Form – I

FORMAT OF UNDER TAKING BY THE STUDENT

1. I_____Son/Daughter of Mr./Mrs./Ms_____ _admitted to the course of_____) at Government Medical College, Khammam with _____Admission number affiliated to Kaloji Narayana Rao University of Health Sciences, have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations, 2021 (Herein after referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations 3. And 4. of the said regulations and have fully understood what constitutes– ragging.

4. 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) being part of conspiracy to promote ragging.

5. I hereby undertake that_____

    (i). I will not indulge in any behavior or act that may come under the definitions of raggingasmaybeconstitutedunderregulation3.ofthesaidregulations.

    (ii). 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.

    (iii). I will not hurt anyone physically or psychologically or cause any other harm.

6. 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 inforce.

7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if these declaration is incorrect or false, my admissions is liable to be cancelled/withdrawn.

    Signed on this_____day of_____month of_____year.

    Signature
    Name of the Student
    Address

    Phone no.

Witness I
Name and Signature
Address

Witness II
Name and Signature
Address