

DECLARATION BY THE PARENT/GUARDIAN AND THE CANDIDATE

I hereby solemnly and sincerely affirm

1. That the statements made and information furnished in my son's/daughter's/ward's application as also in all the enclosures thereto submitted by him/her are true. Should it, however, be found that any information furnished therein is untrue in material particulars, I realize that i am liable to criminal prosecution and I also agree to the forfeiture of his/her seat in the institution.
2. That my son/daughter/ward would confirm strictly to all the rules and regulations in force now or which may be introduced in the institution hereafter and that I realize that breach of discipline and rules of my son's/daughter's/warden's part would entail summary forfeiture of his/her seat in the institution.
3. That I am aware that if my son/daughter/ward does not put in a minimum of 75% attendance during the semester in theory, drawing and practical classes separately, my son/daughter/ward will not be sent up either for the final class examination or for the University Examination.
4. That I am aware that the curriculum for the various courses is not rigid and that my son/daughter/ward will follow the syllabi for the various courses in force at the time of his/her admission and that any revision or modification made in the syllabi during the course of his/her study in the institution will be binding on him/her.
5. That in case, my son's/daughter's/ward's progress in studying is uniformly poor in the institution his/her studies are liable to be terminated by the issue of Transfer Certificate.
6. That in case, my son/daughter/ward becomes a scholarship holder or comes to enjoy educational concessions like half-fees or full fees etc. and does not show special progress, the scholarship or educational concession is liable to be cancelled and that if my son's/daughter's/ward's conduct and character are not good these will be cancelled summarily.
7. That in case my son/daughter/ward is admitted into the Hostel he/she will strictly abide by the rules and regulations in force in the Hostel and that any breach of discipline or rules or any unruly conduct or undesirable activities will be summarily dealt with by the forfeiture of seat both in the Hostel and the institution in addition to such other proceedings that may be taken against him/her.
8. That in case the qualification possessed by my son / daughter / ward is not recognized by this University for admission to the _____ Degree _____ Programme branch my son / daughter / ward discontinue the programme forthwith.

Signature of the Candidate

Date :

Place :

Signature of the Parent / Guardian

ANTI - RAGGING FORM

From

Date : / /

Father's / Guardian's Name

To

The Dean

Campus

Anna University

Sub: Awareness of seriousness of the menace on Ragging - Undertaking for Non-Involvement in Ragging - Reg.

I, Father's / Guardian's Name Father of / Guardian of Student's Name

got allocation in the degree branch

hereby state that I am aware of the implications of indulgence of any student in ragging activities in the college, as given below:

Ragging means display of noisy, disorderly conduct, doing any act which causes or is likely to cause physical or physiological harm or raise apprehension or fear or shame or embarrassment to a student in any educational institution, and includes

- Teasing, abusing or playing practical jokes on, or causing hurt to such student. (or)
- Asking the students to do any act or perform something which such student will not carry out in the ordinary course, willingly.

Ragging is totally prohibited in any institution.

PUNISHMENT INCLUDES

1. Two years imprisonment.
2. Fine to the tune of Rs.2.5 Lakhs.
3. Dismissal from the educational institution.
4. Shall not be admitted in any other educational institution.

Hence, I undertake to ensure my ward Student's Name not to involve in activities considered to be ragging as per the definition above. I am bound to accept any punishment awarded to my ward, in case of violation of this undertaking.

Signature of Candidate
with Date

Signature of the Parent / Guardian
with Date

MEDICAL FITNESS CERTIFICATE

Medical Fitness Certificate to be issued by Registered Medical Practitioner

(For Students of U.G. & P.G. Admissions)

Application No :

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Name : _____, Gender : _____

Code & College in which admitted : _____

Date of Birth : _____ Name of the Course : _____

Indicate your response by ticking (✓) appropriate one

1. Do you have any minor or major complaint? Yes / No
If Yes, describe _____
2. Are you allergic to any medicine or any others? Yes / No
If Yes, describe _____
3. Have you ever had any operation or been advised any operation? Yes / No
If Yes, describe _____
4. Are you Physically Challenged? Yes / No
If Yes, Indicate: Visual / Hearing / Orthopaedic

I declare that the above information is true to the best of my knowledge.

Signature of the Candidate

- | | | |
|---------------------------------------|---|---|
| I. General Information | : | Height: _____cms, Weight: _____kgs
Insp: _____cms, Exp: _____cms;
Resp.Rate: _____/min, B.P: _____mm
HgPulse: _____/min. |
| II. Blood Group & Rh type | : | _____ |
| III. Personal marks of identification | : | 1. _____
2. _____ |
| IV. C.V.S. | : | |
| V. Respiratory System | : | |
| VI. G.I.System | : | |
| VII. C.N.S. | : | |
| VIII. Musculoskeletal System | : | |
| IX. Examination of Eyes | : | |
| X. E.N.T | : | |
| XI. Urinary System | : | |
| XII. Remarks | : | |

I do hereby certify that I have examined the above candidate. He / She is fit to join the above-mentioned course.

Date:

Place:

REGISTERED MEDICAL OFFICER
(Seal with Register No.)