

UNDERTAKING BY THE CANDIDATE

Format of the Affidavit to be filled and signed by the CANDIDATE on
Non- Judicial Stamp paper of Rs 100/-duly attested by the Notary Public

Annexure-1

UNDERTAKING

I,.....,S/O/D/O ,
Resident of ,
have been admitted to P.G. (.....)course in Madhubani Medical
College, Madhubani, Bihar – 847212. I understand that as per NMC regulations, I will
be permitted to appear in University Examination only if I have minimum attendance
as per norms of the NMC/University. if I fall short to achieve the attendance, I Shall
be detained from appearing in that university examination.

I undertake that I shall abide by all the rules and regulations as may be laid down by
the institute from time to time. I undertake that I shall maintain discipline both inside
and outside the Hostel and College campus. I shall not do any act which would bring
bad name to my College/Institution. I shall not involve myself in any sort of collective
in subordinate strike, agitation, ragging and moral turpitude during my study period in
this institute. I am ready to accept any decision (e.g. fine, suspension from the
Hostel/College and rustication from the college etc.) taken by the management, if I am
found to be involved in the same. I understand that if college fee is increased by the
authorities during the course, I shall pay the balance of increased fees. I undertake that
if I violate the above undertakings, I shall render myself for disciplinary action
including the permanent expulsion from the college and/or other punishment as per
rule at my risk and responsibility.

Name of Parent

Full Name & Signature of Student

Signature:

Date:.....

Place:.....

UNDERTAKING BY PARENT/GUARDIAN

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UNDERTAKING

I,.....,S/O/D/O,.....
.....,Resident
of..... Parent/Guardian of
..... assure the management of the institute that my wardshall abide by the Rules and Regulations as may be laid down by the institute from time to time, and he/she will also maintain discipline both inside and outside the Hostel and College campus. He/She will not to do any act which would bring bad name to the College/Institution. I understand that in case of any disciplinary like Involved in any sort of strike collective insubordinate or agitation by my ward, he/she shall be liable for any action including fine and permanent expulsion from the college and/or any other punishment as per rule.

I have no objection if my ward is detained from appearing in the University Examination, if he/she fails to full fill NMC eligibility criteria regarding attendance and internal assessment for allowing students to appear in the University Examination. I undertake that if college fees is increased by the authorities during the course, I shall pay the Balance of increased fees. In no case, I shall have claim for the refund or dues paid by me in respect of my son/daughter/ward, even if he/she leaves this institute in mid-session except the hostel charges after adjusting the outstanding dues against his/her name.

Date:.....

Signature of Parents & Guardian

Place:.....

Relationship with Students.....

Name:.....

Address:

.....

Tel. No.:.....

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AFFIDAVIT

I,.....S/o / D/o of.....Aged.....resident of
.....here by state that:

- 1. I.....have taken admission in..... (Name of the course) in "Madhubani Medical College, Madhubani."
- 2. I have carefully gone through the explanation and punishment related to ragging defined inpetition no 646/98 Vishva Jagriti v/s Central Government episode of Hon'ble Supreme Court of India, New Delhi and I have also made my parents aware of it.
- 3. I know that the Hon'ble Supreme Court of India has banned ragging in educational institutions.
- 4. I will not participate in any ragging during studies in the college .
- 5. In case, I found involved in any ragging activity, I shall be liable to punishment as per the relevant Regulation and the Act of Central/State Government.

Date.....
Place.....

DEPONENT

VERIFICATION

I,.....S/O/D/O of Shri.....aged.....resident of
..... here by declare that the facts mentioned above from point number 1 to 5 are true and correct to the best of my understanding, knowledge and belief.

DEPONENT

Date.....

Address:.....

.....
.....

UNDERTAKING BY PARENT/GUARDIAN
Format of the Affidavit to be filled and signed by the Guardian / Parents on
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PARENT'S / GUARDIAN'S AFFIDAVIT

I,.....S/O/D/O of Shri aged.....
resident of... ..hereby state that:

1. My son/daughter has taken admission (Name of the course) in "Madhubani Medical College. Madhubani."
2. I am aware of the explanation and punishment related to ragging defined in Petition No. 646/98 Vishva Jagriti v/s Central Government episode of Hon'ble Supreme Court of India, New Delhi.
3. My son/daughter shall not participate any ragging during his/her studies in the college and the University.
4. In case my son/daughter participates or is found involved in any ragging activity, he/she shall be liable to punishment as per the relevant Regulation and the Act of Central/State Government.

Date:.....

Place:.....

DEPONENT

VERIFICATION

I,.....S/O / D/O of Shri..... Aged..... resident
of... .. hereby declare that the facts mentioned
above from point number 1 to 4 are true and correct to the best of my understanding, knowledge and
belief.

DEPONENT

Date.....

Address.....

.....

.....

UNDERTAKING BY CANDIDATE & PARENT/GUARDIAN

Format of the Affidavit to be filled and signed by the Candidate & Guardian / Parents on Non-Judicial Stamp paper of Rs. 100/- duly attested by the Notary Public

Undertaking

IS/O..... hereby declare that during my study at Madhubani Medical College, Madhubani, I shall not keep any vehicle (Bike or Four Wheeler) in premises of the College. If my vehicle will be found in the campus the College authority may impose fine and seize the vehicle. I shall abide by all rules and regulations of the College and Hostel.

Signature of the Student

I.....F/O..... Will not provide bike or Four-Wheeler to my son/daughter during his/her study at Madhubani Medical College, Madhubani. If any vehicle is found in his/her possession in the campus of the college, the College authority may take any kind of disciplinary action against him/her for violating the rules of the college.

Signature of the Father/Guardian of the Student

DECLARATION BY PARENT/GUARDIAN

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Declaration by the Parents /Guardian

My son/daughter is physically and mentally fit for admission in the P.G. (.....)Course. I understand that if any serious disease such as carcinoma or infectious disease occurs during the completion of the Course which may lead to discontinuing his/her education, I shall be responsible for paying the sum of annual tuition fees and other charges (Hostel and Transportation etc.) for the full tenure of the P.G. (.....)Course.

My son/daughter, Mr/Miss/Mrs., has been admitted to Madhubani Medical College, Madhubani in the P.G. (.....). Course in the session 2024-27. I acknowledge that if he/she attempts suicide, self-harm, or in the case of natural/unnatural death during the course, the college shall not be held responsible for his/her fatality or other damages.

Name:

Address:

.....

Contact No.:

Date:

Signature of Father/Mother/Guardians

Medical Certificate for NEET UG 2024 qualified candidates

NEET P.G. (.....) Course 2024 Roll No. _

NEET P.G. (.....) Course 2024 All India Overall Rank _____

PGMAC-2024 ID _____

I, Dr. _____ have examined Sri/Kum/Ms _____

son/daughter of _____, residing at _____

_____ (verified from Aadhar card / passport /

voter card / school or college ID card), a candidate for admission into the Medical UG degree

course in Madhubani Medical College, Madhubani for session 2024-25 and observed as follows:-

1. Personal mark of identification: _____
2. Apparent age _____ years
3. Any history of Pulmonary Tuberculosis: Yes/No (put tick to appropriate one)
4. Chest measurement:
 - a) Normal respiration _____ cm
 - b) In full inspiration _____ cm
 - c) In full expiration _____ cm
5. Height _____ cm
6. Weight _____ Kg
7. BMI _____
8. Eye sight visual acuity:
 - a) Right eye _____
 - b) Left eye _____
 - c) Colour blindness _____ present / absent (put tick to appropriate one)
9. Immunization status _____ (whether up to date as per latest National Immunization Schedule)
10. COVID-19 Vaccination: First/Second/Booster dose (put tick to appropriate one)
11. General physique _____
12. Heart _____
13. Lungs _____
14. Abdominal examination _____
15. Blood Group _____ Rh _____

Signature of Registered Medical Practitioner

16. Any neurological deficits _____

17. Any orthopedic disability _____

18. Any Psychiatry disability _____

19. Microbiology test HIV (+ve / -ve), Hepatitis A/B/C (+ve / -ve) status:

I do hereby certify that I cannot discover that he/she has any disease physical and or mental that makes him/her unsuitable to continue studying P.G. (.....) Medical Course

I consider the above candidate Fit / Unfit to join his/her Medical P.G. Institution (please put tick to appropriate one)

Date: _____

Place: _____

Signature of Registered Medical Practitioner

Registration No. _____

Council of Registration: _____

Contact No.: _____

Candidate to paste recent passport size photograph on which Medical Practitioner has to attest

