

## ANTI RAGGING AFFIDAVITS BY STUDENTS AND PARENTS/GUARDIANS

Fields marked with red\* are compulsory.

### Personal Details

Student's Family Name *	<input type="text" value="Enter your Family Name"/>
Student's Middle Name	<input type="text" value="Enter your Middle Name"/>
Student's First Name *	<input type="text" value="Enter your First Name"/>
Gender *	<input checked="" type="radio"/> Male <input type="radio"/> Female
Nationality *	<input type="text" value="Enter your Nationality"/>
Student's Mobile Number *	+91 <input type="text" value="Enter your Mobile No."/>
Student's friends Mobile number in case of an emergency *	+91 <input type="text" value="Enter your Friend Mobile No."/>
Landline Number *	+91 <input type="text" value="Enter your Landline No."/>
Student's email ID *	<input type="text" value="Enter your Email ID"/>
Confirm student's email ID *	<input type="text" value="Enter your Confirm Email ID"/>
	<input type="text" value="Enter your Address1"/>

### Parent/Guardian Details

Parent/Guardian's name *	<input type="text" value="Enter your Parent/Guardian's Name"/>
Parent/Guardian Address 1 *	<input type="text" value="Enter your Address1"/>
Address 2	<input type="text" value="Enter your Address2"/>
City *	<input type="text" value="Enter your City"/>
State *	<input type="text" value="State"/>
Residence Phone No *	+91 <input type="text" value="Enter your Phone No."/>
Mobile No of Parent/Guardian *	+91 <input type="text" value="Enter your Mobile No."/>
Parent/Guardian's Email ID *	<input type="text" value="Enter Email Address"/>

Fill College details here.

**College Details**

State in which the College is \*

State **GUJARAT**

Is it a Professional College or a General College \*

Select **OTHERS**

Name of the College \*

**ENTREPRENEURSHIP DEVELOPMENT INSTITUTE OF INDIA**

Name of Affiliated University \*

Select **OTHERS**

It is Deemed University \*

Yes  No **NO**

Director/Principal Family Name \*

Enter your Family Name **SHUKLA**

Director/Principal First Name \*

First Name **PROF.SUNIL**

Director/principal Gender \*

Male  Female **MALE**

College Phone No. 1 \*

+91 **79** **23969163**

College Phone No. 2

+91 **79** **23969153**

Nearest Police station Name and Address \*

**ADALAJ POLICE STATION, ADALAJ VILLAGE,S.G.  
HIGHWAY,GANDHINAGAR-382421**

**Course Details**

Under Graduate or Post Graduate \*

**POST GRADUATE DIPLOMA**

Select **OR OTHERS (FOR FPM)**

Name of the Course \*

Enter your Course Name **POST GRADUATE DIPLOMA IN MANAGEMENT-BUSINESS ENTREPRENEURSHIP (PGDM-BE) or POST GRADUATE DIPLOMA IN MANAGEMENT-DEVELOPMENT STUDIES (PGDM-DS) OR FELLOWSHIP PROGRAMME IN MANAGEMENT (FPM)**

Your Registration/Enrolment Number Number \*

Enter your Registration/Enrolment Number

How many students are in your Class \*

**60 for (PGDM-BE and PGDM-DS) & 5 (for FPM)**

Enter Total Student In Your Class

Year of Study \*

Select **FOR 1ST YEAR STUDENT->1ST**

1  
2  
3  
4  
5  
Other

**FOR 2ND YEAR STUDENT->2ND**

Fields marked with red \* are compulsory.

**Next**

**National Anti-Ragging Helpline (UGC Crisis Hotline) - 24x7 Toll Free Number\* 1800-180-5522  
(helpline@antrragging.in)**