



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MADURAI

अखिल भारतीय आयुर्विज्ञान संस्थान, मदुरै

அகில இந்திய மருத்துவ அறிவியல் நிறுவனம், மதுரை

ANTI RAGGING UNDERTAKING (AFFIDAVIT) BY PARENT / GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of _____ (full name of student), having been admitted to MBBS course in the All India Institute of Medical Sciences, Madurai have gone through the 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.

I hereby declare that:

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. I have also, in particular, perused clause 7 and clause 9.1 of the 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.
3. I hereby solemnly affirm and undertake that
 - a. My ward will not indulge in any behaviour 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.
4. 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.
5. 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.

Declared this _____ day of _____ month of _____ 2020.

Signature of Deponent (Parent)

Name of the Deponent (Parent/Guardian) :



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Address of the Parent/Guardian :

Telephone/ Mobile No. :

E-mail :

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at _____ (place) on this the _____ (day) of _____ (month),2024.

Signature of Deponent (Parent)