



TIMES INSTITUTE

MULTAN, PAKISTAN

A Degree Awarding Institute Established under Govt. of the Punjab Act XXV-2020

UNDERTAKING ON DRUG ABUSE (For Students)

Name	
CNIC Number	
Father/ Guardian's Name	
Contact Number	
Father/ Guardian's Contact Number	
Program Title	
Registration 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 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 TIMES Institute Drug Abuse Policy inline with Higher Education Commission's Policy on Drug and Tobacco Abuse in Higher Education Institutions.

Signature

Signature of Father/ Guardian

Dated: _____

Dated: _____

Note: Please submit this undertaking to the concerned office after joining the HEI.
Please submit in accordance with the timelines prescribed by the HEI.