कार्यालय, प्रधानाचार्य, महर्षि देवरहा बाबा स्वशासी राज्य चिकित्सा महाविद्यालय, देवरिया, उ0प्र0 274001
Office, Principal, Maharshi Devarha Baba Autonomous State Medical College, Deoria, UP-274001
Website: - mdbmc.in Tel. No- 05568297433 email: - mdbmc2021@g mail.com

→ FORM II :: UNDERTAKING BY PARENT OF THE CANDIDATE/ STUDENT

I .....Father/ Mother/ Guardian 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 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.
5. I hereby undertake that my son/ daughter/ ward —
   (i) 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;
   (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 and 4 of the said regulations;
   (iii) will not hurt anyone physically or psychologically or cause any other harm.
6. 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 in force.
7. I also declare that he/ she has 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and further affirm that if this declaration is incorrect or false, his/ her admission is liable to be cancelled / withdrawn.

Signed on this the ..... day of ..... month of. year.

Signature

Name:

.....

...

Tel/ Mobile No:

.....

Address:

.....

Signature of Witness 1: .....

.....

(Name of Witness 1): .....

.....

Address: .....

.....

Signature of Witness 2:

(Name of Witness 2):

Address:

कार्यालय, प्रधानाचार्य, महर्षि देवरहा बाबा स्वशासी राज्य चिकित्सा महाविद्यालय, देवरिया, उ0प्र0 274001
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Signed on this the ..... day of ..... month of. year.

Signature

Name:

.....

...

Tel/ Mobile No:

.....

Address:

.....

Signature of Witness 1: .....

.....

(Name of Witness 1): .....

.....

Address: .....

.....

Signature of Witness 2:

(Name of Witness 2):

Address: