

**Notice**

All selected students / candidates for BSc Nursing at AIIMS Bhubaneswar informed to download below affidavit, Undertaking and declaration forms, duly filled and signed and submit to Dean office at the time of admission on 5<sup>th</sup> / 6<sup>th</sup> August 2013 at AIIMS, Bhubaneswar.

**AFFIDAVIT BY THE PARENT**

(On Rs 10/- STAMP PAPER DULY NOTARISED)

I, \_\_\_\_\_  
S/o, D/o of Mr./Mrs. \_\_\_\_\_  
Resident of \_\_\_\_\_

Do hereby solemnly affirm and declare as under:

1. That my son/daughter Mr./Ms. \_\_\_\_\_ is a student of BSc Nursing at All India Institute of Medical Sciences (AIIMS) Bhubaneswar.
2. That I have received and gone through and fully understood the AIIMS Regulation/Directive for Banning, Ragging and Anti-Ragging Measures in accordance with the AIIMS Bhubaneswar Office Order on curbing the menace of Ragging to be followed by all the students of AIIMS.
3. I assure you that my son/daughter/ward will not be involved or indulge in any act of ragging that may come under the definition of ragging.
4. I have fully understood that in case my son/daughter/ward will be found indulging or involved in ragging within or outside the premises of the AIIMS, he/she shall be appropriately punished for which he/she shall be solely responsible. I or my son/daughter shall not hold liable the AIIMS or any of its officials for any loss/damage and shall not claim any compensation from it or its office bearers.

Deponent

Signature of Parent/Guardian

VERIFICATION: Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
that the above affidavit is true and correct.

Name:

Address & Contact No:

Deponent

Signature of Parent/Guardian

**AFFIDAVIT BY THE STUDENT**

(On Rs 10/- STAMP PAPER DULY NOTARISED)

I, \_\_\_\_\_

S/o, D/o of Mr./Mrs. \_\_\_\_\_

Resident of \_\_\_\_\_

Do hereby solemnly affirm and declare as under:

1. That I am joining as a student of BSc Nursing at All India Institute of Medical Sciences (AIIMS), Bhubaneswar.
2. That I have received and gone through and fully understood the AIIMS Regulation/Directive for Banning, Ragging and Anti-Ragging Measures in accordance with the AIIMS Bhubaneswar Office Order on curbing the menace of Ragging to be followed by all the students of AIIMS.
3. I hereby solemnly affirm that:
  - I will not indulge or involve myself in any behaviour or act that may come under the definition of ragging.
  - I will not participate in or abet or propagate ragging in any form.
  - I will not hurt anyone physically or psychologically or cause any other harm.
4. I have fully understood that if found indulging or guilty of any aspect of ragging within or outside AIIMS campus. I may be punished as per the provisions of the AIIMS Regulations/Directive mentioned above and/or as per the law in force and for which I will be solely responsible and shall not claim and compensation.

Deponent

Signature of Student

VERIFICATION: Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
that the above affidavit is true and correct.

Name:

Address & Contact No:

Deponent

Signature of Student

**UNDERTAKING**

I, \_\_\_\_\_  
S/o, D/o of Mr./Mrs. \_\_\_\_\_  
have passed BSc Nursing Entrance Examination held on 16<sup>th</sup> June, 2012.

I certify that all my **Original Certificates** (i.e. 10<sup>th</sup> Passed Marks Sheet/Age proof, 12<sup>th</sup> Passed Marks Sheet and Certificate and Scheduled Caste/Scheduled Tribe (SC/ST)/Other Backward Class (OBC) are authentic. If any found false, then my candidature may be treated withdrawn/cancelled at any time during the course.

Name: \_\_\_\_\_

Signature of the candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION BY THE CANDIDATE**

I, \_\_\_\_\_  
S/o, D/o of Sh. \_\_\_\_\_  
Village/Town/City \_\_\_\_\_  
District \_\_\_\_\_  
State \_\_\_\_\_ hereby declare that I belong to the  
\_\_\_\_\_ community which is recognized as a backward class by  
the Government of India for the purpose of reservation in service as per orders contained in  
Department of Personnel and Training Office Memorandum No. 36012/2293. Estt. (SCT)  
dated 08-09-1993. It is also declared that I do not belong to persona/ section (Creamy Layer)  
mentioned in column 3 of the Schedule to the above referred Office Memorandum dated  
08-09-1993.

Name: \_\_\_\_\_

Signature of the candidate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_