

# "YUVA RAKSH"

(GROUP INSURANCE SCHEME FOR STUDENTS)

## STUDENT'S REGISTRATION FORM

(Copy to be submitted along with the Admission Form)

1. Name of the Insured Student : \_\_\_\_\_
2. Class : \_\_\_\_\_
3. Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Student's Date of Birth : \_\_\_\_\_
5. Blood Group : \_\_\_\_\_
6. Name of the Guardian : \_\_\_\_\_
7. Signature of the Guardian : \_\_\_\_\_
8. Amount of Premium paid  
Cash/ Cheque (details) : \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

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For office use only :

Received from student (Name \_\_\_\_\_ of \_\_\_\_\_ class)

Premium of Rs \_\_\_\_\_ against receipt no \_\_\_\_\_ dated \_\_\_\_\_

Institute /Department /College Seal/ Stamp with Signature

(College to preserve the slip along with the Admission Form)

**NATIONAL INSURANCE COMPANY LIMITED**

Roll No.: \_\_\_\_\_ Class : \_\_\_\_\_

Date : \_\_\_\_\_ 201 \_\_\_\_\_ 201

## UNDERTAKING REGARDING ATTENDANCE

(For Office Use)

I hereby declare that I shall fulfill the attendance requirement (75%) for all the working days, for both terms. If I fail to do so, I understand that I will not be allowed to appear for the examination. I shall attend all the practicals regularly and also submit the tutorials regularly. If I fail to attend the practicals regularly and fail to maintain 75% attendance in each term I shall not be allowed to appear for the examination.

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

Signature of the Student : \_\_\_\_\_

Class : \_\_\_\_\_ Roll No. : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of the parent / guardian : \_\_\_\_\_

Relation to the Student : \_\_\_\_\_

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### ACKNOWLEDGMENT

This is to certify that Shri / Kum. \_\_\_\_\_

Roll No. \_\_\_\_\_ Class \_\_\_\_\_ and his / her parent has signed the undertaking regarding attendance and has submitted it to the college authority. He/She further states that he/she has read the undertaking carefully, has understood it's terms\* and conditions and will abide by its rules.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receiver's Name

\_\_\_\_\_  
Receiver's Signature

## BHAVAN'S COLLEGE

Andheri (W), Mumbai – 400 058

Undertaking by Student & Parent / Guardian in  
Accordance with Prohibition of Ragging Act 1999

I, the undersigned \_\_\_\_\_

Son / Daughter / Ward of \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

a student of Bhavan's College, do hereby undertake as follows:

- 1) I am aware of the law regarding ragging as well as punishments for ragging and if found guilty of ragging, I am liable to be punished appropriately.
- 2) The Prospectus provided by the College, includes all the information about the "Action, against ragging, Maharashtra Prohibition and Ragging Act 1999 which is in effect from 15<sup>th</sup> May, 1999" as well as "University of Mumbai Circular No. APD/MISC/315 of 2000, dt. 24<sup>th</sup> August 2000" of pages 13 to 19. I shall preserve the Prospectus and refer to the rules and regulations as long as I am a student of the College.
- 3) I hereby also undertake not to resort to ragging as well as not to abet ragging.
- 4) The Information about "Anti Ragging Squad" of the College has been displayed on the College Notice Board and I have read the same.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

I, the Parent / Guardian of the student \_\_\_\_\_,  
have read the undertaking signed by my son / daughter / ward and I endorse the  
same.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



**STUDENT UNDERTAKING FOR WELL BEING / HEALTH**

To,  
The Principal,  
Bhavan's College,  
Andheri (W), Mumbai - 400 058

Respected Madam/Sir,

I \_\_\_\_\_

Class: \_\_\_\_\_ Roll No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Hereby declare that (tick what is applicable)

I am totally fit / healthy and that I do not suffer from any chronic illness

I suffer from a chronic illness termed as \_\_\_\_\_  
For which I am under medical treatment from  
Dr. \_\_\_\_\_ Mobile No.: \_\_\_\_\_

In case of emergency, the College may contact my relative who is my  
(relationship) \_\_\_\_\_ Mobile No.: \_\_\_\_\_

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

I, Mr. / Ms. \_\_\_\_\_

Parent / guardian of

Mr./Ms. \_\_\_\_\_ agree with the above  
undertaking. I indemnify Bhavan's College for any medical help that is extended/arranged  
by the college Authorities to my ward, in case of any medical emergency. In case of such  
medical emergency, I shall bear all the expenses that the College may incur for the same.

Signature of Parent / Guardian: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

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