

**IHM Ranchi – 01**  
**Anti-Ragging**  
**undertaking - Student**

ANNEXURE-I

**AFFIDAVIT BY THE STUDENT**

I, (full name of student with admission/registration/enrolment number) \_\_\_\_\_ S/o, D/o \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_, having been admitted to Institute of Hotel Management Catering Technology & Applied Nutrition, Ranchi have received a copy of the NCHM Regulations on Curbing the Menace of Ragging in Hospitality Educational Institutions, affiliated to NCHMCT, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any Institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this day of \_\_\_\_\_ month of \_\_\_\_\_ year. \_\_\_\_\_

Signature of deponent: \_\_\_\_\_

Name: \_\_\_\_\_

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ place on this the \_\_\_\_\_ day of \_\_\_\_\_ month, year \_\_\_\_\_

Signature

of deponent Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ day

of

\_\_\_\_\_ month \_\_\_\_\_ year after reading the contents of this affidavit.

OATH COMMISSIONER

**IHM Ranchi – 02**  
**Anti-Ragging Form - Parent**

Annexure-II

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of \_\_\_\_\_ (full name of student with admission/registration/enrolment number), having been admitted to Institute of Hotel Management Catering Technology & Applied Nutrition, Ranchi, have received a copy of the NCHM Regulations on Curbing the Menace of Ragging in Hospitality Educational Institutions, affiliated to NCHMCT (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year \_\_\_\_\_

Signature of Deponent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/MobNo. \_\_\_\_\_

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ place on this the \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ day of \_\_\_\_\_ month, \_\_\_\_\_ year after reading the contents of this affidavit.

**IHM Ranchi – 03**

**FORM OF INDEMNITY BOND**

In consideration of my ward being admitted to the institute of Hotel Management, Ranchi and or admitted to the hostel as a student/hosteller, for doing the three Year Degree Course of B.Sc. in Hospitality & Hotel Administration, which involves Training activities in I.H.M. Campus/outside and travelling, I undertake and agree that neither I nor my executors/administrator or other representatives will make any claim against the Govt. of India, Board of Governor's or against the Institute authorities including any officers/faculty/warden or against any person in the service of the Institute, in respect of any loss/injury to any property/person (including injury resulting into death) due to any reason whatsoever which I/he/she may suffer while or in consequence of his/her participation in any of the above activities including during industrial training and I understand that no compensation will be paid by the Govt. of India, Board of Governor's/Institute Authority including any officers in service of the Institute in respect of any such loss or injury (including injury resulting into death) I also agree so as to bind myself/my executors and administrators and other legal representatives to indemnify the Govt. of India & Institute authorities including the Board of Governor of I.H.M. Ranchi and any other officers in service of the Institute against any claim which may be made by any third party against them/any of them, arising out of any act of default on my/his/her part during/in connection with said training/course in/outside the institute and travelling by road, rail, air, water or while on student exchange Programme or while deploying/deployed for industrial training or any other such Institute activities organized from time to time, within/outside the Institutecampus.

Dated\_\_\_\_\_

Signature of student\_\_\_\_\_

Parents/Guardian Signature\_\_\_\_\_

Home Address\_\_\_\_\_

Phone No.\_\_\_\_\_

Signed in the presence of :-

Witness No.1

Witness No.2

Signature\_\_\_\_\_

Signature\_\_\_\_\_

Name & Address\_\_\_\_\_

Name & Address\_\_\_\_\_

\_\_\_\_\_  
ContactNo. \_\_\_\_\_

\_\_\_\_\_  
ContactNo. \_\_\_\_\_

## IHM Ranchi – 04

### **ATTENDANCE DECLARATION**

I am aware that I am expected to attend 100% classes i.e. theory, practical & tutorial however it is mandatory to maintain 75% aggregate attendance in each semester. In case, if I fail to fulfill required attendance criteria as per NCHMCT guidelines, I will not be eligible for appearing for semester end examination.

I am informed that Institute sends periodic information with regard to attendance of the ward to their parents, however the responsibility lies with the students and with parents to keep an update about student's attendance. Both student and parents are advised to visit THIMS portal [www.thims.gov.in](http://www.thims.gov.in) at their convenience for updates regarding attendance, after logging in through students ID which is generated automatically by the portal after admission and sent on registered student e-mail ID. I am aware that, in case of medical leave student must submit his/her medical certificate on rejoining the Institute within oneweek.

**Signature of the student withdate**

**Name of the Student:** \_\_\_\_\_

**I agree to all the above**

**Signature of the Parent with date**

**INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY AND APPLIED NUTRITION, RANCHI**

**HOSTEL ALLOTMENT FORM**

Name of the Student	:	_____	
Father's Name	:	_____	
Date of Birth	:	_____	
Address (Permanent).	:	_____	
	:	_____	
&PhoneNo	:	_____	PinCode _____
Correspondence Address:	_____		
	:	_____	
&Phonenumber	:	_____	PinCode _____
Parent'se-mailID	_____		Student's BloodGroup_

**DECLARATION**

- a) We hereby declare that the information given in the application is true. I/my ward stand to be disqualified from being admitted to the Institute's Hostel in the event of we being found to have willfully suppressed or have rendered false information.
- b) I/my ward hereby agree to abide by the Rules & Regulations of the Hostel as laid down in prescribed form/ student Hand Book and other amendments made therein from time to time for proper conduct & discipline of the students.
- c) I have received a copy of Rulebook.
- d) I have permitted my ward Mr./Ms. \_\_\_\_\_ to stay in the Hostel. I will be responsible for the payment of the fee and dues.
- e) In case of any change in the contact details, we shall be responsible to communicate it to the Academic desk and Hostel Warden failing which we shall be responsible for any consequences arising thereof.
- f) If at any stage, in the case the declaration is found to be untrue, I/my ward have/has indulged in any sort of ragging or misconduct, I/my ward's candidature could be cancelled and if admitted could be expelled, besides other disciplinary action.

(Signature of Student)

(Signature of Parent/Guardian)

Name in Block letters \_\_\_\_\_

Name in Block letters \_\_\_\_\_

**FOR OFFICE USE ONLY**

Semester: \_\_\_\_\_

**Room No. Allotted :**

Receipt No. \_\_\_\_\_

Cashier

Warden

**ANNEXURE“B”**

(Following affidavit must be submitted by the student and his/her parent/guardian separately on a Rs. 50/- non judicial stamp paper attested by notary public, once admission to hostel is permitted):-

**AFFIDAVIT (BY STUDENT)**

I, \_\_\_\_\_ (STUDENT'S NAME),  
resident of \_\_\_\_\_,  
student of IHM Ranchi in class First Semester of B.Sc. in H&HA do hereby solemnly affirm that:-

2. I shall conduct myself within rules and regulations of the hostel in letter and spirit during my studentship in the Institute. I am well versed with the hostel rules.
3. I shall not during my studentship and hostel residency resort to or associate myself with any misbehavior, indiscipline or misconduct within or outside the hostel.
4. I undertake that in case of any indiscipline/misconduct reported about me, have no objection if my hostel accommodation is cancelled and if I am asked to vacate the hostel within 24 hours.
5. I also undertake to agree that continuation of the hostel accommodation allotted to me shall be subject to my overall conduct in the Hostel. I agree to pay the full hostel charges for the whole session and refund in such a case will be accepted as per rules and regulations of the Institute.

Date:

1. Name of Student

Place:

(Signature)

OATH COMMISSIONER

**ANNEXURE "C"**

(Following affidavit must be submitted by the student and his/her parent/guardian separately on a Rs. 50/- non judicial stamp paper attested by notary public, before the allotment of Hostel):-

**AFFIDAVIT (BY PARENT/GUARDIAN)**

I, \_\_\_\_\_,  
Father/Mother/Guardian of \_\_\_\_\_ (student's name),  
resident of \_\_\_\_\_

\_\_\_\_\_ who is studying in IHM Ranchi in class First semester of B.Sc. in H&HA do hereby solemnly affirm that:-

1. My son/daughter/ward Mr./Ms. \_\_\_\_\_ shall conduct himself/herself within rules and regulations of the hostel in letter and spirit during his/her studentship in the Institute. I am well versed with the hostel rules.
2. My son/daughter/ward Mr./Ms. \_\_\_\_\_, shall not during his/her studentship and hostel residency resort to or associate himself/herself with any misbehavior, indiscipline or misconduct within or outside the hostel.
3. I \_\_\_\_\_ (Father's/Mother's/Guardian's name), undertake that in case of any indiscipline/misconduct reported about \_\_\_\_\_ (student's name) I have no objection if his/her hostel accommodation is cancelled and if he/she is asked to vacate the hostel within 24 hours.
4. I also undertake to agree that continuation of the hostel accommodation allotted to \_\_\_\_\_ (student's name) shall be subject to his/her overall conduct in the Hostel. I agree to pay the full hostel charges for the whole session and refund in such a case will be accepted as per rules and regulations of the Institute.

