

Note: The first page of both the Affidavits will have to be printed in Rs. 10/- non judicial stamp paper and the affidavit has to be signed by an Oath Commissioner.

1) AFFIDAVIT BY PARENT/GUARDIAN

1. I, Mr./Mrs./Ms.
(full name of parent/guardian) father/mother/guardian
of
.....(full name of student with Roll Number), having been
admitted to National Institute of Technology Manipur, Langol, Manipur-795004, 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.
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 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/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 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.
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 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.

Declared this the 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 (month) , (year) .

Signature of deponent

Solemnly affirmed and signed in my presence on this the (day) of (month), (year) after reading the contents of
this affidavit.

OATH COMMISSIONER