UGC REGULATIONS ON CURBING THE MENACE OF RAGGING IN HIGHER EDUCATIONAL INSTITUTIONS, 2009

AFFIDAVIT BY THE STUDENT

1.	I,		Roll No		Son/Daughter of	
		having receiv			J	
	Menace of Ragging in	Higher Educational Ins	stitutions, 2009, (here	inafter called t	he "Regulations")	
	carefully read and fully	understood the provision	ns contained in the sa	aid Regulations	S.	
2.	I have, in particular, p	perused clause 3 of the	e Regulations and an	n aware as to	what constitutes	
	ragging.					
3.	I have also, in particula	ar, perused clause 7 and	d clause 9.1 of the Re	egulations and	am fully aware of	
	the penal and administ	trative action that is liab	le to be taken against	me in case I	am found guilty of	
	or abetting ragging, ac	tively or passively, or be	ing part of a conspirac	cy to promote r	agging.	
4.	I hereby solemnly aver	and undertake that				
	a. I will not indulge in Regulations.	any behaviour or act that	at maybe constituted a	as ragging und	ler clause 3 of the	
		e in or abet or propagate agging under clause 3 of	3	ommission or o	omission that may	
5.	I hereby affirm that, if	found guilty of ragging,	I am liable for punish	ment accordin	g to clause 9.1 of	
	the Regulations, without prejudice to any other criminal actions that may be taken against me under					
	any penal law or any la	any penal law or any law for the time being in force.				
6.	I hereby declare that I	have not been expelled	d or debarred from ac	mission in an	y 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, I am aware that my					
	admission is liable to be cancelled.					
D	eclared this day of	Month of	year.			
		VEDII	Sign	nature of depor	nent	
Vorifi	ad that the contents of th			as and no nort	of the officialities	
	ed that the contents of the and nothing has been co		,	je and no part	or the amdavit is	
Verifi	ed at(Place) o	on this the (Day) o	of, (month)	(Year)		
			Sign	nature of depor	nent	
Solen	nnly affirmed and signed	in my presence on this	the (Day) of	(Month),	(Year) after	
readii	ng the contents of this af	fidavit.	-			

OATH COMMISSIONER

UGC REGULATIONS ON CURBING THE MENACE OF RAGGING IN HIGHER EDUCATIONAL INSTITUTIONS, 2009

AFFIDAVIT BY THE PARENT/GUARDIAN

1.	Mr./Mrs./Ms	, (full name of the parent/guardian)				
	father/mother/guardian of Mr./Ms	, Roll No,				
	having been admitted to	(name of the institute), have received a copy of the				
	UGC Regulations on Curbing the Menace o	f Ragging in Higher Educational Institutions, 2009,				
	(hereinafter called the "Regulations") carefully	read and fully understood the provisions contained in				
	the said Regulations.					
2.	I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.					
3.		d 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.					
4.	I hereby solemnly aver and undertake that	ig, or being part of a correptiacy to promote ragging.				
		r act that maybe 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.					
5.	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 actions that may be taken against me					
	under any penal law or any law for the time being in force.					
6.	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, I am aware that my					
	admission is liable to be cancelled.					
De	eclared this day of Month of	year.				
		Signature of deponent Name: Address:				
	VERIF	Telephone/Mobile No:				
Verifie		e best of my knowledge and no part of the affidavit is				
	and nothing has been concealed or misstated the					
	ed at(Place) on this the(Day) o					
		Signature of deponent				
Solen	nnly affirmed and signed in my presence on this	he (Day) of (Month), (Year) after				
readir	ng the contents of this affidavit.					

Affidavit Format for Gap Year

I, (Name of the Candidate) son of (Father's Name) resident of (Address) do hereby solemnly affirm and declare as follows:-

- 1. That I have completed my **10**th **Examination** form (School Name) in the year (Year of Passing) from (University Name) with Percentage of Marks.
- 2. That I have completed my **12**th /**Diploma Examination** form (School Name) in the year (Year of Passing) from (University Name) with Percentage of Marks.
- 3. That now I want to admit in Chaibasa Engineering College, Jhinkpani, Dist. West Singhbhum, Jharkhand.
- 4. That there is/are (No of Gap-Year/s) year gap from (Year) to (Current Year) due to preparing for higher education.
- 5. That I swear this affidavit to confirm the aforementioned facts.

Verification

The statements made hereinabove are true to the best of my knowledge, belief and information and I sign on (Date) at (Place).

Deponent Identified by me

Advocate

Medical Certificate Format

C/o	Date
., .	This is to Certify that
O/E-	Son/Daughter of
B.P-	P.O Dist
Chest	He/She is physically and clinically fit and mentally alert.
CVS-	
P/A-	Sign Attested Sign of Doctor