PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT(ON NON- JUDICIAL STAMP PAPERS OF RS.100/- WITH NOTARY) FORM II (National Medical Commission)

[See sub-clause(b) of clause (i) and sub clause (b) of clause(ii) of sub-regulation(2) of regulation7]

FORMAT OF UNDERTAKING BY PARENT/GUARDIAN OF THE CANDIDATE

I		(FullN	Name in E	Block Lette	ers)			_Father	/Mother	/Guardian
of Mr	./Mrs./Ms.			(Ful	l Name	of	Studen	t in	Block	Letters)
		_admitted	d to the	Course	of	(Name of	Corse)	with
Admissio	on No		_at_ <u>Gove</u>	rnment	Medical	Co	ollege,	Wana	<u>parthy</u> (N	ame of
College/	Institution)	affiliated	to <u>Kaloji</u>	Narayan i	Rao Unive	sity of	Health S	ciences(Name of	University
here by o	declare that	receives	a copy of	the Natio	onal Medic	al Con	nmission(Prevent	tion and 1	prohibition
of Raggin	ng in Medi	cal Colleg	ges and ir	nstitution	s) Regulati	ons,202	21(hereina	after ref	erred to	as the said
regulatio	ns).									
3. I have	carefully re particularl lerstood wh	y perusec	d the pro	visions of						s and have
administ	ve also in prative and pailty of ragging.	penal acti	ons that r	may be ta	ken agains	t my so	on/daugh	nter/wa	rd in case	e he/she is
5. I hereb	y undertak	e that my	son/dau	ghter/wa	rd					
	ill not indu tuted under				•		der the d	efinitio	n of ragg	ing as may
, ,	vill not part t may be co	-		'	,	_	•		d but not	limited to
(iii) W	Vill not hurt	anyone p	hysically	or psych	ologically o	or caus	e any oth	er harm	l .	
	by agree that hed as per force.									
or passiv	declare that rely, or beir for these o n is liable to	ng part of ffences a	a conspi nd furthe	racy to pi er affirm	omote rag	ging ar	nd have n	ever be	en punis	hed in any
Signed or	n this the _	da	y of	_month	of	year	•			
								S	ignature	
						Ad	ame: dress: /Mobile l	No:		
(Name of Address: Signature	e of Witness f Witness 2)	: 32:								

Xerox copies of Aadhar cards along with Mobile Numbers of witness should be enclosed along with the bond.