



कार्यालय, प्रधानाचार्य, महर्षि देवरहा बाबा स्वशासी राज्य चिकित्सा महाविद्यालय, देवरिया, उ०प्र० २७४००१
Office, Principal, Maharshi Devarha Baba Autonomous State Medical College, Deoria, UP-274001

Website: - mdbmc.in Tel. No- 05568297433

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→ FORM I

:: UNDERTAKING BY THE STUDENT ::

I Son/Daughter of Mr./Mrs./Ms.

admitted to the course of (Name of Course) with admission no. at
Maharshi Devraha Baba Autonomous State Medical College, Deoria affiliated to Atal Bihari Vajpayee Medical University,
Lucknow have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical
Colleges and Institutions) Regulations, 2021(hereinafter 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, or being part of a conspiracy to promote ragging.
5. I hereby undertake that—
 - (i) I will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulation 3 of the said regulations;
 - (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 in force.
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 a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed on this the day of month of year.

Signature

Name:

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Tel/ Mobile No:

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Address:

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Signature of Witness 1:

Signature of Witness 2:

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(Name of Witness 1):

(Name of Witness 2):

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Address:

Address:

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