

## Government of West Bengal Institute of Post Graduate Medical Education & Research 244 Acharya J. C. Bose Road, Kolkata – 700020



## Undertaking regarding ragging by UG student

1. I		$\_$ (Full Name in BLOCK LETTERS) Son/ Daughter of Mr./Mrs./Ms.
		(Full Name in BLOCK LETTERS) admitted to the course of
at		
•		
(Name of University) hereby declare the	at I have received a c	copy of the National Medical Commission (Prevention and
Prohibition of Ragging in Medical Colleg	es and Institutions) R	Regulations, 2021 (hereinafter referred to as the said regulations
2. I have carefully read and fully under	stood the provisions in	in the said regulations.
3. I have particularly perused the provisionstitutes ragging.	sions of regulations 3a	and 4 of the said regulations and have fully understood what
	n case I am found gui	er IV and read and understood the administrative and penal illty of ragging or abetting ragging, actively or passively, or being
5. I hereby undertake that:		
<ul><li>(i) I will not indulge in any behavior</li><li>regulation 3of the said regulations;</li></ul>		me under the definition of ragging as may be constituted under
(ii) I will not participate in or abet constituted under regulation3 of the		in any form included but not limited to those that may be
(iii) I will not hurt anyone physicall	y or psychologically o	or cause any other harm.
6. I hereby agree that if found guilty of regulations or as per the applicable law		ng, I may be punished as per the provisions of the said n force.
	I have never been pur	f ragging or abetting ragging, actively or passively, or being part nished in any manner for these offences and further affirm that to be cancelled / withdrawn.
Signed on this the	_ day of	month of year
Signature of the Student with o	late	
Name:		Mobile No
Address:		
Signature of Witness 1 with da	te:	
(Name of Witness 1):		Relation to Student if any
Address:		
Signature of Witness 2 with da	ite:	
		Relation to Student if any
Address:		-



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## **Undertaking regarding ragging by Parent / Guardian of UG student**

Androcci		I
(Name of Witness 2):		Relation to Student if any
Signature of Witness 2	2 with date:	
Address:		
		Relation to Student if any
Signature of Witness 1	with date:	
Address:		
Name:		
Signature of the Parent	/ Guardian of Stude	nt with date
Signed on this the	day of	month of year
being part of a conspiracy to p	promote ragging and have	be guilty of ragging or abetting ragging, actively or passively, or e never been punished in any manner for these offences and further her admission is liable to be cancelled / withdrawn.
6. I hereby agree that if my S	on / Daughter / Ward is fo	ound guilty of any aspect of ragging, he / she may be punished as applicable law for the time being in force.
constituted under regulat (iii) will not hurt anvone r	•	ns; ly or cause any other harm.
(ii) will not participate in	or abet or propagate ragg	ing in any form included but not limited to those that may be
(i) will not indulge in any regulation 3of the said re		come under the definition of ragging as may be constituted under
5. I hereby undertake that my	Son / Daughter / Ward:	
	ainst me in case I am four	hapter IV and read and understood the administrative and penal ad guilty of ragging or abetting ragging, actively or passively, or being
3. I have particularly perused constitutes ragging.	the provisions of regulation	ons 3and 4 of the said regulations and have fully understood what
2. I have carefully read and fu	ılly understood the provisi	ons in the said regulations.
Prohibition of Ragging in Medi	cal Colleges and Institution	ons) Regulations, 2021 (hereinafter referred to as the said regulations)
(Name of University) hereby d	leclare that I have receive	d a copy of the National Medical Commission (Prevention and
(Name of College / Institution	) affiliated to	
at	·	
		(Full Name of Student in BLOCK LETTERS) admitted to the course of
1. I	(Full N	lame in BLOCK LETTERS) Father / Mother / Guardian of Mr./Mrs./Ms.