भारत सरकार /GOVERNMENT OF INDIA
अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान
डॉ0 राम मनोहर लोहिया अस्पताल नई दिल्ली
ATAL BIHARI VAJPAYEE INSTITUTEOF MEDICAL SCIENCES
DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI-110001
(Affiliated to Guru Gobind Singh Indraprastha University Delhi)

F. No. PGS-12/154/2025-PGS-ABVIMS/**813** Dated: 21st November, 2025

ADMISSION NOTICE

Subject: Reporting Schedule for those candidates who have been allotted seats in MD/MS/Diploma/DNB courses at ABVIMS & Dr. RML Hospital, New Delhi – Round 1 for the Academic Year 2025-26.

Reference in invited to this Institute's earlier notice of even number dated 20.11.2025.

2. All candidates who have been allotted seats in MD/MS/Diploma/DNB Courses at ABVIMS & Dr. RML Hospital in **Round 1** of Counselling/reporting for the Academic Year 2025-26 are required to report in person on the scheduled dates. Candidates are requested to bring all original documents along with one set of self-attested photocopies as listed in the attachment:

Quota	Date of reporting	Courses
State Quota and All India Quota	23/11/2025 (Sunday) 24.11.2025 (Monday) 25.11.2025 (Tuesday) 26.11.2025 (Wednesday) 27.11.2025 (Thursday) 28.11.2025 (Friday) 29.11.2025 (Saturday) 30.11.2025 (Sunday) 01.12.2025 (Monday)	M.D. (ANAESTHESIOLOGY) M.D. (BIOCHEMISTRY) M.D. (DERM.,VENE. and LEPROSY)/ (DERMATOLOGY)/(SKIN and VENEREAL DISEASES)/(VENEREOLOGY) M.D. (GENERAL MEDICINE) M.D. (MICROBIOLOGY) M.D. (Obst. and Gynae)/MS (Obstetrics and Gynaecology) M.D. (PAEDIATRICS) M.D. (PHYSICAL MED. and REHABILITATION) M.D. (PSYCHIATRY) M.D. (RADIO-DIAGNOSIS)

		M.S. (E.N.T.) M.S. (GENERAL SURGERY) M.S. (OPHTHALMOLOGY) M.S. (ORTHOPAEDICS) MD PATHOLOGY DIPLOMA IN OPHTHALMOLOGY DNB (EMERGENCY MEDICINE)

3. **Address for reporting: Lecture Theatre-3 Ground Floor, Admin Block, ABVIMS & Dr. RML Hospital. Time for reporting: 10:00 AM.**

Ranjan Kumar. 21/11/25

(Ranjan Kumar)
Sr. Administrative Officer

Helpline Numbers (10 AM to 5 PM):
Deputy Registrar – 8178988051
Sr. Admin Officer - 9968515636
Sr. Accounts Officer – 9599727254
Academic Branch: 011-23404755/011-23365525 – 4755

For information to:

1. PS to Director, ABVIMS & Dr. RML Hospital
2. PS to MS, Dr. RML Hospital
3. PS to Dean/Registrar, ABVIMS & Dr. RML Hospital
4. All concerned HoDs, ABVIMS & Dr. RML Hospital
5. Sr. Accounts Officer, ABVIMS & Dr. RML Hospital
6. In-charge, e-Governance, ABVIMS & Dr. RML Hospital – with a request to upload it on RML Website and e-Office notice board.

The Candidates are also advised to visit websites of MCC, NMC, GGSIP University and Dr. RML Hospital regularly for any further updates.

