राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर
NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR
(राष्ट्रीय महत्व का संस्थान / An Institute of National Importance)
शिक्षा मंत्रालय के अधीन, भारत सरकार Under Ministry of Education, Govt. of India

No/ NITRR/DSW/2025/ **Date: -.....**

UNDERTAKING BY THE PARENTS: HEALTH, CONDUCT, AND LIABILITY AT NIT RAIPUR

I, ..., father/mother/guardian of Mr./Ms. .... Roll No..... Branch/Department ....., resident of (home address) .... hereby declare the following with respect to my ward to be admitted/already admitted to the UG / PG/PhD programme of study at the **National Institute of Technology Raipur.**

I am fully aware and understand the following facts regarding health facilities, conduct, and the responsibility for my ward's well-being:

1. I understand that he NIT Raipur Dispensary offers **primary OPD services and first aid for general medication** only. It is **not equipped for emergencies, IPD, or specialized care**. For medical emergencies, the Institute Administration **may refer** students to nearby government hospitals (like AIIMS). Parents/guardians are **solely responsible** for any treatment arranged outside NIT Raipur.

   If a student has a pre-existing medical (physical or psychological) condition or is under treatment:

   - ***The Parent/Guardian*** *holds sole* ***responsibility*** *for the student's treatment.*
   - ***Parents are kindly requested to provide their child's emergency medication.***

2. I understand that on-campus counselling services are available for students if they face any mental health issues, including anxiety. We, the parents/guardians of the ward, hereby declare that we shall be fully responsible for our child before and during their stay at NIT Raipur. We agree that the National Institute of Technology (NIT) Raipur and its staff shall not be held liable for any mental health issues, including self-harm attempts, or any unforeseen or unfortunate incidents. In all such cases, the Institute and its staff shall not be held responsible or liable.
3. I understand that on-campus counselling services are available for students if they face any mental health issues, including anxiety. I/We agree that NIT Raipur and its staff shall not be held liable for any mental health issues, including self-harm attempts or any unforeseen unfortunate incident. For all such cases, the Institute will not be held liable.
4. I do understand that my ward will receive **limited medical coverage under the Institute's Medical Aid Policy**. NIT Raipur is not responsible for any dispute or discrepancy arising during medical emergencies.
5. I will be physically present whenever required by the Institute for unforeseen situations (serious illness, mental health issues, indiscipline, etc.). I authorize the local guardian/ hostel warden to sign on my behalf if needed during any medical emergency or exigency.

6. My ward shall **not indulge in ragging, substance abuse** or any activity that constitutes ragging, directly or indirectly.

7. I/We understand that if my ward is found guilty of ragging, he/she is liable to be punished as per the Institute's rules and the UGC regulations, which may include suspension, expulsion from the Institute, and/or registration of a criminal case.

8. My ward shall strictly abide by all the existing rules and regulations of NIT Raipur, including those concerning academic performance, hostel accommodation, attendance, conduct, and any rules framed subsequently.

9. I/We understand that if my ward is found guilty of any act of major indiscipline, misconduct, or breach of Institute rules, the Institute has the full authority to take disciplinary action, and **I/We shall not hold the Institute liable** for such actions.

Name of Parent:	**Name of Ward/Student:**
Signature of Parent:	**Roll No/enrolment No of Student:**
Contact Details:	**Department of Student:**