



**GOVERNMENT OF WEST BENGAL
OFFICE OF THE PRINCIPAL
RAIGANJ GOVERNMENT MEDICAL COLLEGE & HOSPITAL
RAIGANJ, UTTAR DINAJPUR-733130**

**ANNEXURE 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 to the course of _____ with Admission
No. _____
(Name of Course)
at _____
(Name of College / Institution)
affiliated to _____
(Name of University)
have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN
MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).
2. I have carefully read and fully understood the provisions in these Regulations
3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes
"Ragging"
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal
actions that may be taken against me in case I am found guilty of ragging or abetting ragging,
actively or passively, or being part of a conspiracy to promote ragging
5. I hereby undertake that-
- (i) I will not indulge in any behavior or act that may come under the definition of ragging as
may be constituted under Section 3 of these 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 Section 3 of these 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 NMC Regulations mentioned above and/or as per the law 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 a conspiracy to promote ragging and have never been punished in any
manner for these offences and further affirm that if this declaration is incorrect or false, my
admission is liable to be cancelled / withdrawn .
- Signed on this _____ day of _____ month of _____ year

Signature

Name:

Address :

Signature of Witness 1

(Name of Witness 1)

Signature of Witness 2

(Name of Witness 2)



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**ANNEXURE II
FORMAT OF UNDERTAKING BY PARENT / 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 _____ with Admission No. _____
(Name of Course)
at _____
(Name of College / Institution)
affiliated to _____
(Name of University)

Hereby declare that I have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).

2. I have carefully read and fully understood the provisions in these Regulations
3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
4. I have also in particular perused 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 a conspiracy to promote ragging
5. I hereby undertake that my son/ daughter/ ward -
 - (iv) Will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (v) Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
 - (vi) Will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force
7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled / withdrawn .

Signed on this _____ day of _____ month of _____ year

Signature
Name:
Address :

Signature of Witness 1
(Name of Witness 1)

Signature of Witness 2
(Name of Witness 2)