

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

Website: - mdbmc.in Tel. No- 05568297433

email: - mdbmc2021@g mail.com



→	FORM II :: LINDERTAKIN	email: - mdbmc2021@g mall.com						
::	:: UNDERTAKIN	:: UNDERTAKING BY PARENT OF THE CANDIDATE/ STUDEN						
١.,						, 00 =		
		Father/	Mother/	Guardian	of	Mr./Mrs./Ms		
admitte	d to the course of							
	d to the course of	01-1	(Name	of Course) V	vith adn	nission no.		
Medical	I University, Lucknow have received a copy of a	State Medical C	ollege, Deoria	affiliated to	Atal Biha	ri Vajpayee		
Ragging	g in Medical Colleges and Institutions) Regulations,	the National Med	ical Commiss	ion (Preventio	n and P	rohibition of		
2.	I have carefully read and fully understood the pro	2021(hereinafter	referred to as	the said regula	tions).			
3.	I have particularly perused the provisions of	ovisions in the said	regulations.					
	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 actions that may be taken against my accordance.	T Chapter IV and r	ead and unde	rstood the adm	ninistrativ	e and penal		
	actions that may be taken against my son/ dau ragging, actively or passively, or being part of a c	ghter/ ward in cas	se he/ she is	found guilty o	f ragging	or abetting		
5.	I hereby undertake that my son/ daughter/ ward -	conspiracy to prom	iote ragging.					
	 (i) will not indulge in any behaviour or act that munder regulation 3 and 4 of the said regulation 	ay come under the	definition of r	agging as may	be cons	lituted		
	(ii) will not participate in or abet or propagate rag		وما الممامولية		- 414			
	constituted under regulation 3 and 4 of the sa	ging in any form in	iciuaea but no	t limited to thos	se that ma	ay be		
	(iii) will not hurt anyone physically or psychologic		other harm					
6.	I hereby agree that if my son/ daughter/ ward is for			na ho/sho ma	w ho nur	viched		
	as per the provisions of the said regulations or as	ound guilty of arry a	laws for the t	ime being info	rce	isiieu		
7.	I also declare that he/ she has never been found					accively		
	or being part of a conspiracy to promote ragging							
	and further affirm that if this declaration is incorred							
Signed	on this the day of month of yea			14510 10 50 041	iociica / •	vitiraravii.		
Olgrica	on this the day of Month of yea	ar.						
					Signat	ure		
			Name:		Oignati	uic		
			•••					
			Tel/ Mob	ilo No:				
			Address	:				
Signatu	re of Witness 1:		Signature	of Witness 2:				
/Nome	ofWitness1):		(Name of V	Vitness 21.				
	DIVILITIESS 1)		(I Tallie OI V	T. 11 10 33 2).				
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Address	S.'		Address:					



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:: 1			Father/	Mother/	Guardian	of	Mr./Mrs./Ms.			
Medical Ragging 2. 3. 4. 5.	 I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes "ragging". 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 abetting ragging, actively or passively, or being part of a conspiracy to promote ragging. I hereby undertake that my son/ daughter/ ward — will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulation 3 and 4 of the said regulations; 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 and 4 of the said regulations; will not hurt anyone physically or psychologically or cause any other harm. I hereby agree that if 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 inforce. 									
				Name:		Signat	ure			
				Tel/ Mob						
Signatu	re of Witness 1:			Signature	of Witness 2:					
(Name o				(Name of V	Vitness 2):					
Address	•			Address:						