

**AFFIDAVIT BY PARENT/GUARDIAN**

(ON Rs. 10/- NON-JUDICIAL STAMP PAPER)

I, \_\_\_\_\_ Mr/Mrs/Ms (full name of parent/guardian)  
 father/mother/guardian of \_\_\_\_\_ (full name of student with admission/registration/  
 enrolment number)

- 1) having been admitted to \_\_\_\_\_ (name of the Institution), have received a copy of the AICTE regulations on Curbing the menace of Ragging in Higher Educational Institution, 2009, (hereinafter called the "Regulations" carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, persued clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, persued 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 my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 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.
- 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.
- 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 taht, in case the declaration is found to be untrue, I am aware that admission of my ward is liable to be cancelled.

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

Signature of Deponent

Name :

Address :

Telephone/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 mis-stated therein.

Verified at \_\_\_\_\_ (Place) on this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month) and \_\_\_\_\_ (year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month)

\_\_\_\_\_ (year) after reading the contents of this affidavit.

OATH COMMISSIONER