

CERTIFICATE OF PHYSICAL FITNESS

(Medical Certificate to be filled in by Medical Officer not below the rank of Asst. Surgeon)

This is to certify that the candidate is medically fit to prosecute study in _____ course and the details of the candidate are as per the following.

Name of the Student :
Father's Name :
Address :

He / she has no mental and physical disease and is fit for prosecuting technical course as mentioned above.

Signature of Student Attested.
Date:

Signature of Medical Officer
Name:
Designation:
Place:
(Seal)

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:	