LIST OF DOCUMENT REQUIRED FOR ADMISSION

1. Fee Receipt Rs. 54,500/- (Rupees fifty Four thousand Five Hundred only).
2. Passport size Photograph – 06
3. Seat Allotment Letter issued by MCC.
4. Admit Card issued by NBE.
5. Rank Letter/Score Card issued by NBE.
6. High School Certificate/Date of Birth Certificate for verification of date of birth.
7. Senior Secondary Certificate and Mark sheet.
8. MBBS Mark sheets of 1st, 2nd & 3rd Professional Examinations.
9. MBBS Degree Certificate/Provisional Certificate.
10. Internship Completion Certificate (Completion on for before - 31st July, 2025).
11. Medical Registration Certificate from Medical Council of India/State Medical Council (Provisional Registration Certificate is acceptable only in cases of completion of internship on or before - 31st July, 2025).
12. Copy of Identification Proof (ID Proof) i.e. Aadhar Card/Driving License/Voter ID/Passport.
13. Character Certificate from the head of the institutional from where the qualifying examination was passed.
14. The following certificate, if applicable:
    a. SC/ST certificate issued by the competent authority in English or Hindi language. Sub caste should be clearly mentioned in the certificate. The translated certificate must be certified by a Gazette Officer **(Annexure – A).**
    b. OBC certificate issued by the competent authority. The Sub-caste should tally with the Central List of OBC. The OBC candidates should not belong of Creamy Layer. The OBC certificate must be in the prescribed format as mentioned in the prospectus only and applicable for the year 2024-24. The translated certificates must be certified by a Gazetted Officer **(Annexure – B).**
    c. Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as per the Rights of Persons with disability Act, 2016 and NMC Norms. No other Certificate, issued by any other Authorities/Hospital will be entertained **(Annexure – C)**
    d. EWS certificate as per the Central Govt. Norms and should be in English or Hindi Language. The translated certificate must be issued by Gazetted Officer **(Annexure –D).**
15. The in-service candidates shall submit a NO Objection Certificate (NOC) from their employer to the effect that they have no objection and the candidate will be relieved/granted study leave for pursuing the course at the time of counseling, and the certificate should be available at the time of counseling, failing which he/she will not be eligible for the counseling.
16. No employed/in-service candidate shall be allowed to join a course unless he/she has been relieved/sanctioned study leave from his/her employer.
17. The Surety Bond of Rs. 10, 00,000/- (Rupees ten lakhs only) on Non-Judicial Stamp Paper of Rs. 100/- **(only on Delhi stamp paper and notarized by Delhi notary only)** filled and signed by two sureties either by the Gazetted Officer of Class-1 or Class-2 Rank, or the person who regularly files the Income Tax Return and having annual income about Rs. 10 Lakh **(Other than Parents/ resident/doctors/retired officers)** along with the copies of Pan card & IT returns of both sureties for last two years **(Annexure – E).**
18. Affidavit on Non-Judicial stamp paper of Rs. 10/- for gap period **(Annexure – F),** if applicable.
19. Employer's Certificate Form in the prescribed format **(Annexure –G),** if applicable.
20. Duly signed hard copies of undertaking submitted online by the student and their parents at www.antiragging.in or www.amanmovement.org and affidavits **(Annexure – H)** one each on Non Judicial Stamp Paper of Rs. 10/-.

ANNEXURE-'A'

ANNEXURE-3

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.* ---------- son/daughter* of----------of village/town*----------in district/Division*----------of the State/Union Territory* ---------- belongs to the----------Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe*under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order,1951
- The Constitution (Scheduled Tribe) (Union Territories) Order,1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re- organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt*---------- ----------father/mother of Shri/Smt/Kum* ----------of village/town*---------- ----- in District/Division* ----------of the State/Union Territory*---------- who belongs to the ---- - ----------caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* ----------issued by the ---------- (name of prescribed authority) vide their No---------- - date _____

3. Shri*/Smt.*/Kum* ----------and/or his/her* family ordinary reside (s) in village/town* ----------of the State/Union Territory of---------- --.

Signature _____

Place---------- State/Union Territory ** Designation----------

Date---------- (With seal of Office)

* Please delete the words which are not applicable.

- Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

** Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

ANNEXURE- B

ANNEXURE-4

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificateto be produced by Other BackwardClass applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr._____Son/Daughter of Shri/Dr._____of Village/Town_____District/Division_____in the _____ State belongs to the_____Community which is recognized as a backward class under:

(i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.

(ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.

(iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.

