## AFFIDAVIT BY PARENT/ GUARDIAN

I,	Mr/Mrs./Ms	(full	name	of	parent/guardian
					1 0

father/mother/guardian of \_\_\_\_\_\_ (full name of student with University Roll

Number), having been admitted to RIE, Bhubaneswar, have received or downloaded a copy of the UGC Regulations on Curbing the menace of Ragging in Higher Educational Institutions 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provision contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am ware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
  - a. My ward will not indulge in any behaviour 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.
- 4) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 5) I hereby declare that my ward 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, the admission of my ward is liable to be cancelled.
- 6) Along with the above mentioned points I do hereby declare that
  - a. My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
  - b. My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6 a).

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	(mo	onth),(year)	)
			-	Signature of depone	ent
Solemnly affirmed	and signed in my presence on this	the	_(day) of	(	(month),
	(year) after reading the contents of this	affidavit.			

## OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.