

BEFORE THE NOTARY PUBLIC

(District): AT (Place)

-:AFFIDAVIT:-

I, **Shri/Smt.** _____, father/ mother/Guardian (*which ever is applicable*) of Shri/ Smt. _____ (bearing Enrolment Number- _____), having been admitted to _____, (*name & address of institution*).

- 1)** I have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”), carefully read and fully understood the provisions contained in the said Regulations.
....*This is true to best of my knowledge.*
- 2)** I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
....*This is true to best of my knowledge.*
- 3)** I have also, in particular, perused clause 7 and clause 9.1 Regulations and am fully aware of the penal and administrative action that is liable to be taken against may ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
....*This is true to best of my knowledge.*
- 4)** I hereby solemnly aver and undertake that
 - a)** My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b)** 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.
....*These are true to best of my knowledge.*
- 5)** I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
....*This is true to best of my knowledge.*
- 6)** I hereby declare that my ward has not been expelled or debarred from admission 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 ward is liable to be cancelled.
....*This is true to best of my knowledge.*

Declared this ___ day of _____, month of _____ year.

I sign and swear this Affidavit this day the ___ day of _____, _____ A.D. before the Notary Public in the court compound, at _____.

The Deponent is known to me }

()
Advocate, at- _____.

Signature of deponent
Name: _____
Address: _____,
P.O.- _____, P.S.- _____.
Mobile No.: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (*place*) on this the ____ day of _____, _____ A.D.

Signature of deponent

Solemnly affirmed and signed in my presence on this the ____ day of _____, _____ A.D. after reading the contents of this affidavit.

(_____)
Advocate, at- _____.