Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/ Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hostel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUST Hostel Rules Awareness Certificate**

It is certified that NUST Hostel Rules have been read by the undersigned. I would follow these rules in true letter & spirit and hostel administration may take disciplinary action against me on violation. I understand that hostel administration reserves the right to change the room and hostel at any time. Besides the hostel administration can use temporarily vacated accommodation by me as per NUST requirements.

Date: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature

**Counter Sign By**

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

Father / Mother / Guardian

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Higher Education Institute (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 to the concerned office after joining the HEI. For current Members of the HEI, please submit in accordance with the timelines prescribed by the HEI.*