

STEP 1:

VISIT THE WEBSITE https://www.antiragging.in/affidavit_registration_disclaimer.html

AND SELECT AFFILIATED COLLEGES



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You are going to fill an Affidavit for antiragging

TO BE FILLED BY A STUDENT

Fields marked with * are compulsory.

- If you do not have an E mail address please create one before you fill this form.
- If your mother or father or guardian does not have a phone or a mobile phone or email then please give the numbers or email of their friends or relations or neighbors.
- If you do not have a mobile number, then please give the mobile number of your friend of the same college.

After filling this form successfully you can download the Student's Anti Ragging Undertaking and the Parents Anti Ragging Undertaking from Website. Please print both the Undertaking, sign them yourself, request your parents to read the details and request them to sign their Undertaking and then present both at your college at the time of registration, each year.

Choose your Educational Institution Type
(Follow ** For Help)

Affiliated College

Standalone College

University

After Successfully Submission of your Affidavit Form, you will receive your **REFERENCE NUMBER**

STEP 2:

ENTER STUDENT DETAILS FIRST



Affidavit Registration Form For Affiliated Colleges

Fields marked with * are compulsory.

Student's Details	
First Name *	<input type="text" value="First Name"/>
Middle Name	<input type="text" value="Middle Name"/>
Surname / Last Name *	<input type="text" value="Surname / Last Name"/>
Gender *	<input type="text" value="Male"/>
Nationality*	<input type="text" value="Nationality"/>

STEP 3:

ENTER PARENTS GUARDIANS DETAILS



Parent / Guardian Details

Parent / Guardian Name*	<input type="text" value="Parent/Guardian name"/>
Parent / Guardian Phone Number*	+91 <input type="text" value="Parent phone number"/>
Parent / Guardian address*	<input type="text"/>
Parent / Guardian Email*	<input type="text" value="Parent/Guardian Email"/>
Parent / Guardian City*	<input type="text" value="Parent/Guardian City"/>
Parent / Guardian State*	<input type="text" value="Select State"/>

STEP 4:

ENTER COLLEGE DETAILS OF GOVT. MEDICAL COLLEGE, IDUKKI

College Details		
State in which college is based*	KERALA	
College Name*	Government Medical College Idukki (C-55343)	
Name of Affiliated University *	College Code	C-55343
	College Name	Government Medical College Idukki
	University Code	U-0630
	University Name	KERALA UNIVERSITY OF HEALTH AND ALLIED SCIENCES
Director's Name *	Dr. <input type="text"/> MENTION PRINCIPAL NAME (CHECK THE COLLEGE WEBSITE)	
College Phone Number*	+91 <input type="text"/> 486223307	
College Landline Number	<input type="text"/> 0486223307	
Nearest Police station *	<input type="text"/> CHERUTHONI POLICE STATION, IDUKKI	

STEP 5:

FILL THE COURSE DETAILS AND UGC REGULATIONS AS BELOW



Course Details

Under Graduate or Post Graduate*	<input type="text" value="Under Graduate Degree"/>
Name of the Course *	<input type="text" value="MBBS"/>
Number of students in your class*	<input type="text" value="100"/>
Current year of study*	<input type="text" value="1"/>

UGC Regulations

- I confirm that I have read UGC's regulations on Ragging.(To read, click on the link [ABSTRACT OF UGC REGULATIONS ON RAGGING](#))
- I confirm that I have read the Judgment of the Hon. Supreme Court on prevention of Ragging.(To read, click on the link [SUMMARY OF THE JUDGMENT OF THE HON. SUPREME COURT](#))
- I promise that I will not indulge in Ragging or any form of violent behaviour. Neither will I tolerate being ragged or subjected to violence.
- I understand that if I am accused of Ragging, the responsibility is on me to prove that I am not guilty.
- I will not remain a spectator to acts of Ragging. I will report the matter immediately to my Principal/Director and/or to the Anti Ragging Help line at 1800 180 5522 or email to info@antiragging.in

STEP 6:

FILL THE CONFIDENTIAL SURVEY AS YES OR NO BASED ON YOUR EXPERIENCE, MENTION THE ANTIRAGGING HELPLINE NUMBER AS MENTIONED BELOW AND CLICK ON THE SUBMIT FORM, THEREAFTER YOU WILL RECEIVE A REFERENCE NUMBER TO YOUR REGISTERED MOBILE NUMBER AND EMAIL ID. PLEASE NOTE THIS REFERENCE NUMBER.

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I will not remain a spectator to acts of Ragging. I will report the matter immediately to my Principal/Director and/or to the Anti Ragging Help line at 1800 180 5522 or email to info@antiragging.in

Confidential Survey

Please answer these questions truthfully and honestly because this survey is totally Confidential, So no part of this survey is going to show anything to your college. Your college will only know that you have participated in this survey

Were you ever ragged ? * No Yes

Did you ever rag anybody ? * No Yes

What is the phone number of National Anti Ragging Help Line *

Does ragging happen in your college ? * No Mild Severe

WARNING: Please Recheck Your Details (specially Email addresses and Mobile) Before Submitting the form
 I have rechecked the form and confirm that all the details are correct.

Submit Form

STEP 7:

VISIT THE LINK

https://antiragging.in/undertaking_request.php

ENTER THE REFERENCE NUMBER YOU RECEIVED, MOBILE NUMBER AND YOUR EMAIL ID IN TO THE BELOW FIELDS TO GENERATE AFFIDAVIT (UNDERTAKING DOCUMENT) ONLINE



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UNDERTAKING DOCUMENT

Reference No.*	<input type="text" value="ReferenceNumber"/>
Email*	<input type="text" value="Registered Email ID"/>
Mobile No.*	<input type="text" value="Registered Mobile Number"/>
	<input type="submit" value="Submit"/>

STEP 8:

DOWNLOAD THE UNDERTAKING AND PRINT IT.

ONE UNDERTAKING TO BE SIGNED BY THE STUDENT AND ANOTHER UNDERTAKING TO BE SIGNED BY THE PARENT.

SUBMIT THE SIGNED COPIES OF THESE TWO UNDERTAKING TO COLLEGE AT THE TIME OF REPORTING.
