AMRITA
VISHWA VIDYAPEETHAM

Mata Amritanandamayi Marg, Sec – 88 Faridabad

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 ……., hereby agree to following terms:

1. I am aware that the possession, use, sale and distribution of alcohol /tobacco/ any psychoactive substances are wrong and harmful.
2. 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 substance within the premises of the institute / university or during any sponsored activities by the institute/university.
3. I shall report to the authorities of the institution any irregular behaviour 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.
4. 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.
5. 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.

Signature: ……

Name of the student: ……

Date …….