Form–II

FORMAT OF UNDER TAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1. I……(*Full name in BLOCK LETTERS*)Father/Mother/Guardian…… of Mr./Mrs./Ms_____(*Full name of Student in BLOCK LETTERS*)_____admitted to the course of…….…at GOVERNMENT MEDICAL COLLEGE NIRMAL with Admission number affiliated to Kaloji Narayana Rao University of Health Sciences ,here by declare that ,I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations,2021(Here in after 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 perused 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 of ragging or abetting ragging actively or passively or being part of conspiracy to promote ragging.
5. I here by under take that my son/daughter/ward
   (i). Will not indulge in any behavior or act that may come under the definitions of ragging as may be constituted under regulation 3 of the said regulations.
   (ii). Will not participate in or a bet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations.
   (iii). Will not hurt anyone physically or psychologically or cause any other harm.
6. I here by agree that 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 laws for the time being in force.
7. I also declare that he/she have never been found to be guilty of ragging or a betting ragging, actively or passively, or being part of conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if these declaration is incorrect or false, his / her admissions is liable to be cancelled/ withdrawn. Signed on this___day of_____month of_____year.

Signature
Name of the Parent / Guardian

Address:
Phone No.

Witness I
Name and Signature
Address:

Witness II
Name and Signature
Address