

Birla Institute of Technology & Science, Pilani

Student Welfare Division

Guidelines for dealing with Student Indiscipline and Misconduct Cases

Annexure - 1

UNDERTAKING FORM

FORM TO BE SIGNED BY THE STUDENT AND THE PARENT/GUARDIAN AT THE TIME OF ADMISSION TO THE INSTITUTE

(to be signed by the Guardian only in the event of both parents not being alive)

I	(name & ID number) /daughter/son/ward
	(name), admitted to
·	(campus) during the year, hereby agree to
the following terms:	

- 1. I have read and understood all the guidelines and regulations (available on the Institute website) related to:
 - a. Anti-ragging
 - b. Student Indiscipline and Misconduct
 - c. Sexual harassment
 - d. Gender equality
 - e. Hostel rules and regulations
 - f. Examination unfair means
- 2. I also understand that the possession/consumption/sale/distribution of **any** substance of abuse and/or alcohol/smoking is not permitted on the Institute premises.
- 3. I will not support or promote the possession/consumption/sale/distribution of **any** substance of abuse and/or alcohol on the Institute premises.
- 4. I shall cooperate with the relevant authorities of the institution and outside in the investigation of any substance abuse and /or alcohol-related incident of which I may have information and shall actively cooperate in preventing the possession, use, sale, and distribution of any substances of abuse in or around my institution.
- 5. If I am found or reported to the institute medical center or admitted to the hospital in inebriated conditions, I give my consent to perform all the necessary medical tests for diagnosis, including detection and identification of substances of abuse for further treatment.
- 6. I declare that if I am riding or driving a vehicle outside the campus, the institute is not responsible in case of any unforeseen eventualities. I also declare that I shall not drive any motorized vehicle inside the campus.
- 7. I pledge not to damage /tamper with the Institute's property.
- 8. I also declare that I have provided the correct contact information for myself and my parents/guardians.

I am aware that, in case I violate any of the above-mentioned terms while I am a student of BITS Pilani, I shall be liable for appropriate action against me, which may include expulsion from the institute.



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Name of the Student	Ms/Mr
ID Number	
Signature	
Name of the Parent/Guardian	
Signature of the Parent/Guardian	
Email ID of the Parent/Guardian	
Parent/Guardian' mobile number	