Date:

1. Name of Parent/Guardian

Place:

(Signature)

Oath Commissioner

INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED  
NUTRITION, RANCHI

**Undertaking from the students as per the provisions of ANTI-RAGGING verdict by the  
Hon`ble Supreme Court**

IMr./Ms. \_\_\_\_\_ Enrollment No: \_\_\_\_\_

Course **B.Sc. in H&HA** student of Institute of Hotel Management, Catering Technology and Applied Nutrition, Ranchi of do hereby undertake on this day \_\_\_ month Year \_\_\_\_\_ the following with respect to above subject.

1. That I have read and understood the directives of the Hon`ble Supreme Court of India an anti-ragging and the measures proposed to be taken in the above reference.
2. That I understand the meaning of ragging and know that the ragging in any form is a punishable offence and the same is banned by the Court of Law.
3. That I have not been round and charged for my involvement in any kind of ragging in past. However, I undertake to face disciplinary action/legal proceedings including expulsion from the Institute if the above statement is found to be untrue or the facts are concealed at any stage infuture.
4. That I shall not resort to ragging in any form at any place and shall abide by the rules/laws prescribed by the Courts. Government of India and the Institute authorities for the purpose from time totime.

Date:-

(Signature of Student)

I hereby fully endorse the undertaking made by my child/ward

Signature of Mother/Father and or Guardian

**Witness :- 1. with Address & Contact No:**

**Witness :- 1. with Address & Contact No**



**(TO BE FILLED BY  
PARENTS)**

To

The Principal,  
Institute of Hotel Management Catering Technology & Applied Nutrition,  
Ranchi, Jharkhand

Sub : **CONSENT FOR WEEKEND, HOLIDAYS & NIGHT OUTS FOR ENTIRE TENURE  
IN HOSTEL**

Sir,

I \_\_\_\_\_ Father/Mother of \_\_\_\_\_ want to request you to allow my son/daughter to go on out of station leaves on weekends & holidays or for Night outs. My son/daughter will be going on his/her own risks & responsibilities & I am aware that Institute is not responsible for any undesired incident.

Thanking you,

Parent Signature :

Name :

Parent Contact No. :

Parent Email Id : \_\_\_\_\_

# National Council for Hotel Management & Catering Technology

{An autonomous body under Ministry of Tourism, Gov't of India}

Appendix- 1

## (FOFiMAT FOR MEDICAL CERTIFICATE)

To be completed and signed by a registered Medical Practitioner and presented by the candidate at the time of admission/

Certified that I have in general and also in regard to following infectious diseases examined  
for/ Ms. \_\_\_\_\_ (whose signature is given below) Son/Daughter of Sh. \_\_\_\_\_

### Disease

### Finding

- a) Infectious skin diseases
- b) Psoriasis Foliate
- c) Tuberculosis
- d) Trachoma
- e) Venereal disease
- f) HIV

and find that he/she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr./ Ms. \_\_\_\_\_ is fit to undergo course of study in Hospitality and Hotel Administration.

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(Signature of Registered Medical Practitioner)

## Self-Declaration

We are concerned about your health, safety & hygiene. In the interest of your well-being and that of everyone at the venue, you are requested to declare if you have any of the below listed symptoms by using a ✓ (Yes, I have) or ✗ (No, I do not have).

Cough	<input type="checkbox"/>
Headache	<input type="checkbox"/>
Fever	<input type="checkbox"/>
Sore Throat / Runny	<input type="checkbox"/>
Nose Breathing Problem	<input type="checkbox"/>
Body Ache	<input type="checkbox"/>

I have NOT been in close contact with a person suffering from Covid 19 and am NOT under mandatory quarantine

I may be subject to legal provision/ action as applicable for hiding any facts on Covid 19 infections related to me and causing health hazard to others.

I'm certifying that I've NOT tested Positive for the Corona virus or identified as a potential carrier of the COVID-19 virus.

Candidate Name: \_\_\_\_\_

Candidate Roll No: \_\_\_\_\_

Signature of Candidate : \_\_\_\_\_

### Declaration From Parents

I hereby Mr./Ms. \_\_\_\_\_ give consent of my ward Mr./Ms. \_\_\_\_\_ to attend classes & reside in hotels.

During the stay if my ward contract COVID19, the institute /principal/faculty/staff will not be responsible.

Signature of guardian : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

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For office use only

Received by \_\_\_\_\_ Name: \_\_\_\_\_

Date.....

