

## UNDERTAKING

Roll number / Registration Number		
Program Title		
Name		
CNIC/CRN Number		
Contact Number		
Father/ Guardian's Name		
Father/ Guardian's Contact Number		
Gender		
Date of Birth		
Mark of Identification		
Blood Group		
Any Disability		
Any Existing Medical Problem or Mental Health Issues		
Taking any Medicine on a Regular Basis (if yes, please give details)		

I \_\_\_\_\_ son/daughter of \_\_\_\_\_ certify that I am/shall not be involved in any kind of drug abuse (bringing into the campus/consuming or encouraging consumption of drug and narcotics substances) or the unlawful use of tobacco products at the HEI. The HEI is authorized to examine me for drug abuse at any time and to take any measure to ensure the implementation of its policies. Further, I have read and am aware of the provisions of the Higher Education Commission's Policy on Drug and Tobacco Abuse in Higher Education Institutions.

Signature

Date: \_\_\_\_\_

Signature of Father/ Guardian (for students)

Date: \_\_\_\_\_

Note: Please submit this undertaking form at the concerned office after joining the HEI. For current members of the HEI, please submit in accordance with the timelines prescribed by the HEI.