



CENTRAL UNIVERSITY OF SOUTH BIHAR

BIT Campus, PO: BV College, Patna – 800014

Phone/Fax : 0612-2226535/2226536

www.cub.ac.in

Form No 6: Anti Ragging Affidavit by Parent / Guardian

I'm. / Mrs./Ms _____ (full name of parent/guardian) father/mother/guardian of _____ (full name of student with admission/registration/enrolment number), having been admitted to _____ (name of course,) residing in room no _____ hostel name _____ have received a copy or the UGC Regulation on Curbing the Menace of Ragging in Higher Education Understood the provisions contained in the said Regulations.

2. I have, in particular perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative 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.

4. I hereby solemnly aver and undertake that

a. My ward will not indulge in any behaviour 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 clause 3 of the Regulations.

5. 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.

6. 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.



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NOTARY PUBLIC/OATH COMMISSIONER

(Affidavit on the stamp paper of 10/- and should be notarized)

Declared this _____ day of _____ Month of _____ year _____

Signature of deponent

Name

Address

Telephone/Mobile

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 _____ (day) of _____
(Month) _____ Year _____

Signature of deponent

Solemnly affirmed and signed in my presence on this _____ (day) of _____ (month), _____ (Year) after reading the contents of this affidavit.

NOTARY PUBLIC/OATH COMMISSIONER

(Affidavit in the stamp paper of 10/- and should be notarized)