FORM I

FORMATE OF UNDERTAKING BY THE STUDENT

1. I .....son/daughter of Mrs/Ms ..... Admitted to the course of .....at government medical college, Adilabad with admission no affiliated to Kaloji Narayana Rao university of health sciences, have received a copy of the national medical commission (prevention and prohibition of ragging in medical college and instructions) regulation 2021(here in after referred to as the said regulations)
2. I have carefully read and fully understood provisions in the said regulations
3. I have particular perusal the provisions of regulations 3 and 4 of the said regulations and I have fully understood what constituted -ragging
4. I have also in particular perused the provisions of chapter 4 and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging are betting abetting ragging actively or passively are being part of conspiracy to promote ragging
5. I here by undertake that
   (i)I will not indulge in any behavior or act that may come under the definitions of ragging as may be constituted under regulations of the said regulations
   (ii) I will not participate in or a be to propagate ragging in any found included but not limited to this that may be constituted under regulations of the said regulations
   (iii) I will not heart any one physically or psychologically or cause any other harm,
6. I here by agree that if found guilty of any aspect of ragging I maybe punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.

7 I also declare that I have never been found to be guilty of ragging or abetting ragging actively or passively, or being a part of conspiracy to promote ragging and never been punished in any manner for this offences and further of firm that if these declaration is incorrect or false, my admission is liable to be cancelled , with drawn.

Signed of these..... day of ..... Month of.....year

Signature
Name of the Student
Address
Phone no.

Witness:1
Name and signature

Witness:2
Name and signature address

FORM II

FORMATE OF UNDERTAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1 I .....Father/Mother/Guardian of Mr./Mrs/Ms ..... Admitted to the course of .....at government medical college, Adilabad with admission no affiliated to Kaloji Narayana Rao university of health sciences, hereby declare that I have received a copy of the National medical commission (prevention and prohibition of Ragging in Medical college and instructions) regulation 2021(here in after referred to as the said regulations)

2 I have carefully read and fully understood provisions in the said regulations

3 I have particular perusal the provisions of regulations 3 and 4 of the said regulations and have fully understood what constituted -ragging

4 I have also in particular perused the provisions of chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging are betting abetting ragging actively or passively are being part of conspiracy to promote ragging

5 I here by undertake that my son/daughter/ward

(i)I will not indulge in any behavior or act that may come under the definitions of ragging as may be constituted under regulations of the said regulations

(ii) I will not participate in or a be to propagate ragging in any found included but not limited to this that may be constituted under regulations of the said regulations

(iii) I will not heart any one physically or psychologically or cause any other harm,

6. I here by agree that my son/daughter/ward is found guilty of any aspect of ragging he/she maybe punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.

7 I also declare that he/she have never been found to be guilty of ragging or abetting ragging actively or passively, or being a part of conspiracy to promote ragging and never been punished in any manner for this offences and further affirm that if these declaration is incorrect or false, his/her admission is liable to be cancelled/with drawn.

Signed of these..... day of ..... Month of.....year

Signature
Name of the Parent/Guardian Address
Phone no.

Witness:1
Name and signature

Witness:2
Name and signature address