## FORM I

## (To be submitted on a Legalized/Notarized Rs.10 Non Judicial Stamp Paper)

[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

| 1. I  |   | (Ful   | Name in Block Letters) Son/ Daughter of   |  |
|---|---|--|---|--|
| Mr./Mrs./Ms   | (Full Name in Block Letters) admitted to the course of                  |  |   |  |
| of Medical Sciences and<br>New Delhi have received a                  | Research, New Do  | elhi affiliated to Janual Medical Commis                             | at Hamdard Institute<br>mia Hamdard (Hamdard University),<br>sion (Prevention and Prohibition of<br>hereinafter referred to as the said |  |
| 2. I have carefully read and  | fully understood th   | ne provisions in the sa  | aid regulations.  |  |
| 3. I have particularly peruse understood what constitutes             | -   | regulations 3 and 4  | of the said regulations and have fully  |  |
|   | be taken against me   | e in case I am found g   | I read and understood the administrative guilty of ragging or abetting ragging, ing.  |  |
| 5. I hereby undertake that—   | _   |  |   |  |
| constituted under re<br>(ii) I will not partic<br>that may be constit | egulation 3 of the sa<br>ipate in or abet or p<br>uted under regulation | nid regulations;<br>propagate ragging in a<br>on 3 of the said regul | under the definition of ragging as may be<br>any form included but not limited to those<br>ations;<br>cause any other harm.             |  |
| 6. I hereby agree that if fou said regulations or as per th           |   |  | be punished as per the provisions of the orce.  |  |
| passively, or being part of a   | a conspiracy to pron  | note ragging and hav   | g or abetting ragging, actively or<br>e never been punished in any manner for<br>or false, my admission is liable to be                 |  |
| Signed on this the  | day of  | month of   | year.   |  |
|   |   |  | Signature of the candidate  |  |
|   | Naı   | me:  |   |  |
|   | Add   | ress:  |   |  |
|   | Mob   | oile No:   |   |  |
| Signature of Witness 1:   |   | Signatur   | e of Witness 2:   |  |
| Name:   |   |  |   |  |
| Mobile No:  |   |  |   |  |
| Address:  |   |  |   |  |
|   |   |  |   |  |