



# The Begum Nusrat Bhutto Women University Sukkur

## UNDERTAKING

Enrollment	
Name (as per CNIC)	
CNIC / B-Form (attach copy)	
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, attach details)	
Father / Guardian's Name & CNIC (attach copy)	
Father / Guardian's Contact Number	

I \_\_\_\_\_ (Student Name as per CNIC / B-Form) daughter of \_\_\_\_\_ (Father / Guardian Name as per CNIC) 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 of Student (as per CNIC)

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

\_\_\_\_\_  
Signature of Father / Guardian (as per CNIC)

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