## **FORM II**

[See sub-clause (b) of clause (i) and sub-clause (b) of clause (ii) of sub-regulation (2) of regulation 7]

## FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

| 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                 | (Name            |
| of Course)with Admission   |   |                  |
| Noat(Name of College / I   | Institution)affiliated to                 | 0                |
| (Name of University  |   |                  |
| hereby declare that I have received a copy of the Nation   | nal Medical Commission (Prevention a      | nd Prohibition   |
| of Ragging in Medical Colleges and Institutions) Regulations, 20   | 021(hereinafter referred to as the said r | egulations).     |
| 2. I have carefully read and fully understood the provisions in the  | e said regulations                        |                  |
| 8. I have particularly perused the provisions of regular understood what constitutes -ragging   .                              | ntions3and 4 of the said regulations      | and have fully   |
| 9. I have also in particular perused the provisions of Chap  |   |                  |
| penal actions that may be taken against my son/ daughter/ward  |   | ging or abetting |
| ragging, actively or passively, or being part of a conspiracy to p   | romote ragging.                           |                  |
| 10. I hereby undertake that my son/ daughter/ ward —   |   |                  |
| (i) will not indulge in any behaviour or act that may  |   | as may be        |
| constituted under regulations3 and 4 of the said r  (ii) will not participate in or abet or propagate ragg                     |   | ed to those that |
| <ul><li>(ii) will not participate in or abet or propagate ragg<br/>may be constituted under regulations 3 and 4 of t</li></ul> |   |                  |
| (iii) will not hurt anyone physically or psychologicall  |   |                  |
| 11. I hereby agree that if my son/ daughter/ ward is for punished as per the provisions of the said regulations or as per the  |   |                  |
| 12. I also declare that he/she has never been found to   |   |                  |
| passively, or being part of a conspiracy to promote ragging an   |   |                  |
| offences and further affirm that if this declaration is incorrec   | t or false, his/her admission is liable   | to be cancelled  |
| /withdrawn.  |   |                  |
| Signed on this theday of   | month ofyear.                             |                  |
|  |   | Signature        |
| Name:  |   | Signature        |
| Address:   |   |                  |
|  |   |                  |
|  | Tel/ Mobile No.                           |                  |
| Signature of Witness 1:  |   |                  |
| (Name of Witness 1):   |   |                  |
| Address:   |   |                  |
| Signature of Witness 2:  |   |                  |
| (Name of Witness 2):   |   |                  |
| Address:   |   |                  |