SOLEMN VOLUNTARY DECLARATION

	OCELIVII VOLOIVII (TE	ZEOL/ (I V/ (TTOTA
(Al	I Freshmen shall be required to sign this solemn volunt	tary declaration prescribed as
un	der by the Institute/University)	
1	Roll No	admitted to
De	gree programme or the Institute of Technology Gopesl	hwar, Chamoli (A Constituent
Ins	titute of UTU Dehradun)	
1.	That I firmly believe in the basic philosophy outlined	in paragraph 11.75 of the Second
	Education Commission, particularly that quoted below	
	"A University or a College is an academic fellowship of eq decided reasonably by the joint committees of teac	
	recommended have this purpose specifically in view. The	
	and redress the genuine difficulties of student. What binds	_
	deep and creative partnership in the sharing of common int	_
	and working together for their main purpose, which is the	,
	Anyone who is not committed to this philosophy or prepare institution of higher education."	d to honour it has really no place in an
2.	institution of higher education." That in any consequence, I believe that all grievane	ces disputes and problems of the
	students should be settled by constitutional means,	·
	Warden, Chief Warden, Dean, Director, Vice-Chancellor	• •
	raising them in the relevant committees, such as	
	Professional Societies, Cultural Societies, etc. or by refe	erence to the UTU, Chancellor or the
	State Govt. or if all other means fail by having recourse	
3.	That I, further believe that under no circumstance, the	
	defiance of the Rules and Regulations of the U	
	demonstration, coercion, violence or any other means	U .
4.	action. I promise that I shall never have recourse to a That I, further believe that under no circumstances, the state of	
4.	approaching any outsider, may be the agitators	
	disgruntled individuals not concerned with the affairs	
	be settled by those concerned with the affairs of the	<u> </u>
	staff of the Institute, guardians of the students,	
	Government, Director, Chancellor, etc. I shall accord	
	outside element not concerned with affairs of the Insti	
5.	, , , , , , , , , , , , , , , , , , , ,	
	debarred from the end Semester Examination. Also I	
	Institute/University according to the programme, irresp	•
6	colleagues do so or not and that I shall do so even in the That I will never go to river bank near to the Institute.	
6.	bad incident I will be liable for that.	ii i do then all responsibility of any
7.	That, I further declares that any activity/travelling con	nected with studies/courses/project
•	etc. Will be entirely on my risk and responsibility and	
	Institute/University or any of the functionary will not be	•
8.	I also affirm that I shall abide by the word and spirit of	
	undertake that if, at any time I am found indulgir	ng in any such activity I may be
	dismissed from the Institute/University.	•
	Guardian's Signature	Student's Signature
	Name in Block Letters	Name in Block Letter
	Tallo il Dion Domisioni	THAIRC III DIOCK LCHEL

Place.....

Date:

Place....

Date:

AFFIDAVIT BY PARENT/GUARDIAN

	Mr./Mrs./Ms	(full	na	ame			0
	parent/guardian)	father/mot	ther/guardian of	, <u>(full</u> r	name of	student	with
	admission/registratio	ns/enrolment number) havin	ng been admitted	to (name	of the ins	stitution),	have
	received a copy of th	e UGC Regulations on Curb	ing the Menace of	f Ragging	ı in Hi8ghe	r Educatio	onal
	Institutions, 2009, (H	hereinafter called the "Reg	ulation") carefully	read ar	nd fully ur	nderstood	the
	provisions contained	d in the said Regulation.					
2.	I have in particular, pe	erused clause 3 of the Regulat	tions and am aware	e as to wh	at constitut	es ragging	g.
3.	I have also, in particular	ular, perused clause 7 and c	clause 9.1 of the I	Regulatio	ns and am	fully awa	are o
	the penal and admir	nistrative action that is liable	to be taken aga	inst ward	in cade h	e/she is f	ound
	guilty of or abetting ra	agging, actively or passively,	, or being part of a	a conspira	acy to prom	ote raggii	ng.
4.	I hereby solemnly a	ver and undertake that:					
	(a) My ward will no clause 3 of the F	et indulge in any behavior o Regulations.	or act that may	be const	ituted as ı	ragging u	ınde
		ot participate in or abet o ay be constituted as ragging					n o
5.	I hereby affirm that	, if found guilty of ragging	, my ward is lial	ble for p	unishment	accordir	ng to
	clause 9.1 of the R	egulation, without prejudice	e to any other ci	riminal ad	ction that i	may be to	aker
	against my ward und	der any penal law or any la	w for the time be	ing in for	ce.		
3.	I hereby declare the	nat my ward has not bee	n expelled or d	ebarred	from adm	ission in	any
		ountry on account of beir			•	• .	
		ote, ragging; and further a		se the d	eclaration	is fund t	o be
		on of my ward is liable to be					
Эe		on of my ward is liable to be day of		nth of		Y	ear.
De				nth of		Y	ear.
D€							ear.
D€				 Signa	ture of De	ponent	
De				Signa Name	ture of De	ponent	
Dε				Signa Name Addre	ture of De	ponent	
De				Signa Name Addre	ture of De	ponent	
	eclared this			Signa Name Addre	ture of De	ponent	
				Signa Name Addre	ture of De	ponent	
VI	ERIFICATION Verify that the conte		to the best of my	Signa Name Addre Telep	ture of De sshone/Mobi	ponent le No	
VI	ERIFICATION Verify that the conte	ents of this affidavit are true	to the best of my	Signa Name Addre Telep v knowled	ture of De sshone/Mobi	ponentle No	
VI	ERIFICATION Verify that the conte	ents of this affidavit are true	to the best of my	Signa Name Addre Telep v knowled	ture of De sshone/Mobi	ponentle No	
VI	ERIFICATION Verify that the conte	ents of this affidavit are true	to the best of my	Signa Name Addre Telep v knowled	ture of De sshone/Mobi	ponentle No	
VI	ERIFICATION Verify that the conte	ents of this affidavit are true	to the best of my	Signa Name Addre Telep / knowled ein.	ture of De sshone/Mobi	ponent le No	he
VI	ERIFICATION Verify that the conte	ents of this affidavit are true	to the best of my	Signa Name Addre Telep / knowled	ture of De sshone/Mobi	ponent le No	he
VI	ERIFICATION Verify that the conte idavit is false and not Verified atPl	ents of this affidavit are true thing has been concealed o	to the best of my or misstated there (day) of(r	Signa Name Addre Telep knowled in. month)	ture of De ss hone/Mobi	ponent le No p part of the (year) Deponent	he
VI	ERIFICATION Verify that the conte idavit is false and not Verified atPl	ents of this affidavit are true	to the best of my or misstated there (day) of(r	Signa Name Addre Telep knowled in. month)	ture of De ss hone/Mobi	ponent le No	he

