FORM II

(To be submitted on a Legalized/Notarized Rs. 50 Non Judicial Stamp Paper)

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

FORMAT OF UNDERTAKING BY PARENT/GUARDIAN OF THE CANDIDATE/STUDENT

Mr./Mrs./Ms admitted to the cour Admission No affiliated to Jamia H copy of the Nation	se of at Hamdard Iamdard (Hamdard Unal Medical Commiss	Institute of Medicaniversity), New Delkion (Prevention and	Letters) Father/Mother/Guardian of Name of Student in Block Letters) (Name of Course) with al Sciences and Research, New Delhi in hereby declare that I have received a d Prohibition of Ragging in Medical cred to as the said regulations).
2. I have carefully read and fully understood the provisions in the said regulations3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have for			
understood what constitutes "ragging".			
4. I have also in par administrative and p	ticular perused the poenal actions that may	be taken against n	ter IV and read and understood the ny son/daughter/ward in case he/she is ively, or being part of a conspiracy to
5. I hereby undertake that my son/daughter/ward —			
i. will not indulg	ge in any behaviour or	act that may come	under the definition of ragging as may
be constituted	under regulations3 an	d 4 of the said regul	lations;
	ipate in or abet or prop onstituted under regula		y form included but not limited to those said regulations;
iii. will not hurt a	nyone physically or ps	sychologically or ca	use any other harm.
			f any aspect of ragging, he/ she may be er the applicable law for the time being
7. I also declare that he passively, or being manner for these or	part of a conspiracy t	to promote ragging ffirm that if this de	ragging or abetting ragging, actively or and have never been punished in any eclaration is incorrect or false, his/her
Signed on this the	day of	month of	year.
Signature			
_			
Name:			
Address:			
Mobile No:			
Signature of Witness 1:		Signature o	of Witness 2:
Name:		Name:	
Mobile No:			
Address:			