

UNDERTAKING BY PARENTS

I, Mr./Mrs./Ms(full name of parent/
guardian) father/ mother/ guardian of (full
name of student with admission/ registration/ enrolment number
having been admitted to BAMS 1st Year in **GS Ayurveda Medical College & Hospital,
Pilkhuwa, Hapur, Uttar Pradesh.**

1. I have received the copy of the UGC Regulation on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”), carefully read and fully understood the provision 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 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 behavior or act that may be constituted as ragging, under clause 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 the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 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.
7. I hereby declare that my ward will follow all the rules and regulations of hostel and college otherwise institute has full right to forfeit my security amount.

Declared this day of month ofyear

Signature of deponent _____

Name:

Address:

Telephone / Mobile No: