## ANNEXURE II AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms.	(full	
name of parent/guardian) father/mother/guardian of, (full name of		
been admitted to (name of t	he institution), have received or downloaded a	
copy of the UGC Regulations on Curbing the Menace of Rag		
(hereinafter called the "Regulations"), carefully read and fully v	inderstood the provisions contained in the said	
Regulations.		
1) I have, in particular, perused clause 3 of the Regulations at		
2) I have also, in particular, perused clause 7 and clause 9.1 of		
and administrative action that is liable to be taken against my wa	- · · · · · · · · · · · · · · · · · · ·	
ragging, actively or passively, or being part of a conspiracy to pro-	note ragging.	
3) I hereby solemnly aver and undertake that		
a) My ward will not indulge in any behaviour or act that may be a similar to the control of the	be constituted as ragging under clause 3 of the	
Regulations.		
b) My ward will not participate in or abet or propagate through a	iny act of commission or omission that may be	
constituted as ragging under clause 3 of the Regulations.	is liable for numishment according to along 0.1	
4) I hereby affirm that, if found guilty of ragging, my ward of the Regulations, without prejudice to any other criminal action		
penal law or any law for the time being in force.	i that may be taken against my ward under any	
· ·	eharred from admission in any institution in the	
5) 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, the admission of my ward is liable to be cancelled.		
6) Along with the above mentioned points I do hereby declar		
a) My ward will obey the code of conduct of the institute		
activity while in and off the institution campus.		
b) My ward will be solely responsible for any kind of ac	ecident/mishap caused on account of the above	
mentioned clause (6.a).	-	
Declared thisday ofmonth of _	year.	
	Signature of deponent	
	Name:	
	Address:	
	Telephone/ Mobile No.:	
VERIFICATION	•	
Verified that the contents of this affidavit are true to the best of m		
and nothing has been concealed 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		
(year) after reading the contents of this affidavit.		
	OATH COMMISSIONER	
Note: It is mandatory to submit this affidavit in the above format, if	f you desire to register for the	

forthcoming academic session.