this declaration is incorrect or false	e never been punished in	any manner for these	offences
Signed	on this theday of month ofyear.			
				Signature
		Name:		
		Address:		
			Tel/ Mobile No:	
Signat	ture of Witness 1:			
Name	e of Witness 1):			
Addre	ess:			
Signat	ture of Witness 2:			
(Name	e of Witness 2):			
A	ddress:			

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

I	(Full Nan	ne in Block Le	tters)	F	Father / Mother/ Guardian	of				
Mr./Mr	rs./Ms(Full Name of	Student in Block	Letters)a	dmitted to the course of	(Name				
of	Course)	with	Admission							
No	at	(Nan	e of	College /Institution	affiliated to					
	(Name 0	of Univer	sity							
hereby declare that I have received a copy of the National Medical Commission (Prevention and Prohibition										
$of\ Ragging\ in\ Medical\ Colleges\ and\ Institutions)\ Regulations,\ 2021 (hereinafter\ referred\ to\ as\ the\ said\ regulations).$										
2. I have carefully read and fully understood the provisions in the said regulations										
8. I have particularly perused the provisions of regulations3 and 4 of the said regulations and have fully										
understood what constitutes "ragging".										
$\textbf{9.} \hspace{1.5cm} \textbf{I have also in particular perused the provisions of Chapter IV} \ \text{and read and understood the administrative and} \\$										
penal actions that may be taken against my son/daughter/ward in case he /she is found guilty of ragging or abetting										
ragging, actively or passively, or being part of a conspiracy to promote ragging.										
10.	10. I hereby undertake that my son/ daughter/ ward —									
	(i) will not indulge in any behaviour or act that may come under the definition of ragging as may be									
	constituted under regulations3 and 4 of the said regulations; (ii) will not participate in or about or propagate regging in any form included but not limited to those that									
	(ii) will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulations 3 and 4 of the said regulations;									
				psychologically or cause						
11. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be										
punished as per the provisions of the said regulations or as per the applicable law for the time being in force.										
12. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or										
passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these										
offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled										
/withdrawn.										
		Si	gned on this the_	day ofmonth o	ofyear.					
				Name		Signature				
Name:										
Address:										
	Tel/ Mobile No.									
Signatu	ire of Witne	ess 1:								
(Name	of Witness	1):								
Addres	s:									
Signature of Witness 2:										
(Name	of Witness	2):								
Address:										