

AFFIDAVIT BY THE STUDENT

1) I,

(full name of student with admission/registration/enrolment number) s/o d/o
Mr./Mrs./Ms.,

having been admitted to Centre for Allied Health Sciences, Amrita School of Medicine,
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) 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 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.

4) I hereby solemnly aver and undertake that:-

a) I will not indulge in any behavior or act that may be constituted as ragging under
clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omis-
sion that may be constituted as ragging under clause 3 of the Regulations.

5) 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.

6) 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 thisday of month of 2021 year.

Signature of Student:

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 Centre for Allied Health Sciences, Amrita School of Medicine, Kochi on this
_____ day of _____ month of _____ year.

Signature of Student:

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms.

(full name of parent/guardian) father/mother/guardian of

.....
(full name of student with admission/registration/enrolment number), having been admitted to Centre for Allied Health Sciences, Amrita School of Medicine, 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) 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 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 behavior 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 that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ____ day of _____ month of ____ year 2021.

Signature of Parent:

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 Centre for Allied Health Sciences, Amrita School of Medicine, Kochi on this ____ day of _____ month of ____ year.

Signature of Parent: