

#### अखिल भारतीय आयुर्विज्ञान संस्थान- मंगलगिरि

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES — MANGALAGIRI स्वास्थ्यऔरपरिवारकल्याणमंत्रालयकेतहतराष्ट्रीयमहत्वकासंस्थान (AN INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF HEALTH AND FAMILY WELFARE)

भारतसरकार / Government of India

#### AFFIDAVIT BY THE STUDENTS (For all candidates)

	(On Rs 10/- NON-JU	UDICIAL STAM	IP PAPER)
Ι			
S/o, D/o, /Dr. of Mr./Ms			
Resident of,			
Do hereby solemnly affirm	and declare as under:		
1) That I am citizen of India	h.		
2) That I have completed	1 17 years of age on	/	will be completing 17 years of age
on			
3) That, I am joining as a st	udent of MBBS at AIIMS Ma	ngalagiri.	
4) That I have gone through	gh the contents and understoo	od the AIIMS, I	Regulation/Directives for Ragging and
Anti –Ragging Measures in	AIIMS Mangalagiri office of	n curbing the me	enace of Ragging to be followed by all
the students of AIIMS.			
5) I hereby solemnly affirm	that		
I will not indulge oranging	or involve myself in any unto	ward behavior o	act that may come under definition of
	te in or abet or propagate ragg	ina in any fama	
-		-	other harm to any other student.
•			et of ragging within or outside AIIMS as/Directive mentioned above and/or as
	-	_	
per the law in force and for	which, I will be solely respon	sidie and shan n	ot claim any compensation.
			Deponent
			Signature of student
VERIFICATION: verified a	at	on this	day of
2023. That the above affida	vit is true and correct.		
Name:	Address & Contact No.		Deponent

Signature of Parent

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#### ALL INDIA INSTITUTE OF MEDICAL SCIENCES – MANGALAGIRI

स्वास्थ्यऔरपरिवारकल्याणमंत्रालयकेतहतराष्ट्रीयमहत्वकासंस्थान

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## AFFIDAVIT BY THE PARENT/GUARDIAN (For all candidates) (On Rs 10/- NON-JUDICIAL STAMP PAPER)

<u></u>	_(full name of parent/ guardian)
Father/Mother/Guardian of (Student Name)	
Regd.No. having been admitted to	have received
a copy of the UGC Regulations on curbing the menace of ragging in	higher educational institutions, 2009
(hereafter called the Regulations) carefully read and fully understood	the provisions contained in the said
Regulations.	
I have in particular perused clause 3 of the regulations and I am aware as t	to what constitutes ragging.
I have also in particular perused clause 7 and clause 9.1 of the regulations	and I am fully aware of the penal and
administrative action that is liable to be taken against my ward in case h	ne/ she is found guilty of / or abetting
ragging, actively or passively, or being part of a conspiracy to promote rag	gging.
I hereby solemnly affirm and undertake that:	
My ward will not indulge in any behavior or act that may be constitu	tted as ragging under clause 3 of the
regulations.	
My ward will not participate in or abet or propagate through any act of	commission or omission that may be
constituted as ragging under clause 3 of the regulations.	
I hereby affirm that, if found guilty of ragging, my ward is liable for pun	ishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be ta	aken against my ward under any penal
law or any law for the time being in force.	
I hereby declare that my ward has not been expelled or debarred from adm	nission 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 war	d is liable to be cancelled.
Declared this the(day) ofmonth of	year.
	Name: Signature of Deponent
	Address:
	Telephone/ Mobile No.:
<u>VERIFICATION</u>	
Verified that the contents of this affidavit are true to the best of my known	owledge and no part of the affidavit is
false and nothing has been concealed or misstated therein.  Verified at (Place) on this the (day) of (mont	(h) 2023.
Signature of Deponent Solemnly affirmed and signed in my presence on the (month)2023.	

Notary