FORM I

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

FORMAT OF UNDERTAKING BY THE STUDENT

I_____*(Full Name in Block Letters)*_____Son/ Daughter of Mr./Mrs./Ms._____*(Full Name in Block Letters)*_____admitted to the course of_____*(Name of Course)*__with Admission No._____ at_____*(Name of College/Institution)* affiliated to_____*(Name of University)* have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021(hereinafter referred to as the said regulations).

1. I have carefully read and fully understood the provisions in the said regulations.

2. I have particularly perused the provisions of regulations3and 4 of the said regulations and have fully understood what constitutes –ragging.

3. 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 me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4. I hereby undertake that—

(i) I will not indulge in any behaviour or act that may come under the definition of ragging as may beconstituted under regulation3of the said regulations;

(ii) I will not participate in or abet or propagate ragging in any form included but not limited to those thatmay be constituted under regulation**3** of the said regulations;

(iii) I will not hurt anyone physically or psychologically or cause any other harm.

5. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of thesaid regulations or as per the applicable laws for the time being in force.

6. 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offences and further affirm that if this declaration is incorrect or false; my admission is liable to be cancelled / withdrawn.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 the __day of___ month of_____year.

Signature

Name: Address: Tel/ Mobile No:

Signature of Witness 1:
(Name of Witness 1):
Address:

Signature of Witness 2:
(Name of Witness 2):
Address:

(Bond 2- on Rs 50/- of bond paper)