**UNDERTAKING BY THE CANDIDATE/STUDENT**

1. I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D/o Mr/Mrs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

have carefully read and fully understood the law prohibiting ragging and the directions of the Hon’ble Supreme Court and the Central/State Government in this regard.

2. I have received a copy of DCI regulations on Curbing the menace of Ragging     in Dental Colleges, 2009, and have carefully gone through it.

3. I hereby undertake that

* I Will not indulge in any behavior or act that may come under the definition of ragging
* I will not participate in or abet or propagate ragging in any form
* I will not hurt anyone physically or Psychologically or cause any other harm

4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisional of DCI Regulations mentioned above and/or as per the law in force.

5.I hereby affirm that I have not been expelled or debarred from admission by any institution.

Signed this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_month of year\_\_\_\_\_

Name: Address

**UNDERTAKING BY THE PARENT/GUARDIAN**

1. I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F/o Mr/Mrs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have carefully read and fully understood the law prohibiting ragging and the directions of the Hon’ble Supreme Court and the Central/ State Government in this regard as well as the DCI regulations on Curbing the menance of Ragging in Dental Colleges, 2009.

1. I assure you that my son/daughter will not indulge in any act of ragging.
2. I hereby agree if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the DCI Regulations mentioned above and/or as per the law in force.

Signed this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_--month of year\_\_\_\_

Name: Address: