

“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

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 Admission Form)

National Insurance Company Limited

STUDENTS' ATTENDANCE UNDERTAKING

This is to undertake that I am aware that admission to a regular course warrants regular attendance in the classes/practical, and that the college is implementing Mumbai University Ordinance 0.6086 for students' attendance.

I declare that I shall maintain minimum 75% overall attendance and minimum 50% attendance in individual subjects. I shall download the "Teach Us" Attendance App on my mobile and monitor my attendance regularly through the same. I shall also follow all the rules and instructions of the Attendance Committee.

I completely understand and agree that if I fail to fulfill the attendance criteria, I shall not be allowed to appear for the semester end examination. I shall ensure that that my parents/guardians also download and use the attendance app to know my attendance in the college. In the event of shortfall in the attendance, I undertake to abide by the decision of the college to debar me from the semester examination.

Name of the Student

Signature of the Student

STUDENTS' ATTENDANCE UNDERTAKING

I, the parent/guardian of the student undertake that I shall periodically monitor my ward's attendance in classes. I shall download the "Teach Us" Attendance App and use the same. I shall attend the parents' meeting convened by the Attendance Committee and meet the teachers if necessary. I assure that my ward shall maintain the requisite attendance in classes and practicals. I understand and agree that if my ward does not have minimum required attendance, he/she shall not be allowed to appear for the semester end examination.

Name of the Parent

Signature of the Parent

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 15th May, 1999” as well as “University of Mumbai Circular No. APD/MISC/315 of 2000, dtd. 24th 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 - 400058

Respected Sir/Madam,

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 under-

taking. I indemnify Bhavan's College for any medical help that is extend / 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 expense that the college may incur for the same.

Signature of Parent / Guardian: _____ Mobile No.: _____

Place: _____

Date: _____