

DECLARATION /UNDERTAKING FROM THE STUDENT
admitted for various courses at the College of Social Work
(Autonomous) Nirmala Niketan, Mumbai.

Kindly read the undertaking of Students and Parents/Guardians. Take a print, fill, sign and send scan copy immediately to cswnadmission@gmail.com and the hard copy of the same to be submitted to the college office on the first day of the classes.

I....., student of
Course/program....., of **College of Social Work (Autonomous), Nirmala Niketan, Mumbai**, with
permanent address,

Mobile No:, do hereby undertake on this the..... (Day),
of..... (Month)..... (Year), as under: -

1. I hereby declare that the entries made by me in the Application Form are complete and true to the best of my knowledge, belief, and information.
2. I hereby undertake to present the original documents for verification immediately upon demand by the concerned authorities of the Institute at any point of time.
3. I hereby promise to abide by the rules and regulations concerning admission, attendance, discipline etc. of College of Social Work (Autonomous), Nirmala Niketan I have read and will follow **the Code of Conduct** prescribed for the Students of College of Social Work (Autonomous), Nirmala Niketan as in force from time to time and subsequent changes/modifications/amendment made thereto. I acknowledge that the College of Social Work (Autonomous), Nirmala Niketan has the authority for taking disciplinary action against me for violation or non-compliance of the same.
4. I understand that 75% attendance in theory classes and 100% attendance in fieldwork is compulsory and I commit myself to adhere to the same. I also understand, in case my attendance falls short, I will not be allowed to appear for the exams. In case of illness, I need to submit the medical certificate and other required supporting documents within a week after resuming classes, for consideration by the College authorities, whose decision regarding my low attendance will be final.
5. I hereby declare that I will neither engage in nor tolerate ragging in any form, even in words or intentions, and I accept to give an undertaking in the prescribed format for the same.
6. I hereby declare that I will not engage or tolerate any acts of sexual harassment as defined by The **Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal), Act, 2013**.
7. I hereby declare that I shall be solely responsible for my involvement in any kind of unlawful activities whether inside or outside the campus, and shall be liable for punishment as per the law of the land. I further understand that the College of Social Work (Autonomous), Nirmala Niketan shall in no way provide any support to me and will not be held responsible for my any such action.
8. I hereby acknowledge that I shall be liable for expulsion forthwith from the College of Social Work (Autonomous), Nirmala Niketan, on being found involved in or committing any offence cognizable and punishable under the **Narcotic Drugs and Psychotropic Substances Act, 1985**.
9. I hereby promise not to indulge in smoking and any kind of substance abuse in the College premises, during fieldwork, field visits, rural camp, internship and any other official or college related work and visits; nor would I encourage or facilitate any other student to indulge in smoking or substance abuse in any way during the entire time of my academic programme in College of Social Work (Autonomous), Nirmala Niketan.
10. I understand that being a student social worker requires long hours of work in the field as well as considerable responsibility and stress. I declare that I am fit for this social work course. In case of any new challenging

health conditions, I will seek help from the counsellor/ college authorities at the earliest.

11. I understand that the use of mobile in the college classrooms and corridors is prohibited and liable to disciplinary action if this rule is violated.
12. I further declare that my admission may be cancelled, at any stage, if I am found ineligible and/or the information provided by me is found to be incorrect.
13. I hereby undertake to inform the College of Social Work (Autonomous), Nirmala Niketan about any changes in information submitted by me in the Application Form and any other documents, including change in addresses.
14. I am aware of the Academic Bank of Credits (ABC) digilocker services which requires updated phone number which is linked to my Aadhar Card and I will not change the Mobile Number till I complete the course.
15. I will strictly adhere to the code of conduct as laid down by the College of Social Work (Autonomous), Nirmala Niketan and will not indulge in any act of indiscipline while inside or outside the college campus.

Place:

.....

Signature and Name of the Student

Date:

DECLARATION BY PARENT/ GUARDIAN

I.....

....., (Mother / Father / Guardian) hereby fully endorse the above undertaking/declaration given by my ward. I will endeavour to ensure my ward -----(name of student) will observe the above stated undertaking in word and spirit.

I am also aware of the course curriculum of BSW / MSW and that it includes 2 ½ days fieldwork every week, one week rural camp outside Mumbai/ Maharashtra every year, along with theory classes which is a full time course. I understand that the final year MSW students will also have an internship along with the aforementioned curriculum components. I acknowledge the rules related to attendance of the College of Social Work (Autonomous), Nirmala Niketan; i.e. minimum of 75% attendance in theory classes and 100% attendance in fieldwork is a pre-requisite for the successful completion of the course.

I do hereby understand that my ward shall be liable for expulsion forthwith from the College of Social Work (Autonomous), Nirmala Niketan in case of being found involved in or committing any offence cognizable and punishable under the **Narcotic Drugs and Psychotropic Substances Act, 1985; UGC Regulations on Anti Ragging; and Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal), Act 2013.**

Place:

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**Signature and Name of Mother / Father /
Guardian**

Date: