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 M	r./Mrs./Ms.						
(Full Nan	e of	Student	in	Block	Letters)	admitted	to the course	
of	. 				(Name of	Course)with Ad	lmission No. at	
						(Name	of College /	
Institution)	affilia	ted to					(Name of	
University	hereby	declare that	t I ha	ve receiv	ed a copy of	the National Med	dical Commission	
(Prevention	and Pro	ohibition of	Rag	ging in l	Medical Colle	ges and Institution	ons) Regulations,	
2021(herein	after ref	erred to as t	he sa	id regula	ntions).			
2. I have car	efully re	ead and full	y und	lerstood 1	the provisions	in the said regula	ations	
	-		-		_	_		
-		• -	-		•	sand 4 of the sai	id regulations and	
	•	stood what			-	. 137 1 1	1 1 . 1.1	
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 my son/ daughter/ward in case								
		_		-	_	-		
			•	-	ung ragging, a	actively of passiv	vely, or being part	
		to promote i	-	•	/ rryand			
5. I hereby		-		_		mary aama yindan	the definition of	
		•	•			•	the definition of	
		-			=	3 and 4 of the sai	=	
				_			included but not	
	egulatio		ii iiia	y be con	istituted unde	r regulations 5 a	and 4 of the said	
	•		nhve	ically or	nevehological	ly or cause any o	other harm	
		•		•		•	ect of ragging, he/	
=	_	=		_	_		per the applicable	
=	_	being in for	_)10 v 151011	is of the said i	egulations of as	per the applicable	
		· ·		er heen f	Found to be gu	ilty of ragging or	abetting ragging,	
					_		d have never been	
•	-	•					this declaration is	
=	-					elled /withdrawn.		
Signed on the	is the			day o	f	month of	year.	
a:								
Signature								

Name:

Address:
Tel/ Mobile No.
Signature of Witness 1:
(Name of Witness 1):
Address:
Signature of Witness 2:
(Name of Witness 2):

Address: