

ANNEXURE-I
AFFIDAVIT BY THE STUDENT

1. I,.....S/oD/o....., having been admitted to have Received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, 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 me in case I am 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)I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - (b)I 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, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have 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 am aware that my admission is liable to be cancelled.

Declared this..... of..... of **2017**.

Signature of Deponent

Name:

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 **Kota** on this the (..... day) of (..... month), **2017**

Signature of Deponent

Solemnly affirmed and signed in my presence on this the (.....) of (.....), **2017** after reading the contents of this affidavit.

OATH COMMISSIONER

शपथ-पत्र

मैं पुत्र/पुत्री, आयु

निवासीशपथ पूर्वक बयान करता/करती हूँ कि-

1. यह कि मेरा **NEET** प्रवेश परीक्षा 2017 के द्वारा **Govt. Medical College, KOTA** में **MBBS** कोर्स में चयन हुआ है।
2. यह है कि मैं मेरे मूल प्रमाण पत्र/डिफेन्स कटेगरी प्रमाण पत्र मूल ही जमा करवा रहा/रही हूँ। मेरे द्वारा प्रस्तुत किये गये मूल प्रमाण पत्रों की जांच करने पर यदि फर्जी या रंगीन छायाप्रति पाई जाती है तो मेरा **MBBS** कोर्स से प्रवेश/चयन रद्द कर दिया जाये। जिसकी समस्त जिम्मेदारी मेरी स्वयं की होगी।
3. यह है कि मैं **MBBS** कोर्स के लिए कोई दावेदारी नहीं करूंगा/करूंगी। **Govt. Medical College, KOTA** प्रशासन मेरे विरुद्ध नियमानुसार कार्यवाही करने के लिए स्वतंत्र है।

शपथ ग्रहिता

सत्यापन

उपरोक्त बिन्दु 1 से 3 का मैं सत्यापित करता/करती हूँ कि उक्त शपथ पत्र में वर्णित तथ्य सत्य है एवं मेरे स्वयं द्वारा दिया जा रहा है। ईश्वर मेरी मदद करें।

शपथग्रहिता

AFFIDAVIT

(By Students)

I, S/oD/o, aged years, resident of do hereby take oath and state and as under:-

1. That I solemnly pledge myself to consecrate my life to service of humanity.
2. That I will maintain the utmost respect for human life from the time of conception.
3. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
4. That I will practice my profession with conscience and dignity.
5. That the health of my patient will be my first consideration.
6. That I will respect the secrets, which are confined in me.
7. That I will maintain by all means in power, the honour and noble traditions of medical profession.
8. That I will treat my colleagues with the respect and dignity.
9. That I shall abide by the Code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

Place -
Dated –

DEPONENT

VERIFICATION

I, the above named deponent, do hereby verify that the contents of para no. 1 to 9 of my above noted affidavit. I make these promises solemnly, freely and upon my honour. So help me God.

Place :
Date :

DEPONENT

**AFFIDAVIT
BY PARENT/GUARDIAN**

- I,.....Father / mother/ guardian of
..... (Full name of student with
admission/registration/enrolment number) having been admitted to **Govt. Medical
College, KOTA** have Received a copy of the UGC Regulations on Curbing the
Menace of Ragging in Higher Educational Institutions, 2009, 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 me 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 of of **2017**.

Signature of Deponent

Name :
Resident of
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 Kota on this the (..... day) of (..... month), **2017**

Signature of Deponent

Solemnly affirmed and signed in my presence on this the (..... day) of (..... month),
2017, after reading the contents of this affidavit.

OATH COMMISSIONER
SERVICE BOND/UNDERTAKING FOR ALL INDIA QUOTA & STATE
QUOTA UNDERGRADUATE MEDICAL STUDENT

STAMP PAPER VALUE
NOT LESS THAN Rs. 500/-

BOND/UNDERTAKING

We, _____ (Name of the Student) age _____
D/o/S/o _____ resident at _____
_____ at present MBBS student in _____
(herein after called 'the obligor') and (1) Shri _____
Designation _____ (here after called surety) do
hereby jointly and severally bind ourselves and our respective heirs in execution and
administrations to pay the Govt. of Rajasthan (herein after called 'the Government')
on demand the sum of Rs **5,00,000/-** (Rupees Five Lacs Only) together with interest
thereon from the date of demand at Govt. rates for the time being in force on
Government loans AND TOGETHER with all costs between attorney and client and
all charges and expenses that shall or may have been incurred by the Government.

That in consideration of the **Government of Rajasthan**, selecting vide
Allotment letter/order no. _____ Date _____ the MBBS course in
during the academic year _____ the MBBS student and his surety covenant
with the Government as follows :

1. Candidates who are selecting Government seats for the MBBS courses shall not resign the course before the completion;
2. Candidate who are selecting Government seats for the MBBS course shall serve the Government for a minimum period of two years after completion of the course, if Government so desires;
3. That in case the MBBS students, who fails to fulfill the above conditions, the surety of the MBBS students shall be jointly and separately liable for penalty of Rs. 5,00,000/- as per this Bond/Undertaking.

In witness where of the Obligor and the surety above mentioned have here unto set their hands this day and the year first above written.

Signature of the MBBS Student

Signature, Name & Address of the Surety

Witness:-

1.
2.