

AFFIDAVIT BY THE STUDENT

I,.....(Full name of student along with name of course to which admission is sought) Mr./S/O D/O, W/Ohaving been admitted toto have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institution, 2009 (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

- 2) I have, in particular, persued clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, persued clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward my ward in case he/ she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) 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 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of Commission or omission which may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under penal law for the time being in force.
- 6) I hereby declare that my expelled or debarred from admission in any institution in the country on account of being found guilty, 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 thisday of month of 2016 year.

Signature of deponent
Name:
Vill.
Post.
Tehsil.
Distt.
Mob.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and noting has been concealed or mis-stated there in.

Verified ad: Tehsilon the day ofmonth of 2016 year.

Signature of deponent

Solemnly affirmed and signed in my presence on this theday of month of year. After reading the contents of the affidavit.

OATH COMMISSIONER

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr(Full name of Parent/guardian)
Father/mother/guardian of (full name of student Along with name of course to with admission if sought) having been admitted to have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institution, 2009 (hereinafter called the "Regulations") , carefully read and fully understood the provisions contained in the said Regulations.

- 2) I have, in particular, persued clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, persued clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward my ward in case he/ she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of Commission or omission which may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under penal law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty, 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 thisday of month of 2016 year.

Signature of deponent
Name:
Vill.
Post.
Tehsil.
Distt.
Mob.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and noting has been concealed or mis-stated there in.

Verified ad: Tehsilon the day ofmonth of 2016 year.

Signature of deponent

Solemnly affirmed and signed in my presence on this theday of month of year. After reading the contents of the affidavit.

OATH COMMISSIONER

Fee Receipt (Student P.F. Copy)
S.No. 066

Kamla Nehru Institute of Technology
Sultanpur (U.P.) 228118
BOB A/C No. : 45850100000928

Name of Student.....
Institute Roll No.
Course.....Branch.....
Year.....Semester.....
Hosteller- Yes/No
If Yes then
Hostel Name

Room No.
Description of fee to be Deposited - Rs.
1. Institute Fee -
2. University Fee -
3. Hostel Fee -
4. User Charges -
5. Fine (if any) -
6. Degree Fee -

Total Rs.

Amount in words Rs.
D.D. No.Date.....
Students's Signature.....
Date

Asstt. Registrar / Dy. Registrar

Fee Receipt (Student Copy)
S.No. 066

Kamla Nehru Institute of Technology
Sultanpur (U.P.) 228118
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4. User Charges -
5. Fine (if any) -
6. Degree Fee -

Total Rs.

Amount in words Rs.
D.D. No.Date.....
Students's Signature.....
Date

Asstt. Registrar / Dy. Registrar

Fee Receipt (Account Copy)
S.No. 066

Kamla Nehru Institute of Technology
Sultanpur (U.P.) 228118
BOB A/C No. : 45850100000928

Name of Student.....
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3. Hostel Fee -
4. User Charges -
5. Fine (if any) -
6. Degree Fee -

Total Rs.

Amount in words Rs.
D.D. No.Date.....
Students's Signature.....
Date

Asstt. Registrar / Dy. Registrar

Fee Receipt (Hostel Copy)
S.No. 066

Kamla Nehru Institute of Technology
Sultanpur (U.P.) 228118
BOB A/C No. : 45850100000928

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6. Degree Fee -

Total Rs.

Amount in words Rs.
D.D. No.Date.....
Students's Signature.....
Date

Asstt. Registrar / Dy. Registrar

Fee Receipt (Bank Copy)
S.No. 066

Kamla Nehru Institute of Technology
Sultanpur (U.P.) 228118
BOB A/C No. : 45850100000928

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Total Rs.

Amount in words Rs.
D.D. No.Date.....
Students's Signature.....
Date

Asstt. Registrar / Dy. Registrar