Rupees 10 Stamp duty & Notarized by the Oath Commissioner

I	(student name) Son of Mr (parent name) Resident (Address) having been duly sworn upon my
oath,	on having affirmed that I will tell the truth, do hereby state, and depose as follows:
1.	That I the deponent (student name) have passed the NEET examination of 2024, My NEET roll number is (NEET Roll No) Counseling Board-2024 has allotted seats for admission in under Graduate course at Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun in MBBS course.
2.	
3.	That after admission in Shri Guru Ram Rai Institute of Medical and Health Sciences, Patel Nagar, Dehradun if it is found that I have taken provisional admission on the basis of fake permanent residence, caste certificate or other certificate / information, then I will be liable to be dismissed from the admission so taken. The Uttarakhand Government / College Administration will be free to take any action against me in such a situation, I will not submit any claim for the refund of all the fees deposited at the time of admission.
4.	Deponent will not withdraw his/her candidature after the last date of admission, failing which deponent agree that he/she will pay to University, Tuition fees for the entire duration of the course.
5.	That the unsatisfactory conduct and unsatisfactory academic progress of the deponent after taking admission in the college, or knowingly taking admission on the basis of fake records, or otherwise being expelled from the college; in such a situation, no claim will be presented by the deponent and/or his parent / guardian, for refund of fees.
6.	
7.	That the Deponent has read and understood the Rules, Regulations & Code of Conduct for the UG & PG Students (PG JRs), JRs & SRs. I state that I have been made aware that the copy of the same is readily available on the College website for ready perusal.
8.	That the Deponent has read and understood the Vehicle Policy of the Institute. I state that I have been made aware that the copy of the same is readily available on the College website for ready perusal. As per this policy, I am not permitted to posses Vehicle (Car/Bike/Scooter etc).
9.	
10	. My permanent address for correspondence is
	(Addross)

11. My registered Mobile number for contact is:12. My personnel email ID is	
13. My Aadhar card number is	
	Deponent
verificat	tion
Deponent(student name) ak	pove certify that aforementioned statements
have been written to the best of my personal knowledge.	ledge, true and complete with full confidence
and nothing has been concealed. God help me	
Verified Location Dehradun Uttarakhand Date	//2024.
	Deponent
Signature of Witness 1:	
(Name of Witness 1):	
Address:	
Signature of Witness 2:	
(Name of Witness 2):	
Address:	

Rupees 10 Stamp duty & Notarized by the Oath Commissioner

I	(parent name) Son of Mr	(Parent father name) Resident					
		(Address) having been duly sworn					
upon r	my oath, on having affirmed that I will tell the truth, do	hereby state, and depose as follows:					
1.	I (father name) am the parent of	(student name).					
2.	I am legally authorized to make educational decisions	for (student name).					
3.	On the basis of the seat allotted NEET 2024 results, madmission in Shri Guru Ram Rai Institute of Medica Dehradun.	-					
4.	I state that son/daughter of the Deponent has care provisions mentioned in the Regulations-2009 regal Institute of Medical and Health Sciences, Patel Nagar,	rding ragging in Shri Guru Ram Rai					
5.	 Deponent will not withdraw his/her candidature after the last date of admission, failing which deponent agree that he/she will pay to University, Tuition fees for the entire duration of the course. 						
6.	That the Deponent knows what ragging means and hanti- Ragging undertaking form.	nas read, understood, and signed the					
7.	That the Deponent has read and understood the Rule the UG & PG Students (PG JRs), JRs & SRs. I state the copy of the same is readily available on the College we	at I have been made aware that the					
8.	That the Deponent has read and understood the Vehi I have been made aware that the copy of the sam website for ready perusal. As per policy, I am (Car/Bike/Scooter etc).	e is readily available on the College					
9.	That the Deponent has read and understood the Host can be accessed anytime in the Principal Office. I so Deponent will sign a formal undertaking as per rules, a	state that the son/ daughter of the					
10	. That the son/daughter of the Deponent NEET examination of 2024, bearing NEET roll number and the counseling board-2024 has allotted seats for	(student name) have passed the er is (Neet roll no.)					
	Guru Ram Rai Institute of Medical and Health Sciences	s, Patel Nagar, Dehradun.					
11.	. That the Deponent states that after admission in Sh						
	and Health Sciences, Patel Nagar, Dehradun if it is for	und that my son/ daughter has taken					
	provisional admission on the basis of fake permanen	t residence, caste certificate or other					

certificate / information, then he will be liable to be dismissed from the admission so taken. I state that Uttarakhand Government / College Administration will be free to take any action against my son / daughter and in such a situation, I or my son / daughter will not

submit any claim for the refund of all the fees deposited at the time of admission.

admission on the basis of forged records a then in such a situation, the entire resp	satisfactory academic progress, after taking ghter of the deponent, or knowingly taking nd otherwise being expelled from the college, consibility will be of the deponent and the ge administration on the son / daughter of the
13. My permanent address for correspondence	is
14. My registered Mobile number for contact is:	
15. My personnel email ID is 16. My Aadhar card number is	
Verificate Deponent (father name) above of the best of my personal knowledge, nothing has been concealed. God help me Verified Location Dehradun Uttarakhand Date	certify that aforementioned statements have , true and complete with full confidence and
	Deponent
Signature of Witness 1:	
(Name of Witness 1):	
Address:	
Signature of Witness 2:	
(Name of Witness 2):	
Address:	

UNDERTAKING BY THE STUDENT

I	(Full Name in Block Letters) Son/ Daughter of
Mr./Mrs./Ms.	(Full Name in Block Letters) admitted to
the course of	(Name of Course) with Admission
No	_ at Shri Guru Ram Rai Institute of Medical & Health Sciences, Patel Nagar ,
Dehradun af	filiated to Shri Guru Ram Rai University, Patel Nagar Dehradun, Uttarakhand
hereby declar	e that I have received a copy of the National Medical Commission (Prevention and
Prohibition of	f Ragging in Medical Colleges and Institutions) Regulations, 2021(hereinafter referred
to as the said	regulations).
2. I have care	fully read and fully understood the provisions in the said regulations.
3. I have part	ticularly perused the provisions of regulations3 and 4 of the said regulations and have
fully understo	ood what constitutes —ragging.
4. I have also	in particular perused the provisions of Chapter IV and read and understood the
administrative	e and penal actions that may be taken against me in case I am found guilty of ragging
or abetting ra	gging, actively or passively, or being part of a conspiracy to promote ragging.
5. I hereby ur	ndertake that—
(i) I w	vill not indulge in any behaviour or act that may come under the definition of
rag	ging as may be constituted under regulation3 of the said regulations;
(ii) I v	will not participate in or abet or propagate ragging in any form included but not
lir	mited to those that may be constituted under regulation3 of the said regulations;
(iii) I	will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby ag	gree 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 offences and further affirm that if this declaration is incorrect or false, my						
admission is liable to be cancelled / 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:						

UNDERTAKING BY PARENT

Ι			(Fı	ıll Name	in Block I	Letters) Father	er / Mother/
Guardi	an of Mi	r./Mrs./Ms				(F	Full Name of
Studen	t in Bloc	ek Letters) ad	mitted to the cou	rse of			(Name of
Course	e) with A	dmission No.	at	Shri Gur	ı Ram Rai	i Institute of	f Medical &
Health	Science	s, Patel Nag	ar, Dehradun, U	ttarakhan	affiliated	to Shri Gui	ru Ram Rai
Unive	rsity, Pate	el Nagar, Deh	nradun, Uttarakh	and hereby	declare that	t I have receive	ved a copy of
the Na	tional Me	dical Commiss	sion (Prevention ar	nd Prohibiti	on of Raggii	ng in Medical	Colleges and
Institut	tions) Reg	gulations, 2021	(hereinafter referre	ed to as the	said regulati	ons).	
2. I hav	ve careful	ly read and ful	ly understood the p	provisions in	n the said re	gulations	
3. I ha	ve particu	larly perused	the provisions of 1	egulations3	and 4 of the	e said regulati	ions and have
fully u	nderstood	what constitu	tes —ragging.	_		_	
4 I h	ave also	in narticular r	perused the provis	ions of Ch	anter IV an	d read and u	nderstood the
			ns that may be take		-		
		-	•	•			
	te ragging		etting ragging, acti	very or pass	sivery, or be	ang part or a	conspiracy to
promo	ic ragging	·•					
		-	undertake		my	(son/	daughter/
ward)_			(N	lame)			
(i) wil	l not indu	lge in any beh	aviour or act that n	nay come ui	nder the defi	nition of ragg	ing as may
be	constitute	d under regula	ations3 and 4 of the	said regula	tions;		
	-	-	et or propagate rag ed under regulation				nited to
ag pu	ree that if	my son/ daugh per the provisi	ically or psycholog hter/ ward is found ions of the said reg	guilty of ar	y aspect of	ragging, he/sl	he may be

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 offences and further affirm that if this declaration is incorrect or						
false, his/her admission is liable to be cancelled /withdrawn.						
day of	month of	: 	year.			
	Si	gnature				
	N					
	IN:	ame:				
	Ac	ddress: Tel/ Mol	bile No.			
	eing part of a co these offences and able to be cancelled	eing part of a conspiracy to prothese offences and further affirmable to be cancelled /withdrawn. day of month of Si	eing part of a conspiracy to promote ragging these offences and further affirm that if this dec			

Shri Guru Ram Rai Institute of Medical and Health Science, Dehradun

Guideline for accepted photographs

- 1. Submit a color photo, taken in last 6 months
- 2. Photos should be identical
- 3. Use a clear image of your face. Do not use filters
- 4. Have a neutral facial expression or a natural smile, with both eyes open.
- 5. Face the camera directly with full face in view.
- 6. Head should be in the centre of the frame and both ears should be visible
- 7. Take off your eyeglasses for your photo.
- 8. Photograph should be taken wearing a white apron / lab coat
- 9. Use an off-white background.
- 10. Submit a high-resolution photo that is not blurry, grainy, or pixilated.
- 11. The correct size of a passport photo is 4.5 Cm X 3.5 Cm
- 12. Printed on matte or glossy photo quality paper
- 13. Do not digitally change the photo
- 14. You cannot submit a damaged photo with holes, creases, or smudges

By Order Principal