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	(Full Name in Block Letters) Son/ Daug (Full Name in Block Letters) admitted to the cou	hter of
Mr./Mrs./Ms.	(Full Name in Block Letters) admitted to the cou (Name of Course) with Admission No	arse of
Hamdard Institute of Me (Hamdard University), N	cal Sciences and Research, New Delhi affiliated to Jamia Hamdard Delhi have received a copy of the National Medical Commission (Prev Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred	ention
2. I have carefully read and	lly understood the provisions in the said regulations.	
3. I have particularly perus understood what constitute	the provisions of regulations 3 and 4 of the said regulations and have full ragging".	y
and penal actions that may	used the provisions of Chapter IV and read and understood the administration taken against me in case I am found guilty of ragging or abetting ragging part of a conspiracy to promote ragging.	
5. I hereby undertake that—		
constituted under r (ii) I will not partic that may be constit	n any behaviour or act that may come under the definition of ragging as rulation 3 of the said regulations; ate in or abet or propagate ragging in any form included but not limited to ad under regulation 3 of the said regulations; one physically or psychologically or cause any other harm.	·
• •	guilty of any aspect of ragging, I may be punished as per the provisions applicable laws for the time being in force.	of the
passively, or being part of	ver been found to be guilty of ragging or abetting ragging, actively or onspiracy to promote ragging and have never been punished in any mann rm that if this declaration is incorrect or false, my admission is liable to be	
Signed on this the	day of month of year.	
	Signature of the car	ndidate
	Name:	
	Address:	
	Mobile No:	
Signature of Witness 1:	Signature of Witness 2:	
Name:		
Mobile No:		
Address:		