सत्यमेव जयते

OFFICE OF THE PRINCIPAL
PRAFULLA CHANDRA SEN GOVT MEDICAL COLLEGE & HOSPITAL
Arambagh, Hooghly, PIN- 712601
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

Ph: 03211-255504 www.pcsgmch.ac.in *E-mail- principalpcsgmch@gmail.com*

Undertaking regarding responsible conduct

I Mr. / Ms. / Mrs. _____son / daughter of Mr. / Ms. / Mrs._____with date of birth _____ having been selected for undergraduate medical degree (MBBS) course at Prafulla Chandra Sen Government Medical College & Hospital, Arambagh, Pin- 712601, 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: _____

Countersigned

_____

Name of the parent / guardian (in CAPITAL letters) (**Signature of parent / guardian with date**)

Permanent Residential Address: _____

_____

P.O.:_____P.S.: _____

Dist.: _____ State: _____ Pin Code: _____