

**UNDERTAKING**

Roll number/ Registration Number	
Program Title	
Name	
CNIC/CRC 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. Moreover, parents will be informed if I will be involved in any drug / tobacco related unlawful activity. 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**

**Signature of Father/ Guardian (for students)**

**Dated:** .....

**Dated:** .....

**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.

