## परिशिष्ट 'जी '

## AFFIDAVIT BY THE STUDENT

	<i>tion / enrolment number)</i> s/o d/o
Mr./Mrs./Ms(name of the institution), h	nave received a copy of the UGC
Regulations on Curbing the Menace of Ragging in Hig	ther Educational Institutions, 2009,
(hereinafter called the "Regulations") carefully read an	nd fully understood the provisions
contained in the said Regulations.	
2) I have, in particular, perused clause 3 of the Reg	gulations and am aware as to what
constitutes ragging.	
3) I have also, in particular, perused clause 7 and clause	•
aware of the penal and administrative action that is liable t	e e
found guilty of or abetting ragging, actively or passively, or b	being part of a conspiracy to promote
ragging.	
4) I hereby solemnly aver and undertake that	
a) I will not indulge in any behaviour or act that r	nay be constituted as ragging under
clause 3 of the Regulations.	
b) I will not participate in or abet or propagate through	
that may be constituted as ragging under clause 3 c	
5) I hereby affirm that, if found guilty of ragging, I an	-
clause 9.1 of the Regulations, without prejudice to any other	•
against me under any penal law or any law for the time being	
6) I hereby declare that I have not been expelled o	
institution in the country on account of being found guilty of a	
to promote, ragging; and further affirm that, in case the dec	claration is found to be untrue, I am
arriana that mri admission is liable to be concelled	
aware that my admission is liable to be cancelled.	
·	veor
aware that my admission is liable to be cancelled.  Declared this day of month of	year.
·	year.
·	year.
·	year.  Signature of deponent
·	
Declared this day of month of	Signature of deponent
·	Signature of deponent
Declared this day of month of  VERIFICATION	Signature of deponent Name:
Declared this day of month of  VERIFICATION  Verified that the contents of this affidavit are true to the best	Signature of deponent Name:
Declared this day of month of  VERIFICATION	Signature of deponent Name:
Declared this day of month of  VERIFICATION  Verified that the contents of this affidavit are true to the best affidavit is false and nothing has been concealed or misstated	Signature of deponent Name:
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Declared this day of month of  VERIFICATION  Verified that the contents of this affidavit are true to the best affidavit is false and nothing has been concealed or misstated	Signature of deponent Name:  of my knowledge and no part of the therein.
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