(To be executed on Non-Judicial Stamp Paper of Rs. 20/- and attested by a Notary Public)

ANTI-RAGGING AFFIDAVIT BY PARENT / GUARDIAN

ANNEXURE – II (UGC)

(Statutorily prescribed format under the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009)

1. I, Mr./Mrs./Ms. _____ Father / Mother / Guardian of _____, Student ID _____, have been admitted to **Shri Narayan Sharma Teachers Training College, Motihari**, 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.

_____

Signature of Deponent (Parent / Guardian)

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

ATTESTATION

Solemnly affirmed and signed in my presence on this the _____ day of _____ (month), _____ (year), after the contents of this affidavit have been read over and explained to the Deponent.

_____

NOTARY PUBLIC

Seal & Registration No.: _____

Notarial Stamp No.: _____

Place: _____

Date: _____