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

I …….. Mother/Father of …… admitted to the course of M.B.B.S with Admission No. ……at **Autonomous State Medical College, Etah** affiliated to **Atal Bihari Vajpayee Medical University,Lucknow** here by declare that I have received a copy ofthe National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021 (herein after referred to as the said regulations). I have carefully read and fully understood the provisions in the said regulations.

1. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes "ragging".
2. I have also in particular 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 or ragging or abetting ragging, actively or passively, or being part of conspiracy to promote ragging.
3. I hereby undertake that my son/daughter/ward-

(i) Will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulations;

(ii) will not participate in or abet or propagate ragging in any form included but not limited to said regulations;

(iii) will not hurt anyone physically or psychologically or cause any other harm.

4. I hereby agree that in 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.
5. I also declare that he/she has 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and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled /withdrawn.

Signed on this the.....day of....month of……year. …….

Signature

Name:
Address:
Mobile No:-

Signature of Witness 1-
(Name AND Address of Witness 1):