

INDIAN INSTITUTE OF HANDLOOM TECHNOLOGY
GUWAHATI

ANTI-RAGGING AFFIDAVIT BY PARENT / GUARDIAN
(Duly notarized on Rs.10/- Stamp Paper)

Undertaking from the parent/guardian as per the provisions of anti-ragging Verdict by the
Hon'ble Supreme Court of India

I, _____ (full name of parent/guardian)
father/mother/guardian of _____ (full name of
student) has been admitted to Indian Institute of Handloom Technology, Guwahati run by the
Government of India, Ministry of Textiles for undergoing the Course of six semesters (three years)
Diploma in Handloom & Textile Technology do hereby undertake the following with respect to the
above subject:

That I fully understand the directives of the Hon'ble Supreme Court of India on anti-ragging and the
measures proposed to be taken in the above reference.

That I understand the meaning of ragging and know that the ragging in any form is a punishable
offence and the same is banned by the Court of Law.

I hereby solemnly aver and undertake that

My ward will not indulge in and resort to at any place, in any form, any behaviour or act that may be
constituted as ragging and shall abide by the Rules/Laws prescribed by the Courts, Government of
India and the Institute authorities for the purpose, from time to time.

My ward will not participate in or abet or propagate through any act of commission or omission that
may be constituted as ragging.

I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to the
clause(s) of Rigging Regulations, without prejudice to any other criminal action that may be taken
against my ward under any penal law or any law for the time being in force.

I hereby declare that my ward has not been charged/expelled or debarred from 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 or the facts are
concealed, at any state in future, the admission of my ward is liable to be cancelled.

The statements made above in this affidavit are correct, complete and true to the best of my
knowledge and belief.

Declared this _____ day of _____ month of _____ year.

Signature of deponent :
Name :
Address :
Telephone/Mobile No. :

ATTESTED BY NOTARY