



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MADURAI**

**अखिल भारतीय आयुर्विज्ञान संस्थान, मदुरै**

**அகில இந்திய மருத்துவ அறிவியல் நிறுவனம், மதுரை**

**STUDENT DECLARATION ON DRUG USE**

I declare that I have been made aware that, possessing, consuming, dealing in narcotic, intoxicating drugs, alcohol and tobacco is an offence punishable with imprisonment under Bharatiya Nyaya Sanhita (BNS) 2023 and shall not indulge in such activities during my study period in the campus.

In case of such indulgence or suspicion, I am willing to undergo medical examination including breath, blood and urine analysis as per instruction from the college authorities.

I understand that any involvement in drug-related activities will result in disciplinary action, which may include suspension, expulsion, and legal consequences by the institute

I also declare that I shall abide by all the rules / regulations framed by the AIIMS Madurai from time to time and I commit to remaining free from drug use and contributing to a drug-free environment within the institution.

\_\_\_\_\_  
Student Signature (with date)

\_\_\_\_\_  
Parent / Guardian's Signature (with date)

Name of the student:

Name of the Parent/Guardian:  
(In case of Guardian relationship with the student)