

FORM I

[See sub-clause(a) of clause (i) and sub-clause(a) of clause (ii) of sub-regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY THE STUDENT

I _____ Son / Daughter of Mr. / Mrs. / Ms. _____ admitted to the course of Bachelor of Homoeopathic Medicine and Surgery with Admission No. _____ at Dr. B. D. Jatti Homoeopathic Medical College, Hospital & Post Graduate Research Centre, D.C. Compound, Dharwad, affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru, have received a copy of the National Commission for Homoeopathy (Prevention and Prohibition of ragging in Medical Colleges and Institutions) Regulations, 2002 (hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.
3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes- ragging.
4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively, or passively, or being part of a conspiracy to promote ragging.
5. I hereby undertake that –
 - (i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulation 3 of the said regulations ;
 - (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations ;
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offenses and further affirm that if this declaration is incorrect or false, my admission is liable to be canceled/withdrawn.

Signed on this the _____ day of _____ month of _____ year.

Signature _____


Name :

Address :

Tel/Mobile No:

Signature of Witness 1:
(Name of Witness 1):
Address :

Signature of Witness 2:
(Name of Witness 2):
Address :


PRINCIPAL
Dakshin Bharat Hindi Prachar Sabha
Dr B.D Jatti Homoeopathic
Medical College & Hospital
DHARWAD

FORM II

[See sub-clause(b) of clause (i) and sub-clause(b) of clause (ii) of sub-regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE / STUDENT

I _____ Father/Mother/Guardian of Mr./Mrs./Ms. _____ admitted to the course of Bachelor of Homoeopathic Medicine and Surgery and with Admission No. _____ at Dr. B. D. Jatti Homoeopathic Medical College, Hospital & Post Graduate Research Centre, D.C. Compound, Dharwad, affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru, hereby declare that I have received a copy of the National Commission for Homoeopathy (Prevention and Prohibition of ragging in Medical Colleges and Institutions) Regulations, 2002 (hereinafter referred to as the said regulations).

1. I have carefully read and fully understood the provisions in the said regulations.
2. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes- ragging.
3. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against my son / daughter/ward in case he/she is found guilty of ragging or abetting ragging, actively, or passively, or being part of a conspiracy to promote ragging.
4. I hereby undertake that my son / daughter / ward –

Will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulations 3 and 4 of the said regulations ;

Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulations 3 and 4 of the said regulations ;

Will not hurt anyone physically or psychologically or cause any other harm.

5. I hereby agree that if my son /daughter/ward is found guilty of any aspect of ragging he/she may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
6. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offenses and further affirm that if this declaration is incorrect or false, his/her admission is liable to be canceled / withdrawn.

Signed on this the _____ day of _____ month of _____ year.

Signature:
Name :
Address :
Tel/Mobile No:

Signature of Witness 1:
(Name of Witness 1):
Address :

Signature of Witness 2:
(Name of Witness 2):
Address :


Principal
Dr. B.D. Jatti Hom. Med
College Dharwad

FORM I

[See sub-clause(a) of clause (i) and sub-clause(a) of clause (ii) of sub-regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY THE STUDENT

I _____ Son / Daughter of Mr. / Mrs. / Ms. _____ admitted to MD in Homoeopathy with Admission No. _____ at Dr. B. D. Jatti Homoeopathic Medical College, Hospital & Post Graduate Research Centre, D.C. Compound, Dharwad, affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru, have received a copy of the National Commission for Homoeopathy (Prevention and Prohibition of ragging in Medical Colleges and Institutions) Regulations, 2002 (hereinafter referred to as the said regulations).

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7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offenses and further affirm that if this declaration is incorrect or false, my admission is liable to be canceled/withdrawn.

Signed on this the _____ day of _____ month of _____ year.

Signature _____

Name :

Address :

Tel/Mobile No:

Signature of Witness 1:

(Name of Witness 1):

Address :

Signature of Witness 2:

(Name of Witness 2):

Address :


PRINCIPAL

Dakshin Bharat Hindi Prachar Sabha's
Dr B.D. Jatti Homoeopathic
Medical College & Hospital
DHARWAD

FORM II

[See sub-clause(b) of clause (i) and sub-clause(b) of clause (ii) of sub-regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE / STUDENT

I _____ Father/Mother/Guardian of Mr./Mrs./Ms. _____ admitted to the course of M D in Homoeopathy with Admission No. _____ at Dr. B. D. Jatti Homoeopathic Medical College, Hospital & Post Graduate Research Centre, D.C. Compound, Dharwad, affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru, hereby declare that I have received a copy of the National Commission for Homoeopathy (Prevention and Prohibition of ragging in Medical Colleges and Institutions) Regulations, 2002 (hereinafter referred to as the said regulations).

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 - b) Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulations 3 and 4 of the said regulations ;
 - c) Will not hurt anyone physically or psychologically or cause any other harm.
5. I hereby agree that if my son /daughter/ward is found guilty of any aspect of ragging he/she may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
6. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offenses and further affirm that if this declaration is incorrect or false, his/her admission is liable to be canceled / withdrawn.

Signed on this the ____ day of ____ month of ____ year.

Signature:
Name :
Address :
Tel/Mobile No:

Signature of Witness 1:
(Name of Witness 1):
Address :

Signature of Witness 2:
(Name of Witness 2):
Address :


PRINCIPAL

Dakshin Bharat Hindi Prachar Sabha's
Dr B.D Jatti Homoeopathic
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