Form–I

FORMAT OF UNDERTAKING BY THE STUDENT

1. I……(*Full name in BLOCK LETTERS*)Son/Daughter of Mr./Mrs./Ms……(*Full name in BLOCK LETTERS*)admitted other course of……at GOVERNMENT MEDICAL COLLEGE, NIRMAL with admission number affiliated to Kaloji Narayana Rao University of Health Sciences, 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 mein case I am found guilty of ragging or a betting ragging actively or passively or being part of conspiracy to promote ragging.
5. I here by undertake that
   (i). I will not indulge in any behavior or act that may come under the definitions of ragging as may be constitute dander regulation 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 regulations 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 conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if these declaration is in correct or false ,my admissions is liable to be cancelled/withdrawn.

Signed on this____day of_____month of_____year.

Signature

Name of the Student

Address

Phone no.

Witness -I

Name and Signature Address:

Witness- II

Name and Signature Address