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			
Prohiregul 2.	(Name of University)_have received a copy of the National Medical Commission (Prevention and bition of Ragging in Medical Colleges and Institutions) Regulations, 2021(hereinafter referred to as the said ations).			
	I have carefully read and fully understood the provisions in the said regulations.			
3. under	I have particularly perused the provisions of regulations3 and 4 of the said regulations and have fully stood what constitutes "ragging".			
4. penal passiv	I have also in particular perused the provisions of Chapter IV and read and understood the administrative and actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or vely, 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 regulation3 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 regulation3 of the said regulations; 			
	(iii) I will not hurt anyone physically or psychologically or cause any other harm.			
6. said re	I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the egulations or as per the applicable laws for the time being in force.			
7. or bei	I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, ng part of a conspiracy to promote ragging and have never been punished in any manner for these offences or their affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.			
	d on this theday of month of year.			
	Signature			
	Name:			
	Address:			
	Tel/ Mobile No:			
Signat	ure of Witness 1:			
Name	e of Witness 1):			
Addre	ss:			
ignat	ure of Witness 2:			
Name	of Witness 2):			
A	ddress:			

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
Mr./N	Ars./Ms(Full Name of Student in Block Letters)	admitted to the course of	(Name
of	Course)with Admission		
	at(Name of College	ge / Institution)affiliated to	0
	(Name of University		
	hereby declare that I have received a copy of the Na		
	gging in Medical Colleges and Institutions) Regulation		regulations).
2. I ha	ave carefully read and fully understood the provisions i	n the said regulations	
8. under:	I have particularly perused the provisions of re- stood what constitutes "ragging".	gulations3and 4 of the said regulations	and have fully
9.	I have also in particular perused the provisions of C	Chapter IV and read and understood the ad	ministrative and
	actions that may be taken against my son/ daughter/v		ging or abetting
	ng, actively or passively, or being part of a conspiracy	to promote ragging.	
10.	I hereby undertake that my son/ daughter/ ward —		
 punish 12. 	 (i) will not indulge in any behaviour or act the constituted under regulations 3 and 4 of the sa (ii) will not participate in or abet or propagate representations 3 and 4 (iii) will not hurt anyone physically or psychologically or ps	add regulations; agging in any form included but not limit of the said regulations; cally or cause any other harm. found guilty of any aspect of ragging, er the applicable law for the time being in	he/ she may be force.
	vely, or being part of a conspiracy to promote ragging ces and further affirm that if this declaration is incomp	g and have never been punished in any m	nanner for these
	Signed on this theday	of month of year.	
			Signature
	Nan	ne:	
	Addr	ess:	
		Tel/ Mobile No.	
Signat	ture of Witness 1:		
(Name	e of Witness 1):		
Addre	ess:		
Signat	ture of Witness 2:		
(Name	e of Witness 2):		
A	ddress:		