Annexure II (Page 6(e))
(Refer to Amrapali Institute letter No. Al/AR/2012 dated 01 June 2012)

Oath Commissioner

Affidavit by the Parent/Guardian

1.	I, Mr./Mrs./Ms(full
	name of parent/guardian) father/mother/guardian of,
	(full name of student with admission/ registration/ enrolment number)
	, naving been admitted to
	have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions,
ē	2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said
	Regulations.
2.	Thave in particular porposed alone 2 cd. P.
3.	I have also in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
	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 in a superior in a superior in the penal and a superio
	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
	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 Parallelian
5.	I hereby affirm that, if found guilty of ragging my ward is liable for purishing the
	o and other chilling action that may be taken against may be taken against
	, and the setting the topics.
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 good of
	Santy of aperting of pellip part of a conspiracy to promote and a figure
	case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.
n .	
Decla	red this day of month of year.
	year.
Name	
ivaille	Signature of Deponent
	S. A. S.
10	
Verifie	d that the contents of this off has
hashe	d that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing
	on conceased of misstated therein.
Verifie	dat
	(place) (day) ot,
	(month) (year)
7	
	Signature of Deponent
Solemi	ly affirmed and signed in account of the signe
	day immed and signed in my presence on this the of the immediate in the immediate and signed in my presence on this the of the immediate in th
	w. General (Acad)