

AFFIDAVIT BY THE STUDENT

To be obtained only from Gazette Government Medical Officer/ Medical Officer of a Government Undertaking. Please note that this certificate in no other form will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.

(please refer to prescribed standards given overleaf)

1) (full name of student with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms.

having carefully read the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulation") on website of Manav Rachna College of Engineering and UGC and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulation and am aware as to what Constitutes ragging

3) 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 me in case I am 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

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

b) I 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, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being 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.

Declared this day of month of year.

Name:

Address:

Telephone/Mobile No. :

Signature of deponent

VERIFICATION

Verified that the contents of this affidavit are true of my knowledge and no part of the affidavit is false and nothing has been cancelled or misstated therein.

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) after reading the contents of this affidavit.

OATH COMMISSIONER