

ANNEXURE – II
(ANTI RAGGING)
AFFIDAVIT BY THE PARENT

I, _____, F/o / M/o. _____
Admn. No. _____, having been admitted to
KAMINENI ACADEMY OF MEDICAL SCIENCES AND RESEARCH CENTRE,
L.B.NAGAR, HYDERABAD -500068 have received 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 provisions contained in
the said Regulations.

1. I have, in particular, perused clause 3 of the Regulations and am aware 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 the penal and administrative action that is liable to be taken against my ward in case he is found guilty 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 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.
4. I hereby affirm that, if found guilty of ragging, I am 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.
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, I am aware that my ward’s admission will be liable to be cancelled.
6. I hereby declare that I submit online Undertaking to the website www.antiragging.in and www.amanmovement.org.

Declared on this date(DD/MM/YYYY): _____.

Signature of deponent
Name of the parent:
Address:
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 Hyderabad on this Date: _____.

Signature of deponent

Solemnly affirmed and signed in my presence on this date: _____ after reading the contents of this affidavit.

OATH COMMISSIONER