(in Rs.100/- Bond Paper)
First Party: Candidate
Second Party: Director, SMSIMSR

ANTI DRUG RAGGING DECLARATION

To

The Director,
Sri Madhusudan Sai Institute of Medical Sciences and Research,
Sathya Sai Grama, Muddenahalli,
Chikkaballapur District, Karnataka - 562101

I, Mr/Miss. _____

Mr. _____ (Father)
Mrs._____ (Mother)
Address: _____
_____

admitted to (Course and Year) in Sri Madhusudan Sai Institute of Medical Sciences and Research during the year _____hereby agree to the following terms:

1. I am aware that the possession use, sale and distribution of alcohol/tobacco/any psychoactive substances are wrong, harmful and may warrant legal action against me.
2. I shall refrain from using being under the influence of possessing furnishing distributing selling or conspiring to self 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.
3. I shall report to the institution if any irregular behaviour that I observe / seen in relation to possession, use, sale, and distribution of all kinds of Alcohol, Tobacco Harmful Drugs etc., and I also support and cooperate with the Institution and other Govt Authorities for the prevention of all the Anti-Drugs.
4. I will not disfigure or damage institution property by any means in the Campus.
5. I shall support to ban all types of Ragging Activities in the Campus and also prohibiting Ragging. I know the direction of the Hon'ble Supreme Court/Central and State Govt rules and Regulation for prevention and prohibition of Ragging in the colleges.
6. I assure the College Authorities that I will Not indulge in any kind of Ragging, physically, psychologically, If I indulge in such an act, I shall be subject to lead down the punishment, as per the law.
7. We the Parents_____assure the college that if my son / daughter indulges any kind of Ragging / Ragging activities misbehaviour in the Campus of the Institution the Govt and college authorities are fully authorising to take action as per the law in force.

Signature of the candidate
Name:
Date:

Signature of the Parents
Name:
Date: