

Punjab Group of Colleges

Lalru Mandi, Village Malakpur, S.A.S. Nagar (Mohali), Punjab
Tel: 01762-524000. Telefax: 01762-525478

AFFIDAVIT BY PARENT/GUARDIAN

I, _____ (full name of student with admission/registration/enrolment number) s/o - d/o Mr./Mrs./Ms _____

1. having been admitted to _____ (name of the institution) have received a copy of the AICTE regulations of Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulation and am fully aware of the renal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my word is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that my word has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year _____

Signature of Deponent

Name :

Address :

Telephone / Mobile No. :

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (Place) _____ on this the (day) _____ of _____ (month) _____ (year) _____

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) _____ of _____ month, _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER