## ANNEXURE II AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./M	1rs./Ms(full name of parent/guardian)					
father/mother/guardian of , (full name of student with admission/registration/enrolment number) ,						
having been admitted to (name of the institution) , have received a copy of the UGC						
	ions 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.						
۷)	2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.					
3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aways						
3)	of the penal and administrative action that is liable to be taken against my ward in case he/sh					
	found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to prome					
	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 ra						
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.					
<b>C</b> )	The makes dealers that are considered as the constant of the model of the constant of the cons					
6)	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 that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.						
	dictac, the damission of my ward is hable to be cancelled.					
Declared thisday of month ofyear.						
	,,					
	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 misstated therein. Verified at (place) on this the						
(day) of (month), (year).						
<del>(2-2-/-)</del>	<del></del>					
	Signature of deponent					
Coloma	by affirmed and signed in my presence on this the (day) of (month) (year) after reading					
Solemnly affirmed and signed in my presence on this the (day) of (month), (year) after reading the contents of this affidavit.						

OATH COMMISSIONER