To be printed on a Rs 100/- non judicial stamp paper and must be notarized.

ANNEXURE II

AFFIDAVIT BY PARENT/GUARDIAN

I,Mr./Mrs./Ms(full				
name of parent/guardian) father/mother/guardian of,				
(full name of student with University Roll				
Number), having been admitted to <i>UM-DAE Centre for Excellence in Basic Sciences</i> ,				
have received or downloaded 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.				

- 1. I have, in particular, perused clause 3 of the Regulations and am aware as 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

To be printed on a Rs 100/- non judicial stamp paper and must be notarized. 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.

- 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).

	day of	month of	year.
Name and Signature of	f deponent:		
Name: Address: Telephon	e/ Mobile No.:		
VERIFICATION Verified tha	at the contents of this aff	idavit are true to the l	best of my
knowledge and no part of	of the affidavit is false and	d nothing has been co	ncealed or
misstated therein.			
Verified at (place) on this	the (day) of (month) , (year	r)	
Signature of deponent:			
Solemnly affirmed and	signed in my presence o	on this the	(day)
of(month) ,_	(year) after read	ing the contents of this	affidavit.
OATH COMMISSIONER			
Note: It is mandatory to	submit this affidavit in th	ne aboveformat, if you	desire to

register for the forthcoming academic session.