

MBBS COURSE FORMAT OF GAP AFFIDAVIT
For General/Reserved Candidates
(To be Submitted on a Legalized/Notarized ₹ 10 Non Judicial Stamp Paper)

AFFIDAVIT I,

I _____ S/o /D/o of _____ (Father) and
_____ (Mother), resident of _____
_____ do hereby solemnly state & affirm as under:-

- (1) That I am a resident of above said address.
- (2) That I have completed & passed class 12th in the year _____ from
_____ (Name of
School/College/Institute).
- (3) That there is a GAP of _____ for the period of _____ Year after passing my 12th
Examination.
- (4) That I have not joined/joined/admitted in any College/Institute/University due to or as _____
_____. (Give reason if NOT joined/ if Joined give details)
- (5) That during this period I was not involved in any offence or in an illegal activity and that no
Civil/Criminal case is pending against me in any court of law in India or elsewhere.
- (6) That I command a good reputation and respect in general public.
- (7) That I have not availed any post matric scholarship for the same programme or course from any
College/University/Institute.
- (8) That during this gap period I was preparing for NEET UG Exam.

Please paste recent
colored Passport
size photograph of
the candidate.
(Sign across &
verified by Notary)

Deponent (Student)

Verification:-

Verified that the contents of my above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed or misrepresented therein. In case the above facts are found incorrect/false/ misrepresented at any stage then my admission can be cancelled by North DMC Medical College and associated Hindu Rao Hospital, Delhi.

Deponent (Student)

Date:

Place:

Note:

1. If you have passed any examination after the qualifying examination then a photocopy of the relevant documents must be attached for the justification of the GAP.

FORM I (Anti Ragging Regulations)

**FORMAT OF UNDERTAKING BY THE STUDENT
(To be Submitted on a Legalized/Notarized ₹ 10 Non Judicial Stamp Paper)**

1. I _____ (NEET Roll NO. _____) Son/ Daughter of Mr./Mrs./Ms. _____ admitted to the course of MBBS with Admission No. _____ at North Delhi Municipal Corporation Medical College & Hindu Rao Hospital, Delhi -110007 affiliated to Guru Gobind Singh Indraprastha University have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (here in after called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been 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, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this the _____ of _____.

Signature

Name:

Address:

Tel/ Mobile No:

Signature of Witness 1:

(Name of Witness 1):

Address:

Signature of Witness 2:

(Name of Witness 2):

Address:

FORM II (Anti Ragging Regulations)
FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT
(To be Submitted on a Legalized/Notarized ₹ 10 Non Judicial Stamp Paper)

1. I _____ Father / Mother/ Guardian of Mr./Ms. _____
(NEET Roll NO. _____) in the course of MBBS with Admission North Delhi Municipal Corporation Medical College & Hindu Rao Hospital, Delhi -110007 affiliated to Guru Gobind Singh Indraprastha have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (here in after called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the 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.

6) I hereby declare that my ward has not been 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, the admission of my ward is liable to be cancelled.

Declared this ____ day of _____ month of ____ year.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified on this ____ day of _____ month of ____ year _____

Signature of deponent

Name:
Address:
Tel/ Mobile No.

Signature of Witness 1:
(Name of Witness 1):
Address:

Signature of Witness 2:
(Name of Witness 2):
Address: