

Annexure - II

Affidavit by the Student Regarding Prevention of Ragging

I,----- D/O S/O -----

----- seeking admission in branch /courses -----

hereby give an undertaking that I am aware of the law regarding prohibition of ragging as well as the punishments , and that if I am found guilty of the offence of ragging and/or abetting ragging, at any stage during the entire duration of my course, I will be liable to be punished appropriately.

Date:

Signature

Name: _____

Father's Name: _____

Address: _____

Mobile No. _____

Landline No. (with STD) _____

Affidavit by the Parent/Guardian Regarding Prevention of Ragging

I,----- Father/Mother/Guardian of -----

who has sought admission in Branch/Courses ----- hereby give an undertaking that I am aware of the law in this regard and agree to abide by punishment meted out to my ward in case he/she is found guilty of ragging and / or abetting ragging, at any stage during the entire duration of his/her course.

Date:

Signature of Father/Mother/Guardian

Name: _____

(Father's/Mother's/Guardian's Name)

Relationship with Guardian :

Address: _____

Mobile No.: _____

Landline No. : (with STD) _____

Annexure - III

Affidavit by the Student Regarding Cyber Crime

UNDERTAKING

I,----- S/o, D/o -----
-----seeking admission in course -----Batch-----
Sem -----for academic session -----at Chandigarh Group
of Colleges, do hereby undertake that:

1. I am aware that cyber crime is strictly prohibited and unlawful act by the law.
2. I will not indulge in any kind of cyber crime including cyber stalking, dissemination of obscene material , defamation , hacking , cracking ,E Mail spoofing, SMS spoofing , carding, cheating and fraud , pornography, Assault by Threat, fake facebook account, fake confession pages, misuse of CGC logo ,cyber squatting, cyber vandalism, transmitting virus, cyber trespass, cyber terrorism, cyber warfare, possession of unauthorized information or any other similar activity.
3. I am aware that infringement of the above undertaking makes me liable for disciplinary action as deemed fit by the college rules including punishment in the form of expulsion from classes, college campus and the hostel.
4. I have fully understood that if I am found guilty of cyber crime then I shall be punished as per the provisions of section 66-A of information technology act ,2008 and may be punished with imprisonment up to 3 years along with fine under the court of law.

Date:.....

Name.....

(Signature of Student)



Affidavit by the Parent/Guardian Regarding Cyber Crime

I,----- Father/Mother/Guardian of -----
have carefully read and clearly understood the content of the above undertaking, I do hereby undertake that I shall be jointly responsible if my son/ward is found indulging in any act of indiscipline or misconduct or ragging or cyber crime. In case of default, the college may take any disciplinary action against my son/ ward.

(Signature of Parent/Guardian)

Date:.....

Name.....

Relationship with Guardian :

.....



Annexure - IV

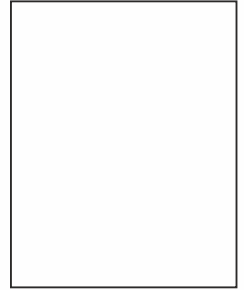
Regd.No.....(To be provided by the college)



CHANDIGARH GROUP OF COLLEGES

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HOSTEL / BUS FACILITY FORM



NOTE: Hostel / Bus facility is provided for full year & not for a part of the year . As such, charges for full year have to be paid even if a student discontinues availing this facility, anytime during the year or is expelled from Hostel / Bus on disciplinary grounds.
Electricity charges are payable beyond the free usage limit.

Student's Name:

Date of Birth: Gender:

Course/Branch: Semester: Year

University/College Roll no. :

Student's Mobile no. :

Student's Landline No. at Home with STD code) :

Students' Email ID:

Father's Name: Mobile No.:

Occupation: Designation:

Office Address :

E-mail ID :

PERMANENT ADDRESS FOR HOSTEL FACILITY / RESIDENTIAL ADDRESS FOR BUS FACILITY

House No. Street/VPO

City/Town Tehsil Distt.

State Pin code

Any relative, if studying in college mention details

Name Branch Semester

Roll no. Mobile No.

LOCAL GUARDIAN DETAILS

Name Mobile No

Relation with student Email

House No. Street

City Distt.

State Pincode



If student is suffering from any disease or medical problem, kindly give full details

I hereby, declare that the above provided information is correct and true to the best of my knowledge. I am fully responsible for all the above information.

Student's Signature

Father's/Mother's Signature

Date

Date

For Office use only

Hostel Name: _____ **Allotted Room No.** _____

Fee Receipt No & Date _____

Hostel Joining Date _____

Hostel Leaving Date _____

Reason for Leaving _____

Bus Route No. _____

Bus Pass No Issued _____

Bus Pass Valid From _____ **to** _____

