

ANNEXURE – II

AFFIDAVIT BY PARENT / GUARDIAN

1, Mr /Mrs /MS _____ (full name of parent/guardian/father/ mother) of, _____ (full name of student with admission/registration/enrolment number), having been admitted to Regional Institute of Medical Sciences, Lamphelpat, Imphal do hereby make oath and solemnly affirm as follows:

- 1) That, I have received a copy of the UGC Regulations on curbing the Menace of Ragging in Higher Educational Institutions, 2009 (hereinafter called the “Regulations’) carefully read and fully understood the provisions contained in the said Regulations.
- 2) That, I have, In particular perused clause 3 of the Regulations and am aware as to what constitutes, ragging.
- 3) That, I have also, in particular, perused clause 7 and Clause 9.1 of the Regulations and fully aware of the panel 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, actively or passively, or being part of a conspiracy ragging.
- 4) That, 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 though any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) That, I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 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) That, I hereby affirm that my ward has not been expelled or debarred from admission in any institutions 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.

Declared this _____ day of _____ month of _____ year _____

Signature of deponent

Name:

Addresses:

Telephone/Mobile No.:

VERIFICATION

Verified that the statements made in the paragraph no. 1,2,3,4,5 and 6 are all true to the best of my knowledge.

Verified at _____ (place) _____ on this the (day) of _____ (month) _____ (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month) _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER