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

(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 I am joining as a student of MBBS at AII 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 hereby solemnly affirm that
	1. I will not indulge or involve myself in any behavior or act that may come under the dentition of ragging.
	2. I will not participate in or abet or propagate ragging in any form.
	3. I will not hurt anyone physically or psychologically or cause any other harm.
4. I have fully understood that if found indulging or guilty of any aspect of ragging within or outside AIIMS campus, I may be punished as per the provisions of the AIIMS Regulations / Directive mentioned above and / or as per the law in force and for which I will be solely responsible and shall not claim and compensation.
5. I will accord due importance to the infrastructure of the Institution and understand that in the event of damage, the Institution may penalize me as an individual or as part of a group.
6. I assure that neither myself nor my contacts shall use social media platform/media to malign the image of Institution.

Deponent Signature of Student

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

Name:

Address:

Contact No:

Deponent Signature of Parent