

AFFIDAVIT BY THE STUDENT SEEKING ADMISSION TO HOSTEL

I, (full name of student with admission/registration/enrolment number) \_\_\_\_\_ S/o, D/o Mr./Mrs./Ms. \_\_\_\_\_, do hereby solemnly affirm and declare as under: -

- 1) That I have been admitted to name of the institution and 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.
- 2) That I have obtained the facility of Hostel in Dayanand Medical College & Hospital, Ludhiana.
- 3) That I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 4) That I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 5) That I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
- 6) That I 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.
- 7) That I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 8) That I hereby declare that I have 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, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year

\_\_\_\_\_  
Signature of deponent

Name: \_\_\_\_\_

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 \_\_\_\_\_ on this the \_\_\_\_\_ of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
Counter Signatures (Parents/Guardian)

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year after reading the contents of this affidavit.

OATH COMMISSIONER