(iv) Resolution No. 12011/96/94-BCC dated 09/03/96.

(v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.

(vi) Resolution No. 12011/13/97-BCC dated 03/12/97.

(vii) Resolution No. 12011/99/94-BCC dated 11/12/97.

(viii) Resolution No. 12011/68/98-BCC dated 27/10/99.

(ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.

(x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.

(xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.

(xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.

(xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.

(xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.

(xv) Resolution No. 12011/09/2004-BCCdated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.

(xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.

(xvii) Resolution No. F.No.12015/05/2011-BC-II dated 17th February, 2014

Shri/Smt./Kum._____and/or his family ordinarily reside(s) in the _____ District/Divisionof_____State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:

District Magistrate/Competent Authority Seal

NOTE: Any Resolution Number not mentioned/ corrective Ness in above list (1-17) may be verified from central list at national commission for Backward classes website and be may accepted as valid after confirmation from site by verifying institutes.

(a) The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

(b) The authorities competent toissue Caste Certificates are indicated below:

I District Magistrate/Additional Magistrate/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistate.)

II Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.

III Revenue Officer not below the rank of Tehsildar.

IV Sub-Divisional Officer of the area where the candidateand/or his family resides.

(c) The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2025

ANNEXURE-'C'

Annexure-2

CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/ 14th May,2019 for admission to Medical Courses in All India Quota)

Certificate No :. ..... **Certificate Date :. 00-XXX-2025**

Name of the Designated Disability Certification Centre				PHOTOGRAPH
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No.		Rank No.		

Has the following Disability

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

Conclusion: Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate iseligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor*/ Visual*/ Hearing* Impairment**, if any.
No

Sign & Name:
Name:
Assistant Professor
Neurology

Sign & Name:
Associate Professor
Orthopedics

Sign &
Associate Professor
Medicine

Disclaimer : This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected todiagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.

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ANNEXURE – 'D'

Annexure - 5

Performa for EWS Certificate

7

Annexure-I

Government of .....
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date: _____

VALID FOR THE YEAR_____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District_____ in the State/Union Territory _____ Pin Code_____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family**' is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

I. 5 acres of agricultural land and above;
II. Residential flat of 1000 sq. ft. and above;
III. Residential plot of 100 sq. yards and above in notified municipalities;
IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office_____
Name _____
Designation _____

Recent Passport size attested photograph of the applicant

*Note1:. Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2:The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. Srinivasan

ANNEXURE - 'E'

Annexure - 6

SURETY BOND
[For Post Graduate Medical Programmes (PGMC)]
(On a Non-Judicial Stamp Paper of Rs. 100/-)

In pursuance of my undertaking given on_____(date) this Surety Bond, hereafter the bond, is executed at Delhi on this_____(date & month) day of_____(year) by Ms./Mr./Dr._____ son/daughter of Smt._____and Sh._____hereafter the student, admitted in_____(name of the course), hereafter the course at _____ (name of the institution) hereafter the institution, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of_____(Name of the institution).

Whereas, the student has applied and has been admitted in the course, a SSMC / PGMC , being conducted by the Guru Gobind Singh Indraprastha University, Delhi.

Whereas on the basis of the merit, the student was offered various course(s) at various institution(s) available at the time of his/her counselling and he/she has voluntarily opted for the course at the_____(name of the institution) and he/she admitted in the course at the institution with the understanding and subject to the undertaking that the student shall undergo the course on full-time and regular basis and shall maintain the required standard of performance and shall not indulge in indiscipline/misconduct.

The student has, therefore, agreed to be liable to pay a sum of Rs. 10 lacs (for PGMC) to the institution under any of the following circumstances:-

A. If the student does not join the course at the allotted institution on or before the stipulated date.
B. If the student leaves the course before its completion.
C. If the admission/registration of the student is cancelled/terminated by the University on account of unsatisfactory performance/misconduct/indiscipline.

Whereas the student undertakes that till the entire surety amount Rs. 10 lacs (for PGMC) is paid, the institution and/or the Guru Gobind Singh Indraprastha University shall have the right to retain the original certificates of the student.

Whereas I have requested Ms./Mr._____son/daughter of Smt._____ and Sh._____resident of_____.

and

Ms./Mr._____son/daughter of Smt._____and Sh._____ resident of_____to stand as sureties severally and jointly, for me for the payment of the said amount.

Signature of the Student Name_____
Date_____
Place _____

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That I Dr./ Ms/ Mr._____son/daughter of Smt._____and Sh._____resident of_____, the student aforesaid acknowledge my indebtness to the Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/ Director of_____(name of the institution) to a sum of Rs. 10 Lacs (for SSMC) / Rs. 10 lacs (forPGMC), which, I hereby promise to pay on demand to the institution.

Signature of the Student Name _____
Date_____
Place _____

In consideration of the bond executed by the student Dr._____son/daughter of Smt._____ and Sh._____resident of_____, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of_____(name of the institution) for a sum of Rs. 10 lacs (for PGMC).
I_____, hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above in case the student fails to pay on demand a sum of Rs. 10 Lacs (for SSMC) / Rs. 10 lacs (for PGMC),I , the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date_____
Place _____

Signature _____

Name of the Surety (1): _____
Designation : _____
PAN : _____
Present Address: _____
Permanent Address: _____
Phone/Mobile No.: _____

In consideration of the bond executed by the student Dr._____son/daughter of Smt._____ and Sh._____resident of_____, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of_____(name of the institution) for a sum of Rs. 10 lacs (for PGMC). I_____, hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above in case the student fails to pay on demand a sum of Rs. 10 lacs (for PGMC), I , the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date_____
Place _____

Signature _____

Name of the Surety (2): _____
Designation : _____
PAN : _____
Present Address: _____
Permanent Address: _____
Phone/Mobile No.: _____

Note:

1. The Surety Bond must be signed by either the Govt Official of Class - I or Class -II Rank, or the Persons who regularly file the Income Tax Return. The Designation and the Permanent Account Number (PAN) of the Sureties should be invariably mentioned.
2. The bond surety value shall be notified together with the detailed counseling schedule. The format shall be as above.

ANNEXURE-'F'

Annexure - 7

Gap Affidavit

I, Dr. _____ S/o _____
R/o _____do hereby solemnly affirms and declares that during the Bap period from Date /Month /Year till date, I did not join any College/University/Institution as I was preparing myself for PG Entrance Exam. During the above gap period, | was not involved in any Criminal activities and also that | was not working during the gap period anywhere.

Deponent

Verification

My above statement is true and correct to the best of my knowledge and belief.

Deponent

ANNEXURE-'G'

Annexure - 8

EMPLOYER'S CERTIFICATE FORM
(FOR CANDIDATES WHO ARE IN SERVICE)

I am forwarding, herewith, the application for admission to the SSMC / PGMC Programmes in respect of Dr./Mr./ Ms. _____ who is a full-time employee in this organization w.e.f._____and has been working as _____ (Please give designation) and his/her emoluments, including D.A., C.C.A. and H.R.A. etc. are Rs._____.

If he/she is selected by the University for admission, he/she will be relieved to join the above course as a full time/ regular student in the institution assigned to him/her by the stipulated date of joining the course concerned.

Note: The relieving certificate will also be sent to the University before the candidate joins the course concerned by the stipulated date.

Dated._____
Place._____

Signature of the Officer

Name _____
Designation_____
Official Seal

ANNEXURE - 'H'

Guru Gobind Singh Indraprastha University

"A State University Established by the Govt. of NCT of Delhi"

Accredited as NAAC A++ Grade

Appendix 7

UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

I, _____ S/D of Mr./ Mrs. /Ms. _____, having been admitted to Programme/Stream _____, at (Institute/College)_____ have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") 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 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.

3) 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.

4) 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.

5) 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

Appendix 8

UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING

I, Mr./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 the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully 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 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 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 behave our 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.

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.

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

File No. PGS-12/154/2025-PGS-ABVIMS (Computer No. 29256)