AFFIDAVIT BY PARENT / GUARDIAN

I, Mr./Mrs./Ms(full name of parent
/guardian) father/mother/guardian of,
(full name of student with admission / roll / register number), having been admitted to SCIENT Institute of
Engineering and Technology, Ibrahimpatnam, Hyderabad-501 506, 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 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.
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 clause3 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.
Declared thisday ofmonth ofyear.
Signature of deponent Name:
Address:
Telephone/Mobile No.:

VERIFICATION

Verified th	at the cont	tents o	of this af	fidavit a	e true to t	he be	st of r	ny knov	vledge ar	id no pa	rt of the af	fidavit is
false and n	othing has	been	conceal	ed or mis	stated the	rein.						
Verified at			(place)	on this	the			(day)	of		_(month),	
	(year).											
										Signa	ture of dej	onent
Solemnly	affirmed	and	signed	in my	presence	on	this	the				(day) of
	(month)	,		(yea	r) after re	ading	the c	ontents o	of this af	fidavit.		

OATH COMMISSIONER