Appendix 7



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY (A State University established by the Govt. of NCT of Delhi) Accredited as NAAC A++ Grade



UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

I,		S/D	of	Mr./	Mrs.	/Ms.
, h	aving be	een a	dmitted	to	Programme/S	Stream
, at (Institute/College))			ha	ve received a	ı copy
of the UGC Regulations on Curbing the Men	ace of Ragg	ging in H	Higher Edu	ucational	Institutions,	2009,
(hereinafter called the "Regulations") carefully said Regulations.	read and fu	lly unde	erstood the	provisio	ons contained	in the
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 5 and clause 6.1 of the Regulations and am 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.						
(1) I have have a law of the start and the damped and the start and the						

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

b) I 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.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have 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, I am aware that my admission is liable to be cancelled.

Declared this _____day of ______month of _____year.

Signature of deponent Name: Address: Telephone/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 _______ on this the ______ of _____.

Signature of deponent

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