

Form – II

FORMAT OF UNDER TAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1. I _____
_Father/Mother/Guardian 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, hereby declare that, I 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 my son / daughter / ward in case
he / she is found guilty of ragging or a abetting ragging actively or passively or being part
of conspiracy to promote ragging.
5. There by undertake that my son/daughter/ward
- (i). Will not indulge in any behavior or act that may come under the definitions of
ragging as may be constituted under regulation 3. of the said regulations.
- (ii). 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). Will not hurt
anyone physically or psychologically or cause any other harm.
6. I hereby agree that my son / daughter / ward is found guilty of any aspect of ragging ,he /
she may be punished as per the provisions of the said regulations or as per the applicable
laws for the time being in force.
7. I also declare that he / she 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declaration is incorrect or false, his / her admissions is liable to be cancelled/ withdrawn.
Signed on this _____ day of _____ month of _____ year.

Signature

Name of the Parent / Guardian Address

Phone no. :

Witness I
Name and Signature
Address :

Witness II
Name and Signature
Address: