Bond value: Rs. 50/- e-stamp/bond from Govt of Gujarat

1st Party: Students Name

2nd Party: The Dean, ESIC Medical College & Hospital Naroda-Bapunagar, Ahmedabad.

FORM I

[See sub-clause (a) of clause (i) and sub-clause (a) of clause (ii) of sub-regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY THE STUDENT

of Mr./Mrs./Ms(Name of Course)at	(Full Name in Block Letters) admitted to the course(Name(Name of University)have received a copy of t
National Medical Commission (Flevention and	(Name of University)have received a copy of t
	i Frombition of Ragging in Medical Coneges and institution
I have particularly perused the provision fully understood what constitutes -ragging.	ons of regulations 3 and 4 of the said regulations and have
	provisions of Chapter IV and read and understood the taken against me in case I am found guilty of ragging or part of a conspiracy to promote ragging.
I hereby undertake that—	
(i) I will not indulge in any behavio may beconstituted under regulatio	or or act that may come under the definition of ragging as on 3 of the said regulations;
* *	r propagate ragging in any form included but not limited to er regulation 3 of the said regulations;
(iii) I will not hurt anyone physically o	or psychologically or cause any other harm.
6. I hereby agree that if found guilty oprovisions of the said regulations or as per the a	of any aspect of ragging, I may be punished as per the pplicable laws for the time being in force.
passively, or being part of a conspiracy to p	und to be guilty of ragging or abetting ragging, actively or promote ragging and have never been punished in any nat if this declaration is incorrect or false, my admission is
Signed on this theday of month of	_year. Signature
	Name:
	Address:
	Tel/ Mobile No:
Signature of Witness 1:	
Name of Witness 1):	
Address:	
Address: Signature of Witness 2:	

Bond value: Rs. 50/- e-stamp/bond from Govt of Gujarat

1st Party: Parents/Guardian name

2nd Party:The Dean, ESIC Medical College & Hospital Naroda-Bapunagar,Ahmedabad.

FORM II

[See sub-clause (b) of clause (i) and sub-clause (b) of clause (ii) of sub-regulation (2) of regulation 7]

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

	tters)Father / Mother/ Guardian of Mr./Mrs./Ms	(Full Name in Block (Full Name of		
Stu	udent in Block Letters) admitted to the course of(Name	(Name of Course)at of		
rec Co	llege/Institution) affiliated to(Name of University) herebeived a copy of the National Medical Commission (Prevention and Prohibition lleges and Institutions) Regulations, 2021(hereinafter referred to as the said regulation I have carefully read and fully understood the provisions in the said regulations	by declare that I have of Ragging in Medical		
3.	I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes –ragging.			
4.	administrative and penal actions that may be taken against my son/ daughter/ward in case he /she is found guilty of ragging or abetting ragging, actively or passively, or being part of a			
	conspiracy to promote ragging.			
5.	I hereby undertake that my son/ daughter/ ward —			
	 a. will not indulge in any behavior or act that may come under the definition of ragging as may beconstituted under regulations 3 and 4 of the said regulations; 			
	 will not participate in or abet or propagate ragging in any form include limited to those that may be constituted under regulations 3 and 4 or regulations; 			
	c. 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 of ragging	ng, he/ she		
	may be punished as per the provisions of the said regulations or as per the applical	•		
	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 a conspiracy to promote ragging and have never 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 theday ofmonth ofyear.			
	Name: Si	gnature		
	Address: Tel/ Mobile No.			
Sig	enature of Witness 1:			
(Na	ame of Witness 1):			
Ada	dress:			
Signature of Witness 2:				
(Name of Witness 2):				
	dress:			