AFFIDAVIT BY THE PARENT

(On Rs 10/- STAMP PAPER DULY NOTARISED)

l,	····			
Do hereby solemnly	affirm and declare as	under:		
student of M 2. That I have Directive for AIIMS Bhuba by all the stu 3. I assure you ragging that 4. I have fully or involved appropriatel daughter sh	IBBS at All India Institute received and gone the Banning, Ragging are sneswar Office Order adents of AllMS. That my son/daughte may come under the understood that in castin ragging within or castin ragging within or castin punished for which	ute of Medical rough and fulled and Anti-Raggir on curbing the rough will not definition of rese my son/date and he/she shalled AIIMS or an area.	aughter/ward will be femises of the AIIMS, left be solely responsible of its officials for ar	baneswar. MS Regulation/ dance with the to be followed ge in any act of found indulging he/she shall be e. I or my son/
			Deponent	
			Signature of Paren	it/Guardian
	fied at avit is true and correc		day of	20
Name:	Address & C	Contact No:		
			Deponent	
			Signature of Paren	ıt/Guardian

AFFIDAVIT BY THE STUDENT

(On Rs 10/- STAMP PAPER DULY NOTARISED)

S/o, D	/o of Mr./Mrs
	ent of
	reby solemnly affirm and declare as under:
1.	That I am joining as a student of MBBS at All India Institute of Medical Sciences (AIIMS), Bhubaneswar.
2.	That I have received and gone through and fully understood the AIIMS Regulation, Directive for Banning, Ragging and Anti-Ragging Measures in accordance with the AIIMS Bhubaneswar Office Order on curbing the menace of Ragging 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.
4.	• I will not hurt anyone physically or psychologically or cause any other harm. I have fully understood that if found indulging or guilty of any aspect of ragging within or outside AIIMS campus. I may be punished as per the provisions 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 and compensation.
	Deponent
	Signature of Student
	CATION: Verified at on this day of 20 ne above affidavit is true and correct.
Name	: Address & Contact No:
	Deponent
	Signature of Student

UNDERTAKING

l,	
S/o, D/o of Mr./Mrs	
have passed MBBS Entrance Examinat	ion held on 1 st June, 2012.
Passed Marks Sheet and Certificate an	rtificates (i.e. 10 th Passed Marks Sheet/Age proof, 12 th ad Scheduled Caste/Scheduled Tribe (SC/ST)/Other any found false, then my candidature may be treated ng the course.
	Name:
	Signature of the candidate:
	Address:

DECLARATION BY THE CANDIADATE

l,	
Village/Town/City	
District	
	hereby declare that I belong to the
c	ommunity which is recognized as a backward class by
dated 08-09-1993. It is also declared	aining Office Memorandum No. 36012/2293. Estt. (SCT) that I do not belong to persona/ section (Creamy Layer) dule to the above referred Office Memorandum dated
	Name:
	Signature of the candidate:
	Address: