[Seesub-clause(a)ofclause(i)andsub-clause(a)ofclause(ii)ofsubregulation(2)of regulation 7]

FORMAT OF UNDERTAKING BY THE STUDENT

1. I …… Son of Daughter 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 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 regulations 3 and 4 of the said regulations and have fully understood what constitutes "ragging".

4. I have also in particular the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I amfoundguilty of ragging or abetting ragging, actively or passively, or being part of conspiracy to promote ragging.

5. I hereby undertake that-

(i) I Will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulations 3 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 regulation 3 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 regulation 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offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled/withdrawn.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/MobileNo

Signature of Witness 1-

(Name of Witness 1):

Address:

Signature of Witness 2-

(Name of Witness 2):

Address: