

ANNEXURE II

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 Naincy College of Nursing ,Jeolikote,
Nainital, Uttarakhand, 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 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 behaviour 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 thisday ofmonth of.....year.

Signature of deponent

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.

Signature of deponent

Verified at.....(place).....on this the(day).....of.....(month).....(year).....