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ANNEXURE II

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms				(fu	II					
name of parent/guardian) father/mother/guardian of,										
(full	I name of	f stude	nt with Un	iversity	Roll					
Number), having been admitted to UM-DAE Centre for Excellence in Basic Sciences,										
have received or downloaded a copy of the	e UGC Regi	ulations	on Curbing	the Mer	nace					
of Ragging in Higher Educational Inst	itutions, 2	2009, (hereinafter	called	the					
"Regulations"), carefully read and fully unde	erstood the	e provisi	ons containe	d in the	said					
Regulations.										

- 1. I have, in particular, perused clause 3 of the Regulations and am awareas to what constitutes ragging.
- 2. 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.
- 3. 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.
 - 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 ofthe Regulations.
- 4. 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.
- 5. I hereby declare that my ward has not been expelled or debarred from admission

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- 6. Along with the above mentioned points I do hereby declare that
 - a. My ward will obey the code of conduct of the institute and do not indulge inany kind of in-disciplined activity while in and off the institution campus.
 - b. My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this		day of	month	of	_year.
Name and Signature				_	
Name: Address: Telepho	ne/ Mobile N	o.:			
VERIFICATION Verified t	hat the conte	ents of this aff	idavit are true	to the best	of my
knowledge and no part	of the affida	vit is false and	d nothing has b	een concea	ıled or
misstated therein.					
Verified at (place) on this	s the (day) of	(month) , (year	r)		
Signature of deponent:					
Solemnly affirmed and	signed in n	ny presence	on this the		_(day)
of(month)	,(y	ear) after read	ing the content	s of this affi	davit.
OATH COMMISSIONER					
Note: It is mandatory t	submit this	affidavit in th	ne aboveformat	t, if you desi	re to

register for the forthcoming academic session.