

**PROFORMA FOR MEDICAL CERTIFICATE OF FITNESS FROM MBBS QUALIFIED DOCTOR (ON HIS/HER LETTER HEAD OR LETTER HEAD OF THE HOSPITAL)**

Name : .....

Father's Name : .....

Name of Doctor ; .....

**Medical History**

a) Blood Group

b) Date of Vaccination: (i) Chicken Pox ..... (ii) Hepatitis B .....

c) Injuries in the Recent Past :

d) Allergies to drugs, medicines or any other thing like food item etc.

e) History of current medication (attach sheet if required)

f) Certificate by doctor to state that the student is free from any communicable disease and is not suffering

from or ever suffered from diseases which need immediate medical attention like Congenial Heart disease,

Rheumatic Septal Deficiency, Bronchial Asthma, Epileptic Fits, Diabetes Mellitus or Psychiatry related

diseases etc.

**Note:** If so then the same must be mentioned / declared with the medical officer of the Institute immediately

at the time of joining to enable quicker and suitable response in case of emergency

**Sign. of Student**

**Sign. of Parent**

**Sign. of Medical Officer**

# ANTI-RAGGING UNDERTAKING

## Instructions:

- (A) These proforma is to be submitted by all current students (who have not yet submitted at the time of registration.
- (B) Further, all new students joining the Institutes are also required to submit the same.
- (C) The proforma is to be submitted on a Non-Judicial stamp paper of Rs. 10/- and duly notarized.
- (D) Annexure-I is to be signed by the students while Annexure-II is to be signed by the Parent.

**Registrar**

## ANNEXURE I

### AFFIDAVIT BY THE STUDENT

I, \_\_\_\_\_ (full name of student with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms. \_\_\_\_\_

\_\_\_\_\_, having been admitted to **SHAMSHUL HAQUE MEMORIAL**

**TEACHER TRAINING COLLEGE, AMBONA, DHANBAD** (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 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 me in case I am 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. I will not indulge in any behaviour 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:

### 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 the ----- (day) of ----- (month), ----- (year).

\_\_\_\_\_  
Signature of deponent

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

**OATH COMMISSIONER**

*Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.*

**ANNEXURE II**  
**AFFIDAVIT BY PARENT/GUARDIAN**

1) 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 **SHAMSHUL HAQUE MEMORIAL TEACHER TRAINING COLLEGE, AMBONA, DHANBAD** (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 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. a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b. 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 (place) on this the (day) of (month), (year).

\_\_\_\_\_  
Signature of deponent

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

OATH COMMISSIONER

*Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.*