AFFIDAVIT BY THE STUDENT FOR NON PARTICIPATION IN RAGGING

	MIT./IVITS./IVIS	having been admit			t number) :he institution)		
	copy of the UGC Regulation						
	2009, (hereinafter called the	"Regulation") caref	ully read a	nd fully unde	erstood the pro	visions conta	inec
2.	in the said Regulation. I have in particular, perused	clause 3 of the Rea	ulations a	nd am aware	as to what cor	netitutae radi	nina
۷. 3.	I have also, in particular, per	-				-	-
<i>J</i> .	penal and administrative act			•		•	
	or abetting ragging, active			•		•	.,
4.	I hereby solemnly aver and						
	(c) My ward will not indul	ge in any behavio	r or act t	hat may be	constituted a	s ragging u	nde
	clause 3 of the Regula						
	(d) My ward will not part	=		-			n o
_	omission that may be o		•		•		
Э.	I hereby affirm that, if fou clause 9.1 of the Regulat				-		_
	against my ward under an	•				at may be t	anci
6.	I hereby declare that my			-		dmission in	anv
	institution in the country		•				
	conspiracy to promote, ra	ngging; and further	affirm th	at, in case	the declaration	on is fund t	o be
	untrue, the admission of m		oe cancel	led.			
		•					
De	clared this	day of			of	Y	ear.
De		day of			of	Y	ear.
De		day of					ear. —
De		day of			Signature of I	Deponent	
De		day of			Signature of I	Deponent	
De		day of			Signature of I	Deponent	
De		day of			Signature of I	Deponent	
De				month	Signature of I	Deponent	
		VERII	FICATION In the total contract the second contract to the second con	ON Dest of my k	Signature of I Name Address Telephone/Mo	Deponent obile No	
	eclared this	VERII this affidavit are tru as been concealed	FICATION In the to the	ON Dest of my kated therein.	Signature of I Name Address Telephone/Mo	Deponent obile No	
	Verify that the contents of idavit is false and nothing h	VERII this affidavit are tru as been concealed	FICATION In the to the	ON Dest of my kated therein.	Signature of I Name Address Telephone/Mo	Deponent obile No	
	Verify that the contents of idavit is false and nothing h	VERII this affidavit are tru as been concealed	FICATION In the to the	ON Dest of my kated therein.	Signature of I Name Address Telephone/Mo	Deponent obile No no part of the (year)	
	Verify that the contents of idavit is false and nothing h	VERII this affidavit are tru as been concealed	FICATION In the to the	ON Dest of my kated therein.	Signature of I Name Address Telephone/Mo	Deponent obile No no part of the (year)	
	Verify that the contents of idavit is false and nothing h	VERII this affidavit are tru as been concealed on this the	FICATION IN THE PROPERTY OF T	ON Dest of my kated therein. of (mo	Signature of I Name Address Telephone/Mo	Deponent obile No no part of the (year) Deponent	

OATH COMISSIONER