

FORM – I

FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____(Full Name in Block Letters)
Son / Daughter of Mr/Mrs. _____(Full Name in Block Letters) admitted to the course of _____(Name of the Course) with Admission No. _____at CHALMEDA ANAND RAO INSTITUTE OF MEDICAL SCIENCES, BOMMAKAL, KARIMNAGAR (Name of College /Institution affiliated to KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, WARANGAL (Name of University) have received to copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said regulations).
2. I have carefully read and fully understood the provision in the said regulations.
3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes "ragging".
4. I have also in particulars perused the provisions of Chapter IV and read and understood the Administrative and penal actions that may be taken against me in case I am found guilty of Ragging of betting ragging, actively or passively, or being part of a conspiracy to promote Ragging.
5. I hereby undertake that:
 - i. I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulation 3 of the said regulations:
 - ii. I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations:
 - iii. I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect or ragging, I May be punished as per provisions of the said regulations or as per the applicable laws for the time being in force.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging actively or passively, or being part of conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect of false, my admission is liable to be cancelled / withdrawn.

Signed on this the _____day of _____month of _____year

Signature

Name & Address, Cell No:

Signature of Witness 1:

(Name of the Witness and Address)

Signature of Witness 2:

(Name of the Witness and Address)

FORM – II

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE / STUDENT

1. I _____(Full Name in Block Letters)
Father / Mother/Guardian of Mr/Mrs_____Full Name
in Block Letters) admitted to the course of _____(Name of the Course) with
Admission No._____at CHALMEDA ANAND RAO INSTITUTE OF MEDICAL SCIENCES,
BOMMAKAL, KARIMNAGAR (Name of College /Institution affiliated to KALOJI NARAYANA RAO
UNIVERSITY OF HEALTH SCIENCES, WARANGAL (Name of University) Is hereby declare that I
have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging
in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said
regulations).
2. I have carefully read and fully understood the provision in the said regulations.
3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have
fully understood what constitutes "ragging".
4. I have also in particulars perused the provisions of Chapter IV and read and understood the
administrative and penal actions that may be taken against my son/daughter /ward in case he /
she is found guilty of ragging of abetting ragging, actively or passively, or being part of a
conspiracy to promote ragging.
5. I hereby undertake that my Son / Daughter / Ward _____
 1. Will not indulge in any behavior or act that may come under the definition of ragging as
May be constituted under regulation 3 and 4 of the said regulations:
 2. Will not participate in or abet or propagate ragging in any form included but not limited
to those that may be constituted under regulation 3 and 4 of the said regulations:
 3. Will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if my son/ daughter ward is found guilty of any aspect or ragging, he / she
may be punished as per provisions of the said regulations or as per the applicable laws for the
time being in force.
7. I also declare that he/ she has never been found to be guilty of ragging or abetting ragging actively
or passively, or being part of conspiracy to promote ragging and have been punished in any
manner for these offences and further affirm that if this declaration is incorrect or false, his / her
admission is liable to be cancelled / withdrawn.

Signed on this the _____day of _____month of _____year

Signature

Name & Address, Cell No:

Signature of Witness 1:

(Name of the Witness and Address)

Signature of Witness 2:

(Name of the Witness and Address)