



REGISTRAR

LIAQUAT UNIVERSITY

OF MEDICAL & HEALTH SCIENCES JAMSHORO, SINDH - PAKISTAN

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"SAY NO TO CORRUPTION"

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MOST IMPORTANT

CIRCULAR

In pursuance of the Higher Education Commission, Islamabad letter No.F.No.1-1R&AA/APDTA/DG/434/2023, dated 25-07-2023, all Faculty Members/Officers/Officials/Students of this University are hereby advised to fill the prescribed undertaking regarding HEC policy on Drug and Tobacco Abuse and submit the same to the office of the Director Student Affairs, LUMHS Jamshoro at the earliest.

The prescribed undertaking is available on LUMHS website and the same can be obtained from office of the Director Student Affairs, LUMHS Jamshoro.

(DR. HAJI MUHAMMAD SHAIKH)
REGISTRAR
LIAQUAT UNIVERSITY OF MEDICAL &
HEALTH SCIENCES, JAMSHORO.

Copy to the: -

1. Director Research & Analysis Activities, Higher Education Commission, Islamabad.
2. All Deans/Chairmen/Chairpersons/Directors/Principals/Heads/Incharges of Department.
3. Director Academics.
4. Director Finance.
5. Resident Auditor.
6. Director Student Affairs/Chairman, Anti-Durg, Tobacco Abuse Committee.
- ✓ 7. Director Information Technology (Services), with advise to place the same on LUMHS Website
8. All Notice Boards, Faculty of Dentistry.

Copy for information to the:-

1. P.S. to Vice-Chancellor.



UNDERTAKING FOR FACULTY AND STAFF

Name	
Designation	
Department	
CNIC/CRC Number	
Contact Number	
Gender	
Date of Birth	
Mark of Identification	
Blood Group	
Any Disability	
Any 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 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. 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 _____

Dated:

Note: Please submit this undertaking form at the concerned office after joining the HEI. For current members of the HEI, please submit in accordance with the timelines prescribed by the HEI.

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 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 at the concerned office after joining the HEI. For current members of the HEI, please submit in accordance with the timelines prescribed by the HEI.