

## UNDERTAKING

I, \_\_\_\_\_ Son/daughter of  
Shri \_\_\_\_\_ have passed MBBS/B.Sc. (Hons) Nursing Entrance Examination. I certify that all my original certificates (i.e. 10<sup>th</sup> Passed/Age proof, 12<sup>th</sup> Passed Marks Sheet and certificate and scheduled Caste/Scheduled Tribe (SC/ST)/Other Backward Class (OBC) are authentic. If any found false, then my candidature may be treated withdrawn/cancelled at anytime during the course.

Name \_\_\_\_\_

Signature of the Candidates \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DECLARATION BY THE CANDIDATE

I, \_\_\_\_\_ Son/daughter of Shri \_\_\_\_\_

Village Town/City \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Hereby Declare that I belong to the

\_\_\_\_\_ Community which is recognized as a backward class by the Government of

India for purpose of reservation in service as per order contained in Department of Personnel and Training Office

Memorandum No. 360/22/93.Estt.(SCT) dated 08.09.1993. It is also declared that I do not belong to persons/section

(Creamy Layer) mentioned in Column 3 of the Scheduled to the above referred Office Memorandum dated 08.09.1993.

Name \_\_\_\_\_

Signature of the Candidates \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **AFFIDAVIT BY THE PARENT**

(On Rs 10/- STAMP PAPER DULY NOTARISED)

I \_\_\_\_\_ S/o/D/o of Mr./Mrs. \_\_\_\_\_

Resident of \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly affirm and declare as under:

1. That my son / daughter Mr./Mrs. \_\_\_\_\_ has been selected as a student MBBS & B. Sc (Hons) Nursing at All India Institute of Medical Sciences (AIIMS) Patna.
2. That I have gone through and fully understood the UGC Regulation on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 under Section 26 (1)(g) of the University Grants Commission Act, 1956 to be followed by all the students of AIIMS.
3. I assure you that my son/daughter/ward will not be involved or indulge in act of ragging that my come under the definition of ragging.
4. I have fully understood that in case my son/daughter/ward will be found indulging or involved in ragging within or outside the premises of the AIIMS, he/she shall be appropriately punished for which he/she shall be solely responsible, or my son/daughter shall not hold liable the AIIMS or any of its officials for any loss (s), damage (s) and shall not claim any compensation from it's or its office bearers.

Deponent

Signature of Parent/Guardian

VERIFICATION: Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2018 that the above affidavit is true and correct.

Name: \_\_\_\_\_ Address & Contact No: \_\_\_\_\_

Deponent

Signature of Parent/Guardian

# AFFIDAVIT

(On Rs 10/- STAMP PAPER DULY NOTARISED)

**To be submitted by the student & parent securing admission at AIIMS Patna**

I, Mr/Ms.....S/o of .....

Rank.....

(Name of the student)

(Father's Name)

Resident of (Complete Address with pin code) .....

.....

.....

.....

Secured admission in the course MBBS in the batch of .....

(Admission year)

**I understand and undertake that:**

I am aware that securing minimum 75% attendance in aggregate and 65% in individual subject in theory and practical is mandatory for being eligible for appearing in Professional Examinations and it is solely the responsibility of the student to attend classes regularly.

Absenteeism of any kind is not tolerable and absenteeism on medical ground will have to be with prior approval of Competent Authority of this institute and on recommendation of the medical board of this Institute.

As a student I agree to abide by all the rules and regulations governing AIIMS Patna including the hostel and hospital.

That it is the sole responsibility of the parent(s) to intimate any changes in their address or phone number(s) to the office of the DEAN, All India Institute of Medical Sciences Patna-801 507 immediately.

Signature of Student

## **ACKNOWLEDGEMENT**

I have gone through carefully the terms of the above undertaking that if he/she fails to comply with the regulations governing academic attendance, he/she will be detained and not allowed to appear in the professional examination in the subject. I undertake that I/he/she will strictly follow the above terms.

Signature of Parent/Guardian

\_\_\_\_\_  
\_\_\_\_\_

Date:

Name & Address with Mobile Number

(This Undertaking has to be submitted on (Non-Judicial) stamp paper of Rs. 10/-)

## **AFFIDAVIT BY THE STUDENT**

(On Rs 10/- STAMP PAPER DULY NOTARISED)

I \_\_\_\_\_ S/o/D/o of Mr./Ms. \_\_\_\_\_

Resident of \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly affirm and declare as under:

1. That I am joining as a student of MBBS/B.Sc (Hons) Nursing at All India Medical Sciences (AIIMS) Patna.
2. That I have gone through and fully understood the UGC Regulation on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 under Section 26 (1)(g) of the University Grants Commission Act, 1956 to be followed by all the students of AIIMS.
3. I hereby solemnly affirm that:-
  - I will not indulge or involve myself in any behaviour or act that may come under the definition of ragging.
  - I will not participate in or abet or propagate ragging in any form.
  - I will not hurt anyone physically or psychologically or cause any other harm.
4. I have fully understood that found indulging or guilty of any aspect of ragging within or outside AIIMS Campus, I may be punished as per the provision 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 any compensation.

Deponent

Signature of Student

VERIFICATION: Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of  
\_\_\_\_\_ 2018, that the above affidavit is true and correct.

Name: ..... Address & Contact No: .....

Deponent

Student of Student