## Undertaking by the Parent/Guardian regarding Anti Ragging Laws (On Rs. 100 Stamp Paper)

1) I, Mr./Mrs./Ms	(full name of parent/guardian)
father/mother/guardian of,	(full name of student with
admission/registration/enrolment number),	
•	titution), have received a copy of the UGC
Regulation on Curbing the Menace of Ragging in Higher Edu the "Regulations"), carefully read and fully understood the p	
2) I have, in particular, perused clause 3 of the Regulations a	nd am aware of what constitutes ragging.
3) I have also, in particular, perused clause 5 and clause 6.1	of the Regulations and am fully aware of the
penal and administrative action that is liable to be taken aga	
or abetting ragging, actively or passively, or being part of a c	onspiracy to promote ragging.
4) I hereby solemnly aver and undertake that	
<ul> <li>a) My ward will not indulge in any behavior or act that of the Regulations.</li> </ul>	may be constituted as ragging, under clause 3
b) My ward will not participate in or abet or propagate that may be constituted as ragging under clause 3 of t	
5) I hereby affirm that, if found guilty of ragging, my ward is of the Regulations, without prejudice to any other crimina 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 the country on account of being found guilty of, abetting or the and further affirm that, in case the declaration is found to be be cancelled.	peing part of a conspiracy to promote, ragging,
7) I hereby declare that my ward will follow all the rul otherwise institute has the full right to forfeit my security ar	5
Declared this day of month ofy	/ear.
<b>1</b> 7	Signature of deponent
Name : Address :	
Telephone / Mobile No:	
<u>VERIFICATION</u>	J
Verified that the contents of this affidavit are true to the besis false and nothing has been concealed or misstated therein	t of my knowledge and no part of the affidavit
Verified aton this theday ofmonth	n ofyear.

Signature of deponent

# Undertaking by the Student with respect to Anti Ragging Laws (on Rs. 100 Stamp Paper)

1) I,		Soi	n/ daughter of Mr.,	/Mrs,
having been ad <b>Hapur (U.P.)</b> a in Higher Educ	mitted to <b>BAMS</b> p nd I have received	rogramme, at <b>G</b> I the copy of the ns, 2009, (here	S Ayurveda Medice UGC Regulations inafter called the	cal College & Hospital, Pilkhuwa on Curbing the Menace of Raggin "Regulations"), carefully read and
2) I have, in pai	ticular, perused c	lause 3 of the Re	gulations and am a	aware of what constitutes ragging.
the penal and a	dministrative acti	on that is liable	to be taken agains	Regulations and am fully aware o t me in case I am found guilty of o to promote ragging.
a) I will no the Reg b) I will no	ulations. ot participate in o	pehavior or act to act to act to act to act to act to act or propage	-	tuted as ragging under clause 3 oct of commission or omission tha
the Regulations	_	ce to any other	criminal action tha	nishment according to clause 9.1 o at may be taken against me unde
country on acc ragging; and fu	count of being for	und guilty of, a in case the dec	betting, or being	admission in any institution in the part of a conspiracy to promote to be untrue, I am aware that my
Declared this_	day of	month of_	year.	
				Signature of deponent
		Telephone	Name : Address : / Mobile No:	
		<u>VERII</u>	FICATION	
			rue to the best of a or misstated therei	my knowledge and no part of the in.
Verified at	on this the	day of	month of	year.
				Signature of deponent

### **Affidavit**

(on stamp paper of Rs. 100)

## <u>In front of:</u> Director, GS Ayurveda Medical College and Hospital, Pilkhuwa, District Hapur, Uttar Pradesh-245304.

I,, son/daug	•	
solemnly affirm under oath that:		,
1. My name and address stated above is co	rrect.	
2. I have taken admission to the <b>BAMS</b> pro and <b>Hospital</b> , a constituent college of <b>O</b> Station, Pilkhuwa, District Hapur, U.P. 24 examination and counselling process.	<b>GS University</b> , Peeplabandpur, NH-	9, Near Railway
3. I shall follow all the rules and regulation the GS University at all times. Should I be of GS Ayurveda Medical College and Hospi be free to take any disciplinary action it de	ever found guilty of violating the rules tal and GS University, the College and	and regulations
4. I stand informed that consumption of to College and hostel premises. Should I be e University shall be free to take any discipli	ver found guilty of violating this rule	
5. I shall remain committed to pay the fee College. The fee shall include the academi be in conformity with the fee prescribed by the Government of Uttar Pradesh as Supreme Court.	c(tuition) fee and also the security do y the Admission and Fee Regulation C	eposit. This shall Committee set up
6. I recognize that GS Ayurveda Medical University, Hapur, and the University is 2019. I shall therefore be committed to peach of the University Professional Examin I also recognize that the External Examinat Supplementary Examination, and shall be repeat the regular examination.	run under the Uttar Pradesh Private ay the External Examination Fee to C nation. This charge shall be as levied b tion Fee shall be charged separately for	e University Act, GS University for by GS University. or the University
7. Should under any circumstance, I am to programme, I shall be required to pay the entire remaining period of the <b>BAMS</b> proposed would be free to take any action it deems for the shall be the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the entire remaining period of the shall be required to pay the shall be required to be	ne entire course tuition fee that shall cogramme to the College. Failing wh	I fall due for the
I affirm that I am fully aware of all the facme.	ts stated above and that no fact has b	peen concealed by
Should any dispute arise on any point of prevail.	law, the decision of the District Cou	ırt at Hapur shall
	Signature of the Deponent	
	Name	
	Father's/husband's name	
	Address	

Date .....

## <u>Affidavit</u>

(On stamp paper of Rs. 100)

In front of:- Director, GS Ayurveda Medical College and Hospital, Pilkhuwa, District Hapur, Uttar Pradesh-245304.
,, son/daughter/wife of Shriand resident
of,
solemnly affirm under oath that:
1. My name and address stated above is correct.
2. I have taken admission to the <b>BAMS</b> programme being run at <b>GS Ayurveda Medical College and Hospital,</b> a constituent college of <b>GS University</b> , Peeplabandpur, NH-9, Near Railway Station, Pilkhuwa, District Hapur, U.P. 245304, in the session <b>2025-26</b> through the NEET-UG examination and counselling process.
3. I am fully responsible for the documents (photocopies) submitted to the college at the time of my admission or in future.
4. If any error or fraud is found in the documents submitted by me, then the college will not be held responsible for that and the college can take any action against me.
5. I will maintain a minimum of <b>75%</b> attendance at the college as per the university's rules. If my attendance falls below <b>75%</b> , the college has the full right to prevent me from taking my university examinations.
affirm that I am fully aware of all the facts stated above and that no fact has been concealed by me.
Should any dispute arise on any point of law, the decision of the District Court at Hapur shall prevail.
Signature of the Deponent
Name
Father's/husband's name

Date .....

Address.....

### **Affidavit**

(On Rs. 100 stamp paper)

In front of:- Director, GS Ayurveda Medical College and Hospital, Pilkhuwa, District Hapur, Uttar Pradesh-245304.

I,, son/daughte	er/wife of Shriand reside	ent
of		,
solemnly affirm under oath that:		
1. My name and address stated above is correct	ct.	
2. That I have passed the examination of	in the year	
3. That after passing the examination of	in the year, I have a g	gap
of years from the year	to During t	this
period, I have not been a regular stud	dent in any government or non-governm	ent
institution/college and I have not done any ille	egal work during this period.	
I affirm that I am fully aware of all the facts st me.	cated above and that no fact has been concealed	by
Should any dispute arise on any point of law prevail.	v, the decision of the District Court at Hapur sh	nall
	Signature of the Deponent	
	Name	
	Father's/husband's name	
	Address	
Date		