

FORMAT OF UNDERTAKING BY THE STUDENT

1. ISon/ Daughter of Mr./Mrs./Ms. admitted to the course of MBBS with Admission No..... at Amrita School of Medicine, Faridabad affiliated to Amrita Vishwavidyapeetham 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).
2. I have carefully read and fully understood the provisions in the said regulations.
3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes "ragging".
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 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 behaviour or act that may come under the definition of ragging as may be constituted under regulation 3 of the said 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 regulation 3 of the said 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 said regulations or as per the applicable laws for the time being 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offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.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 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:

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

1. I Father/ Mother/ Guardian of Mr./Mrs./Ms.
..... admitted to the course of MBBS with admission
number at Amrita School of Medicine, Faridabad affiliated to Amrita
Vishwavidyapeetham hereby declare that I 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).
2. I have carefully read and fully understood the provisions in the said regulations
3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have
fully understood what constitutes "ragging".
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 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-
 - (i) will not indulge in any behaviour or act that may come under the definition of ragging as
may be constituted under regulations 3 and 4 of the said regulations;
 - (ii) will not participate in or abet or propagate ragging in any form included but not limited to
those that may be constituted under regulations 3 and 4 of the said regulations;
 - (iii) 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 said regulations or as per the applicable law for the
time being 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 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: