Rs. 10/- Stamp Paper

AFFIDAVIT BY PARENT/ GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of guardian)_____ father/mother/guardian of _____ (full name of students)_____, WBJEE /JEE (MAIN) /JELET/PGET Roll Number: _____, having been admitted to BCDA College of Pharmacy & Technology , 78 Jessore Road (S), Hridaypur, Barasat, Kolkata-700127, have received a copy of the UGC Regulations 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 Regulations and am aware as to what constitutes ragging.**
2. **I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administration action that is liable to be taken against my ward in case he/she is 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 3 of the Regulations.**
    b) **My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.**
4. **I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any 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 found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.**
6. **Along with the above mentioned points, I do here by declare that,**
    a) **My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.**
    b) **My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).**

Declared this _____ day of _____month of _____year.

_____
Signature of deponent

Name:
Address:
Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) on this the _____day of _____ of month, _____ year.

_____
Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ day of _____ month of _____ year after reading the contents of this affidavit.

OATH COMMISSIONER