



Undertaking Dope Declaration Form

I, _____ representing _____ participating in _____ category in

hereby declare and certify on oath that I am aware of names of banned drugs under LATEST WADA / NADA code and state with full responsibility that I have not consumed any banned substance and that I am absolutely free from banned drugs. In case of my positive dope test at the above Championships I shall solely be responsible for the same and shall be liable for all consequences arising out of my positive dope test as provided in the Anti-Doping Rules / Policy of Indian Gymnastics Federation and National Anti-Doping Agency. It is my personal duty to ensure that no Prohibited Substance enters my body. I am responsible for any Prohibited Substance or its Metabolites or Markers found to be present in my sample. Accordingly, it is not necessary that intent, fault, negligence or knowing Use on my part be demonstrated in order to establish an anti-doping violation. I certify that I understand the contents of this undertaking which has been explained to me by my Coach / Manager / Secretary of my State Association in the language known to me. Name (in Block Letters) Address ID Card No. Mobile / Telephone Email Aadhar Card No. (Attach copy) State / Unit: Signature of Athlete: Certified by:- I.

_____, coach of above athlete agree to abide by rules and regulations of Anti-Doping Policy of Indian Gymnastics Federation / National Anti-Doping Agency and is aware of the consequences of use of banned drug(s) by my above trainee. I support and abide by the sanctions imposed on me by Indian Gymnastics Federation / National Anti-Doping Agency in case of above athlete being testing positive. Countersigned: Name of Coach: Mobile no. Verified & Certified by:- I

hereby certify that information provided in this Undertaking / Dope Declaration form is true and correct. I will be responsible for any discrepancy found in this form and actions thereof. I undertake to pay the administrative dope penalty charges of Rs. 50,000/- per positive dope test case as the State liability within 30 days and accept the suspension of the State Association / forfeiture of participation in any future Championship(s) as an affiliate Unit / as individual lifter till such time this financial outstanding is cleared.

..... [Secretary] State / Unit

Dated: With seal