(NON JUDICIAL STAMPED PAPER FOR Rs 100)

FORM I

[See sub-clause (a) of clause (i) and sub-clause (a) of clause (ii) of sub-regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY THE STUDENT

	I, Mr. / Ms	(Full Name in Block
Let	tters) Son/Daughter of Mr./Mrs./Ms	(Full Name
in	Block Letters) admitted to the course of	MBBS (Name of Course) with Admission
No	at KAMINENI INSTITU	TE OF MEDICAL SCIENCES, SREEPURAM,
NA	ARKETPALLY (Name of College / Instituti	on) affiliated to KNR UHS, WARANGAL,
<u>TE</u>	LANGANA (Name of University) have receive	ved a copy of the National Medical Commission
(Pr	evention and Prohibition of Ragging in M	ledical Colleges and Institutions) Regulations,
202	21(hereinafter referred to as the said regulations).	
2.	I have carefully read and fully understood the provis	sions in the said regulations.
3.	I have particularly perused the provisions of regunderstood what constitutes "ragging".	ulations3and 4 of the said regulations and have fully
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 me in case I am found guilty of ragging or abetting ragging actively or passively, or being part of a conspiracy to promote ragging.	
5.	I hereby undertake that—	
	 (i) I will not indulge in any behaviour or act ragging as may be constituted under regulation 	•
	(ii) I will not participate in or abet or propagat limited to those that may be constituted unde	• • •
	(iii) I will not hurt anyone physically or psycholog	
6.	I hereby agree that if found guilty of any aspect of ragging, I 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 I have never been found to be guilt or passively, or being part of a conspiracy to p punished in any manner for these offences and f	oromote ragging and have never been further affirm that if this declaration is
	incorrect or false, my admission is liable to be cancel	elled / withdrawn.
	Signed on this the	day of month of year.
		Signature of the Student
		Name:
		Address:
Wi	itness:	
	1. Signature	
	Name:	
	Address:	
	2. Signature	
	Name: Address:	
	rauros.	