ANNEXURE II

AFFIDAVIT BY PARENT/GUARDIAN

I,		Mr./Mrs./Ms.	
(full	name o	of parent/guardian) father / mother/guardian of	
(full	name of	student with admission /registration/enrolment number),	
1)	having	g been admitted to (name of the	
	Institu	ition), have received a copy of the AICTE regulations on Curbing the menace of	
	Raggi	ing in Higher Educational Institutions, 2009, (hereinafter called the	
	"Regi	ulations") carefully read and fully understood the provisions contained in the	
	said F	Regulations.	
2)	I hove	o in particular particol clause 2 of the Pagulations and am aware as to what	
	I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.		
	Const	reutes ragging.	
3)	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 or abetting ragging, actively or passively, or being		
	part o	f a conspiracy to promote ragging.	
4)	I hereby solemnly aver and undertake that		
	a)	My ward will not indulge in any behavior 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.	

I hereby affirm that, if found guilty of ragging, my word 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

5)

being in force.

I hereby declare that my word 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, I am aware that my admission my word is liable to be cancelled.
Declared this day of month of year
Signature of Deponent
Name:
Address:
Telephone/Mobile No:
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.
Verified at (place) on this the (day) of (month) and (year)
Signature of deponent
Solemnly affirmed and signed in my presence on this the <u>(day)</u> of <u>month</u> , <u>(year)</u> after reading the contents of this affidavit.

OATH COMMISSIONER