# FORM I

 [*See* sub-clause (a) of clause (i) and sub-clause (a) of clause (ii) of sub-regulation (2) of regulation 7]

  **FORMAT OF UNDERTAKING BY THE STUDENT**

**I** *(Full Name in Block Letters)* Son/ Daughter of Mr./Mrs./Ms.  *(Full Name in Block Letters)* admitted to the course of  *(Name of Course)* \_with Admission No. at *(Name of College/Institution)* affiliated to *(Name of University)* have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021(hereinafter referred to as the said regulations).

1. I have carefully read and fully understood the provisions in the said regulations.
2. I have particularly perused the provisions of regulations3and 4 of the said regulations and have fully understood what constitutes ―ragging.
3. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby undertake that––
	1. I will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulation3of the said regulations;
	2. I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation**3** of the said regulations;
	3. I will not hurt anyone physically or psychologically or cause any other harm.
5. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
6. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false; my admission is liable to be cancelled / withdrawn.

Signed on this the day of \_ month of year.

Name: Address:

Signature of Witness 1:

(Name of Witness 1):

 Address:

 Signature of Witness 2:

(Name of Witness 2):

 Address:

 **(Bond 2- on Rs 50/- of bond paper)**

 Tel/ Mobile No:

 Signature