

**DECLARATION OF CLEARANCE FROM NARCOTIC,
PSYCHOTROPIC, AND OTHER ADDICTIVE SUBSTANCES**

I, the undersigned,

Name :
Registration Number :
Place, Date of Birth :
Address :
Home Institution :
Phone Number :

Hereby declare that **I have never used** narcotic, psychotropic, or any other addictive substance in contravention of the applicable law, **and have never been involved** in any group, network, syndicate, or collective with the illicit trafficking of narcotic, psychotropic, and other addictive substances.

This signed declaration is made in good faith and with my full consent, without pressure or coercion. I understand that my breach thereof will result in the voidance of my status as a recipient of the Indonesian International Student Mobility Awards (IISMA), along with the rights and privileges thereto appertaining.

This signed declaration forms part of the requirements in my application to the IISMA program and will be considered accordingly.

Signed,
Applicant,

....., 20.....
Acknowledged
(Relevant University Authority)

Materai Rp10.000

(Full Name)
(Registration Number)

(Full Name)
(Employment Number)