

COURSE DISCONTINUATION/ BREAKAGE BOND

I, Mr/Ms. aged aboutyears
S/D/O resident of
do hereby swear an oath as follow:

I have been selected to the 1st year BAMS course at Raigarh Medical College and Hospital of Ayurveda, Kotarliya Raigarh (C.G.) through the C.G. state counseling conducted by the AYUSH Department, Government of Chhattisgarh, Raipur through NEET Rank No (AIR) and Neet Roll No.....

I, say that on my own will and along with my parents/guardian took admission to the BAMS course at Raigarh Medical college and Hospital of Ayurveda Kotarliya Raigarh (C.G.) as per CG AYUSH Allotment No.Dated

I, say in consideration of admission to 1st year BAMS course, I shall complete the BAMS course and accordingly undertake to pay all applicable tuition fee and other fees of Raigarh Medical college and Hospital of Ayurveda Kotarliya Raigarh (C.G.).

In event of my discontinuation of BAMS course due to any reason, I along with my parent/ guardian hereby undertake to pay balance tuition fees, hostel & mess fees and educational transportation fees, workshop, conference to Raigarh Medical college and Hospital of Ayurveda payable for the entire course without any demur.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly.

Place
Date

Signature of the Candidate

Signature of the Parent/Guardian

Name of Candidate
Address:-

Name of Parents with Relation
Address:-

UNDERTAKING

Date:-.....

I

S/O, D/O

R/O.

Have got admission in Raigarh Medical College and Hospital of Ayurveda Kotarliya Raigarh (Chhattisgarh) for Session 2024-25. I have submitted required original document in this college.

I declare that all documents submitted by me, are genuine and valid to the best of my - knowledge and belief and nothing has been concealed there in.

I am well aware of the fact that if the information given by me is found to be false/not true at any point of time, candidature/Admission/Enrolment will be cancelled and I will be liable to legal action as per guidance by Government/University /CG AYUSH DEPT./Management, against me and any benefit accrued by me will be summarily cancelled.

Signature of Student

Signature of Parents/Guardian

Undertaking by Students and Parents for Rules and Regulations

I, Mr/Ms. _____

S/D/O. _____

Resident

of _____

Joining for the BAMS Academic batch 2024-25 in Raigarh Medical College and Hospital of Ayurveda, Kotarliya Raigarh, Chhattisgarh.

I am well aware of rules of having minimum 80% attendance in Theory and 80% attendance in Practical in individual subjects to be eligible to appear in the BAMS course University Examination.

1. I will attend all the classes from the opening day of the Institute, and I will be regular and punctual to all the classes Lecture (Theory/Practical) and I am aware that if I don't secure attendance more than 80% attendance in Theory and 80% attendance in Practical, I shall be detained and not allowed to appear for the BAMS course University Examination.
2. I will follow the dress code and uniform prescribed by the Institute.
3. Absenteeism on medical grounds is to be informed to the Institute authority by the parents/guardians of their ward immediately with a medical and fitness certificate.
4. Any change in address or phone number will be communicated to the Institute authorities immediately.

Signature of Student

ACKNOWLEDGEMENT

I have carefully gone through the terms of the above undertaking and understand that if he/she fails to comply with the attendance rules, he/she will be detained and will not be allowed to sit for the BAMS course University Examination.

I undertake that he/she will strictly follow the above terms.

Signature of Parent/Guardian

Name:

Address:

Mobile Number:

Date:

FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____
Son/ Daughter of Mr./Mrs./Ms _____
admitted to the course of **BAMS COURSE** with Allotment no. _____ at **Raigarh Medical College and Hospital of Ayurveda** affiliated to **PT. DDUMS AND AYUSH, CHHATTISGARH** have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).
2. I have carefully read and fully understood the provisions in these Regulations
3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
5. I hereby undertake that-
 - (i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law 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 _____ day of _____ month of _____ year

Signature

Name:

Signature of Parent 1

Signature of Parent/Guardian

Address :

(Name of Parent 1)

(Name of Parent/Guardian)

Tel/ Mobile No:

Address

Address