



# Alva's Institute of Engineering & Technology

Shobhavana Campus, Mijar, Moodbidri, D.K - 574225

Phone: 08258-262725, Fax: 08258-262726

## UNDERTAKING BY ALL THE STAFF MEMBERS (EXISTING AND NEW APPOINTEES)

I, Dr. DATTATHREYA D/S/W of Sathyanarayana Rao  
Father's/Husband's name) aged about 45 (age), resident of #15 202/11, C/O Rajendra  
yedadi guttu, Mastikatte Noelbadri  
(Name of the village/Mohalla/road no, district & state) do hereby declare and undertake as follows:

Designation: Sr. professor

1. I have read and understood the policy guiding the institution for protection of children and vulnerable adults from sexual abuse and maltreatment. I hereby declare and affirm that I agree to adhere and abide by the said policy and guidelines. In case of any violations of the said policy in my direct and indirect interactions with the children and the vulnerable adults, I will be solely responsible and the the institution will have no liability for my actions.
2. In case of any violations of the said policy, the institution may terminate my employment/association/relationship/collaboration/network and / or take suitable disciplinary and / or legal actions against me as per the applicable laws and rules of the country and the state. In furtherance of my resolve to adhere to the policy thereof in the performance of my duties, I will:
  - Treat all children and vulnerable adults with respect regardless of race, colour, gender, language, religion, political or other opinion, national, ethnic, or social origin and disability;
  - Will not take children or vulnerable adults to closed and secluded areas, for example: my room, office, center, classroom etc unless accompanied by other adults or in a group;
  - Ensure that for all trips, rides, vacations, camps and other such activities the minors and vulnerable adults have the approval of the parents/guardians and /or the appropriate institution prior to the activity.
  - Ensure that when one-to-one meeting with a child/ vulnerable adult is considered appropriate, it will take place in a room with the door left open or in a room where there is easy visibility from outside, all efforts shall be made to make the child / vulnerable adult feel secure.
  - Avoid being over involved or spending a great deal of time with my one child/ vulnerable adult.
  - Will not provide children/ vulnerable adult with alcoholic beverages, tobacco, drugs or anything that is prohibited by law.



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- Will not contact children and vulnerable adults by phone or email or social media unless necessary. My primary contact will be with the parents/guardians of the children/ vulnerable adults.
- Not discuss such topics with children or vulnerable adults or use vocabulary, recordings films, games or computer software or any other form of personal interaction or entertainment that is not used comfortably in the presence of the parents/adults.
- Never show sexually explicit or pornographic materials to children and vulnerable adults.
- Not make comments of a sexual nature even as jokes with the children and vulnerable adults.
- Never shame or belittle a child or vulnerable adults in front of others.
- Will not engage in any physical punishment of any child on public or private.
- Will avoid showing favoritism.
- Use touch only as appropriate or as the culture of the place permits.
- Never do for a child or vulnerable adults what she can do for himself or herself.
- Will not undermine the parent's authority by ridiculing parent's belief or allowing children to do anything against the wishes of their parents.
- Will never ask the children to keep secret from his or her parents.
- Will not make any sexual advances and any type of inappropriate physical contact and any form of sexual harassment.
- Will not make any request to children or vulnerable adults for sexual favors in return for some benefit.
- Will not use language that will mentally or emotionally abuse the child or the vulnerable adults.
- Will not in such a way that tends to embarrass shame, humiliate or degrade a child or vulnerable adults.
- Will not kiss, hug, fondle, rub or touch a child in an inappropriate or culturally intensive way.
- Will not take photographs of children or vulnerable adults while they are nude, partially nude or undressing.
- Will not suggest inappropriate behavior or relationship of any kind with a child or vulnerable adult.



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- Will not engage in any sexual conversation or discussion about sexual activities unless part of a legitimate lesson and discussion approved for teaching sexuality issues.
- Will not expose areas of my body considered private, in an inappropriate manner in the presence of children and vulnerable adults.
- Will not enter any area of privacy for children or vulnerable adults, unless legitimate work of the institution/ programme requires to.

I understand that in the discharge of my duty and responsibility is on me, as a staff member of Alva's Institute of Engineering and Technology, Mijar, Moodabidri, to use common sense and avoid actions or behaviors that could be construed as sexual abuse or maltreatment of a child or vulnerable adult.

Signed: Dattath Dated: 15/12/2016

Name: Dr. Dattathraya

Signature of the Head of the Centre of activity and seal: \_\_\_\_\_



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I, DR. D.V. MANTUNATHA D/S/W of D. VEERABHADRAIAH.  
Father's/Husband's name) aged about 40 (age), resident of DOODABALLAPUR.

Gangadhar Pur, Basaveghramnagar, Near Lower Baiji Haver, B-8-Dist  
(Name of the village/Mohalla/road no, district & state) do hereby declare and undertake as Karnataka  
follows:

Designation: Sr. Professor

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Signed: D.V. Manjunatha Dated: 05.02.2016

Name: Dr. D.V. MANJUNATHA

Signature of the Head of the Centre of activity and seal: \_\_\_\_\_



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I, Dr. S.M. BADHUSHA D/S/W of B. Mohamed Salia  
Father's/Husband's name) aged about 48 (age), resident of Moodbidri  
Vijaynagara, Swagath house.  
(Name of the village/Mohalla/road no, district & state) do hereby declare and undertake as follows:

Designation: Sr. Professor

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Signed: Dr. S. Mohideen Badrussha Dated: 17/11/2016

Name: Dr. S. Mohideen Badrussha

Signature of the Head of the Centre of activity and seal: \_\_\_\_\_

**UNDERTAKING BY ALL THE STAFF MEMBERS (EXISTING AND NEW APPOINTEES)**

I, REENA LOBO D/S/W of LAWRENCE LOBO  
Father's/Husband's name) aged about 24 (age), resident of LOBO VILLA, DAREGOUDDE  
POST, MANGIALORE TALUK, D.K. 574213  
(Name of the village/Mohalla/road no, district & state) do hereby declare and undertake as follows:


Designation: ASSISTANT PROFESSOR

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Signed:  Dated: 27/7/2018

Name: REENA LOBO

Signature of the Head of the Centre of activity and seal: \_\_\_\_\_