

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/D/o Rank.....

(Name of the student)

(Father's Name)

Resident of (Complete Address with pin code)

.....

.....

Secured admission in the course MBBS/ B.Sc. (Hons) Nursing 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

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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: -----

Mobile Number: -----

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 of 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 _____ 2022, that the above affidavit is true and correct.

Name: Contact No:

Complete Address

Deponent

Signature of Parent/Guardian

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 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 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 _____ 2022, that the above affidavit is true and correct.

Name: Contact No:

Complete Address

Deponent

Signature of Student