

Form-II**ANTI RAGGING AFFIDAVIT BY THE STUDENT /GUARDIAN**

1. I (Parent full name in BLOCK LETTERS) _____
Father/Mother/Guardian of Mr./Mrs./Ms.(Student Full name in BLOCK LETTERS) _____
_____ admitted to the course of
(_____) at Government Medical College, Mahabubabad with _____/2026-27
Admission number affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal hereby
declare that, I have received a copy of the National Medical Commission (Prevention and Prohibition of
Ragging in Medical Colleges and Institutions) regulations, 2021 (Herein after referred to as the said
regulations).
2. I have carefully read and fully understood the provisions in the said regulations.
3. I have particularly perused the provisions of regulations 3, And 4, of the said regulations and have fully
understood what constitutes-ragging
4. I have also in particular perused the provisions of chapter IV and read and understood the administrative
and penal actions that may be taken against my son/daughter/ward in case he/she is found guilty of ragging
or a abetting ragging actively or passively or being part of conspiracy to promote ragging
5. I hereby undertake that my son/daughter/ward
- (i) will not indulge in any behaviour or act that may come under the definitions of ragging as may be
constituted under regulation 3. of the said regulations.
 - (ii) will not participate in or abet or propagate ragging in any form included but not limited to
those that may be constituted under regulation 3. of the said regulations.
 - (iii) will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that my son/daughter/ward is found guilty of any aspect of ragging, he/she may be punished
as per the provisions of the said regulations or as per the applicable laws for the time being in force.
7. I also declare that he/she have never been found to be guilty of ragging or abetting ragging, actively or
passively, or being part of conspiracy to promote ragging and have never been punished in any manner for
these offences and further affirm that if these declaration is incorrect or false, his/her admissions is liable
to be cancelled/ withdrawn.

Signed on this _____ day of _____ month of _____ year.

Signature

Name of the Parent/Guardian:

Address:

Mobile No.:

Alternative Mobile No.:

Witness I

Name and Signature:

Address:

Mobile No.:

Witness II

Name and Signature:

Address:

Mobile No.: