

UNDER TAKING BY THE STUDENT

I,(Full Name of Student with admission/registration/enrolment number), S/o- having been admitted to **Govt. Polytechnic Kaimur, Bihar** have received a copy of the AICTE Regulation dated 1.7.2009 on curbing the Menace of ragging in Higher Educational Institutions, (hereinafter called the “Regulation”) carefully read and fully understood the provisions contained in the said Regulations.

- (01) I have, in particular, perused Clause 4 of the Regulation and am aware as to what constitutes ragging.
- (02) I have also, in particular, perused Clause 5 (3) and Clause 8 (4) of the Regulation 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.
- (03) I hereby solemnly aver and undertake that
 - A) I will not indulge in any behavior or act that may be constituted as ragging under Clause 4 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 4 of the Regulations.
- (04) I hereby solemnly affirm that, if found guilty of ragging, I am liable for punishment according to Clause 8 (4) (a) of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law of the time being in force.
- (05) I hereby declare that I have not been expelled or debarred form 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 Student
(Must be signed in front of admission in-charge)

Full Name- Mobile No.-

UNDER TAKING BY THE PARENT/GUARDIAN

I, Mr./Mrs.....(Full Name of Parent/Guardian)
Father/Mother/Guardian of Mr./Mrs./Miss- (Full Name
of Student with admission/registration/enrolment number) having been admitted to **Govt. Polytechnic
Kaimur, Bihar** have received a copy of the AICTE Regulation dated 1.7.2009 on curbing the Menace of
ragging in Higher Educational Institutions, (hereinafter called the “Regulation”) carefully read and
fully understood the provisions contained in the said Regulations.

- (01) I have, in particular, perused Clause 4 of the Regulation and am aware as to what constitutes ragging.
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 - A) I will not indulge in any behavior or act that may be constituted as ragging under Clause 4 of the Regulations.
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- (05) I hereby declare that I have not been expelled or debarred form 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 Parent/ Guardian
(Must be signed in front of admission in-charge)

Full Name- Mobile No.-

GOVERNMENT OF BIHAR
DEPARTMENT OF SCIENCE AND TECHNOLOGY
(GOVT. POLYTECHNIC KAIMUR- 821109)

FORM FOR MEDICAL EXAMINATION

Space for
Photograph
Must be Self
Attested

- (01) Merit Serial No- Original Category-
- (02) Name of Candidate-
- (03) Father's Name-
- (04) Mother's Name-
- (05) Date Of Birth- Day- Month- Year-
- (06) Sex-
- (07) Permanent Address-
- Pin Code-
- (08) Correspondence Address-.....
- Pin Code-
- (09) Height (in cm)- :..... Weight (in kg)-
- (10) Chest- (a) Expanded- cm(b) Normal.....cm
- (11) Complexion-
- (12) Eye Sight (a) without spectacles- L R
- (b) with spectacles- L R
- (13) Two visible marks of identification-
- (a).....
- (b).....
- (14) Weather suffering from any disease/abnormality-
- (15) Remarks- Sri/Smt./Miss..... has been examined and found medically **FIT/UNFIT**

Signature of candidate

In Hindi.....

In English.....

(Must be done in front of Medical Officer)

Thumb impression of candidate

(Must be done in front of Medical Officer)

Signature of Medical Officer

Regd. No.....

Stamp