ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms._____ (full name of parent/guardian) rathe
mother/guardian of (full name of student will University Roll Number), having been admitted t
_____ (name of the institution), have received or downloaded a copy of the UGC
Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called th
"Regulations" carefully read and fully understood the provisions contained in the said Regulations

1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of th
penal and administrative action that is able to be taken against my ward in case he/she is found guilty of o
abetting ragging actively or passively, or being part of a conspiracy to promote ragging

3) I hereby solemnly aver and undertake that
   a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 o
   the Regulations.
   b) My ward will not participate in or abet or propagate through any act of commission or omission that ma
   be constituted as ragging under clause 3 of the Regulations.

4) I hereby affirm that, if found guilty of ragging my word is liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against my ward under any
penal law or any law for the time being in force.
5) I hereby declare that my word 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 declare that
   a) My ward will obey the code of conduct of the institute and do not indulge in any kind of in-
   disciplined activity while in and off the institution campus.
   b) My ward will be solely responsible for any kind of accident/mishap caused on account of the
   above mentioned clause (6.a).

Declared this _____day of _____month of_____ 22 year.

Signature of deponent

Name
Address:

Telephone/ Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true co the best of my knowledge and no part of the affidavit is false and nothing has been concealed of 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)_____(month)_____(year)
after reading the contents of this affidavit.

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format