AFFIDAVIT BY THE STUDENT

I,	(full name of student with admission	on/registration/enroln	nent number) s/o
- d/o Mr./Mrs./Ms			

- 1. having been admitted to ______ (name of the institution) 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 (a) of the Regulation 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. (a) 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, I am aware that my admission my word is liable to be cancelled.

Declared this ______day of _____ month of _____ year _____

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 ______ (place) on this the_____(day) of (month)_____ (year)_____ Signature of deponent

Attestation by oath commissioner/notary

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

AFFIDAVIT BY PARENT/GUARDIAN

I,	Mr./Mrs./Ms. (full name of
parent/guardian) father / mother/guardian of	(full name of student with
admission /registration/enrolment number),	

- having been admitted to ______ (Name of the Institution), 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 (a) 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 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 word is liable for punishment according to clause 9 (a) 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 word 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, I am aware that my admission my word is liable to be cancelled.

Declared this _____ day of _____ month of _____ year _____ 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) and ____ (year) Signature of deponent

Attestation by oath commissioner/notary

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

AFFIDAVIT BY THE STUDENT

I, (full name of student with admission/registration/enrolment number) S/o - D/o Mr./Mrs./Ms_______ having been admitted to Institute of Nursing Sciences and Research, Malabar Cancer Center, Thalassery, have received a copy of the **Substance Abuse Policy** (hereinafter called the "Policy") carefully read and fully understood the provisions contained in the said Policy.

- 1. I have, in particular, perused and fully understood clause 3 of the Policy 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 the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on the campus, training sites and sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the campus.
- 2. I hereby affirm that, if found guilty as mentioned in clause 2 above, I am liable for punishment according to clause 3 of the Policy, 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.

Declared this _____day of _____month of _____

Deponent

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. Place:

Deponent

Date:

Attestation by oath commissioner/notary

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

AFFIDAVIT BY PARENT/GUARDIAN

Mr./Mrs./Ms. (full name of parent/guardian) father / mother/guardian of _______ (full name of student with admission /registration/enrolment number) having been admitted to Community College Malabar Cancer Center, Thalassery have received a copy of the **Substance Abuse Policy** (hereinafter called the "Policy") carefully read and fully understood the provisions contained in the said Policy.

- I have, in particular, perused and fully understood the clause 3 of the Policy 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 the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on the campus, training sites, student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the campus.
- 2. I hereby affirm that, if my ward is found guilty as mentioned in clause 2 above, he /she is liable for punishment according to clause 3 of the Policy, 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.

Declared	this	day	of	month	of	
year						

Deponent

Address:

I,

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. Place:

Place:

Deponent

Date:

Attestation by oath commissioner/notary

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

ANNEXURE - V

PHYSICAL FITNESS CERTIFICATE

For Admission to Professional Degree Courses

(to be Certified by a Registered Medical Practitioner)

.....

Signature of Candidate

I, Dr	after careful personal examination	on of the cas	se
do hereby certify that Sri/ Kum	whose	signature	is
given above is found physically fit to undergo p	professional education.		

His	/	Her	height	,	weight,	chest
and vision			on			

		Signature	:
		Name	:
Place	:	Reg. No	:
Date	:	Designation	: