

PRABHA HARJILAL COLLEGE OF PHARMACY & PARACLINICAL SCIENCES,

MADR-E-MEHARBAN CAMPUS OF HEALTH SCIENCES CHAK BHALWAL, JAMMU

UNDERTAKING BY THE PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/Guardian) father/mother/guardian of Mr. Mrs./Ms. _____ (full name of student with admission/registration/enrollment number) _____ having been admitted to _____ Prabha Harjilal College Of Pharmacy & Paraclinical Sciences, Madr-E-Meharban Campus Of Health Sciences Chak Bhalwal, Jammu have received a copy of the UGC Regulation on curbing the Menace of Ragging in Higher Educational institutions, 2009 (hereinafter called the "regulation") carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused Clause 3 of the Regulation and am aware as to what constitutes ragging.
- 2) I am also 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.
- 3) I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 4 of the Regulations.
 - b) My ward will not participate in or abet through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby solemnly affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 7 and clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law for the time being in force.
- 5) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being guilty of, abetting or being of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that the admission of my ward is liable to be cancelled.

Declared this: _____ day of: _____ month of: ____ year.

Signature of Parent/Guardian

Name _____

Address _____

Mob./Tel.No. _____