## **ANNEXURE II**

## **UNDERTAKING/AFFIDAVIT BY THE PARENT/GUARDIAN**

I, Mr./M	rs./Ms			
(full nam	e of parei	nt/guardian) fat	ther/mother	/guardian of
			•••••	(full
name	of	student	with	admission/registration/enrolment
number			,	having been admitted to Lokepara
Mahavidyalaya (Affiliated to the University of Burdwan), Kuliara, Birbhum in				
			[1	name of the Department/Programme
(B.A)], has	ave receiv	ved		

- 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.
- 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 clause7 and clause 9.1 Regulations and am fully aware of the penal and administrative action that is liable to be taken against may ward in case he/she is 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 that may be constituted as ragging under clause 3 of the Regulations.

- 5) 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.
- 6) 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 quality of, abetting orbeing 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.

Declared this...... day of..... month of... year.

Signature of deponent Name: Telephone/MobileNo.:

Address: