

Undertaking by the Parent /Guardian

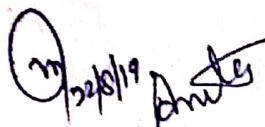
I \_\_\_\_\_ aged \_\_\_\_\_ years; parent/guardian of \_\_\_\_\_

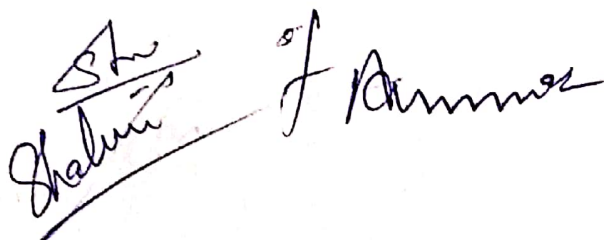
\_\_\_\_\_ residing at \_\_\_\_\_ seeking admission into \_\_\_\_\_

\_\_\_\_\_ program at GECA hereby undertakes that

- I have read all the hostel rules and regulations thoroughly and my ward shall abide by them.
- I understand that ragging is a criminal offence and my ward will not indulge in the same .
- I shall pay all the hostel dues on time .
- I am aware that my ward can be expelled from the hostel if at any time she is found in possession or in custody of including but not limited to any objectionable or sexually explicit item , or arms or rods ,chains ,swords , knives , sticks ,etc ., or in possession or custody of drugs , alcohol or psychotropic substances or found to have consumed any of the above within the premises or in the precincts of the institute or hostel .
- I undertake to keep the institute informed at all times if my ward is afflicted with any communicable disease .

Name and Signature of the Parent /Guardian with phone number

 22/10/19 Amtes

 Shalini of Amtes

Undertaking by the Hosteller

I ----- aged ----- years; daughter of -----

----- residing at ----- seeking admission into ----

----- program at GECA hereby undertakes that

- I have read all the hostel rules and regulations thoroughly and shall abide by them.
- I understand that ragging is a criminal offence and I will not indulge in the same .
- I shall pay all the hostel dues on time and take care of the hostel property .
- I am aware that I can be expelled from the hostel if at any time I am found in possession or in custody of including but not limited to any objectionable or sexually explicit item , or arms or rods ,chains ,swords , knives , sticks ,etc ., or in possession or custody of drugs , alcohol or psychotropic substances or found to have consumed any of the above within the premises or in the precincts of the institute or hostel .
- I undertake to keep the institute informed at all times if I am afflicted with any communicable disease .

Name & Signature of the Student

(M)  
24/8

Shub  
Indira / Summe