## C:\Users\Admin\Downloads\AIIMS-RAJKOT-Logo-New.pngAFFIDAVIT BY THE PARENT

(ON Rs. 50/- STAMP PAPER DULY NOT ARISED)

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S/o/D/o of Mr./Mrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby solemnly affirm and declare as under:

1. That my son / daughter Mr./ Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been selected as a student of MBBS at All India institute of Medical Sciences(AIIMS) Rajkot.
2. That I have gone through and fully understood the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 under Section 26 (l)(g) of the University Grants Commission Act, 1956 to be followed by all the students of AIIMS.
3. I assure you that my son/ daughter/ ward will not be involved or indulge in any act of ragging that may come under the definition of ragging.
4. I have fully understood that in case my son/ daughter/ ward will be found indulging or involved in Ragging within or outside the premises of the AIIMS, he/she shall be appropriately punished for which he/she shall be solely responsible. I or my son/ daughter shall not hold liable the AIIMS or any of its officials for any loss (s), damage (s) and shall not claim any compensation from the it's or its office bearers.
5. I assure that neither my son/daughter/ward nor myself or relation/acquaintances shall use social media platforms/media to malign the image of Institution

Deponent Signature of Parent/Guardian

**VERIFICATION**: Verified at on \_\_\_\_\_\_\_\_\_\_\_\_\_ this day of\_\_\_\_\_\_\_\_\_\_\_\_ 2022 that the above affidavit is true and correct.

Name:

Address:

Contact No:

Deponent Signature of Parent/Guardian