

## OFFICE OF THE PRINCIPAL BARASAT GOVERNMENT MEDICAL COLLEGE & HOSPITAL BANAMALIPUR, BARASAT, NORTH 24 PARGANAS, 700124

## Undertaking regarding responsible conduct

| I Mr. / Ms. / Mrs<br>Mrs | , |                    | son / daughter of Mr. / Ms. / |  |
|--------------------------|---|--------------------|-------------------------------|--|
|                          |   | with date of birth | having                        |  |

been selected for undergraduate medical degree (MBBS) course at Barasat Government Medical College & Hospital (BGMCH), Kolkata 700124, do hereby affirm and solemnly declare that:

- I will abide by the rules and regulations of the college (and hostel if applicable) in true sense, letter, and spirit.
- I will refrain from any activity that may be detrimental to maintenance of peace and harmony on campus.
- I will not indulge in any activity that may lead to a breach of college (and hostel if applicable) discipline in any manner.
- I will not indulge in any sort of activity that may constitute ragging. I will abide by the antiragging regulations, currently in force, of the University Grants Commission (UGC), Government of India, and those of the National Medical Commission (NMC) and will also abide by any amendments to these regulations that may come in future.

I understand that in any situation wherein I am found to be guilty of violation of the above stipulations, I shall be liable to any disciplinary / punitive action that the college authority may deem fit to impose on me at any point of time. In case of any report of ragging against my name, I shall be dealt with according to the guidelines framed by the UGC and the NMC, under the directive of the SUPREME COURT OF INDIA.

| Name of the student (in CAPITAL letters) |                     | (Signature of student with date) Date of   |
|--|---------------------|--|
| admission:                               |                     |  |
|  | Counte              | rsigned                                    |
| Name of the parent / guardian (          | in CAPITAL letters) | (Signature of parent / guardian with date) |
| Permanent Residential Address            | -<br>               |  |
| P.O.:                                    | P.S                 | 5.:  |
| Dist.:                                   |                     | Pin Code:                                  |