

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 Issue	
Taking any Medicine on a Regular Basis (If yes, please give detail)	

I _____ son /daughter of

_____ certify that I am/ shall not be involved in any kind of drug abuse (bringing into the main campus/college university hostel consuming or encouraging consumption of drug and narcotics substances) or the unlawful use of tobacco products at the Higher Education Institutions (HEI). The University/ Hostel administration is authorized to examine me for drug abuse at any time and to take any measures 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 student)

Dated:

Dated:

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