AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. ……………………………………………………………… (full name of parent/guardian)
father/mother/guardian of……………………………………………………… (full name of student with
admission/registration/enrolment number), having been admitted to ………………………………………(name
of the institution), have received a copy of the UGC Regulations on Curbing the Menace of
Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”), carefully read
and fully understood the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what
constitutes 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 of or abetting ragging, actively or passively, or being part of a
conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
   a) My ward will not indulge in any behaviour 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.
5. I hereby affirm that, if found guilty of ragging, my ward 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 being in force.
6. I hereby declare that my ward 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, the admission of my ward 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), ………(year).

____________________
Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) of (month), (year) after reading
the contents of this affidavit.

OATH COMMISSIONER