

## 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

Dist.: \_

www.pcsgmch.ac.in

E-mail- principalpcsgmch@gmail.com

Pin Code: \_\_\_\_\_

Undertaking regarding responsible conduct			
I Mr. / Ms. / Mrs			_son / daughter
of Mr. / Ms. / Mrs			
having been selected for undergraduate medical degree (MBBS) course at Institute of			
Postgraduate Medical Education & Res	earch (IPGME&R), Kol	lkata 700020, do h	ereby affirm and
solemnly declare that:			
<ul> <li>I will abide by the rules and resease, letter and spirit.</li> </ul>	gulations of the colle	ege (and hostel if a	pplicable) in true
<ul> <li>I will refrain from any activity harmony on campus.</li> </ul>	that may be detrim	ental to maintena	nce of peace and
• I will not indulge in any activity that may lead to a breach of college (and hostel if applicable) discipline in any manner.			
<ul> <li>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.</li> </ul>			
I understand that in any situation wh stipulations, I shall be liable to any dis deem fit to impose on me at any po- name, I shall be dealt with according to the directive of the SUPREME COURT C	sciplinary / punitive a nt of time. In case o to the guidelines fran	ction that the colle of any report of ra	ge authority may gging against my
Name of the student (in CAPITAL let	ters)	(Signature of	student with
date) Date of admission:		-	
	Countersigned		
Name of the parent / guardian (in with date)	CAPITAL letters)	(Signature of p	arent / guardian
Permanent Residential Address:			
D.O.	D.C.	· · · · · · · · · · · · · · · · · · ·	
P.O.:	P.S.:		

State: \_