राष्ट्रीय प्रौद्योगिकी संस्थान श्रीनगर NATIONAL INSTITUTE OF TECHNOLOGY SRINAGAR

(An autonomous Institute of National Importance under the aegis of Ministry of Education, Govt. of India)

हजरतबल, श्रीनगर, जम्मू-कश्मीर, 190006, भारत HAZRATBAL, SRINAGAR JAMMU AND KASHMIR, 190006, INDIA



AFFIDAVIT BY PARENT / GUARDIAN

I, Mr./Mrs./Ms	(full name of parent/guardian)
father/mother/guardian of,	
(full name of student wit	h admission/registration/enrolment number), having been admitted to
	(name of the institution), have received a copy
of the UGC Regulations on Cur	bing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter
called the "Regulations"), carefu	ally read and fully understood the provisions contained in the said Regulations.
1. I have, in particular, peruse	1 clause 3 of the Regulations and am aware as to what constitutes ragging.
and administrative action th	erused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal at is liable to be taken against my ward in case he/she is found guilty of or abetting y, or being part of a conspiracy to promote ragging.
· · ·	ge in any behavior or act that may be constituted as ragging under clause 3 of the
_	cipate in or abet or propagate through any act of commission or omission that may under clause 3 of the Regulations.
•	I guilty of ragging, my ward is liable for punishment according to clause 9.1 of the ice to any other criminal action that may be taken against my ward under any penal being in force.
5. I hereby declare that my war on account of being found	d has not been expelled or debarred from admission in any institution in the country guilty of, abetting or being part of a conspiracy to promote, ragging; and further tration is found to be untrue, the admission of my ward is liable to be cancelled.
Declared this day or	month of year.
Signature of Janonout	
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 (year) after reading the contents	my presence on this the (day) of (month), of this affidavit.