FORMAT OF UNDERTAKING BY THE STUDENT & THE PARENT Prevention and Prohibition of Ragging in Medical College

As per National Medical Commission Notification New Delhi, the 18th November, 2021

[No. UGMEB/NMC/Rules & Regulations/2021]

FORMAT OF UNDERTAKING BY THE STUDENT I (Full Name in Block Letters) Son/ Daughter of Mr./Mrs./Ms. (Full Name in Block Letters) admitted to the course of (Name of Course) with Admission No. at (Name of College / Institution) affiliated to (Name of University) 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. 3. I have particularly perused the provisions of regulations3 and 4 of the said regulations and have fully understood what constitutes —ragging. 4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging. 5. I hereby undertake that— (i) I will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulation3 of the said regulations; (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation3 of the said regulations; (iii) I will not hurt anyone physically or psychologically or cause any other harm. 6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force. 7. I also declare that I have 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offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn. Signed on this the day of month of year. Signature Name: Address: Tel/ Mobile No: Signature of Witness 1: (Name of Witness 1): Address: Signature of Witness 2: (Name of Witness 2): -----Address: [भाग III—खण ड 4] भारत का राजपि : अा

FORMAT OF UNDERTAKING BY THE STUDENT

I	(Full Name in Block Letters)	Son/ Daughter of Mr./Mrs./Ms									
	(Full Name in Block Letters)	_admitted to the course of									
	(Name of Course)with Admission No										
at	(Name of College / Institution)_affili	ated to									
		of the National Medical Commission (Prevention and ions) Regulations, 2021(hereinafter referred to as the said									
2.	I have carefully read and fully understood the provisions in the said regulations.										
3. under	I have particularly perused the provisions of restood what constitutes "ragging".	regulations3and 4 of the said regulations and have fully									
=		Chapter IV and read and understood the administrative and n found guilty of ragging or abetting ragging, actively on .									
5.	I hereby undertake that—										
	 I will not indulge in any behaviour or act constituted under regulation3 of the said regu 	that may come under the definition of ragging as may be ulations;									
	(ii) I will not participate in or abet or propagate may be constituted under regulation3 of the	e ragging in any form included but not limited to those that said regulations;									
	(iii) I will not hurt anyone physically or psychologically	ogically or cause any other harm.									
6. said 1	I hereby agree that if found guilty of any aspect regulations or as per the applicable laws for the time b	of ragging, I may be punished as per the provisions of the eing in force.									
		uilty of ragging or abetting ragging, actively or passively, we never been punished in any manner for these offences ie, my admission is liable to be cancelled / withdrawn.									
Signe	ed on this theday of month of year.										
		Signature									
		Name:									
		Address:									
		Tel/ Mobile No:									
Sign	nature of Witness 1:										
(Naı	me of Witness 1):										
Add	lress:										
Sign	nature of Witness 2:										
(Naı	me of Witness 2):										
	-Address:										

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

I	(Full N	Tame in	Block Lette	ers)			_ Father	Mother/ Guardian	of			
Mr./Mrs./Ms(Full Name of Student in Block Letters)_					Letters)	admitted to the course of(Name						
of	Course	?)	with	Admission								
No	at		(Name	of	College	/Instituti	on)	affiliated to)			
	(Name	of	Universit	y								
	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".												
9.	9. I have also in particular perused the provisions of Chapter IV 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. 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											
	C	onstitut	ted under re	egulations3 and	1 4 of the said	l regulation	ons;					
	(ii) v	vill not	participate	in or abet or p	propagate rag	gging in a	any form	included but not limit	ed to those that			
				under regulation			-	A140.51				
	(iii) V	vill not	hurt anyon	e physically or	psychologica	ally or car	use any o	ther harm.				
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/sh	ne has never b	een found to	be guil	ty of rag	gging or abetting raggi	ing, 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												
/withd	rawn.											
			Sign	ned on this the_	day o	of_mont	h of	year.				
									Signature			
	Name:											
	Address:											
	Tel/ Mobile No.											
Signat	ure of Wi	tness 1:										
(Name	of Witne	ess 1):										
Addre	ss:											
Signat	ure of Wi	tness 2:										
(Name	of Witne	ess 2):										
A	ddress:											