

**ANTI-DRUG DECLARATION FORM TO BE SIGNED BY THE STUDENT**

I..... (Name) son / daughter /ward of  
Mr./Mrs./Ms.....(Name) admitted to.....(course and year)' in  
..... (Institution) during the year 2024 hereby agree to the following terms:

- i. I am aware that the possession, use, sale and distribution of alcohol/tobacco/any psychoactive substances are wrong and harmful.
- ii. I shall refrain from using, being under the influence of, possessing, furnishing, distributing, selling or conspiring to sell or possess, or being in the chain of sale or distribution of alcohol/tobacco/any psychoactive substances within the premises of the institute/university or during any sponsored activities by the Institute/University.
- iii. I shall report to the authorities of the Institution any irregular behavior that I observe in relation to the possession, use, sale and distribution of alcohol/tobacco/any psychoactive substances which may have occurred at the Institution or during any activities conducted by any students or Institution.
- iv. I shall support and actively participate in any substance use prevention education programmes which may be organized by the Institution/government which would enable me to be a better student and citizen of India.
- v. I shall co-operate with the authorities of the institution and other relevant authorities in their investigation of any substance-related incident of which I may have information, and to prevent the possession, use, sale and distribution of any psychoactive substances in or around my Institution.

Date: .....

Signature: .....

Student Name:	
CAF No:	