

## **INDEMNITY BOND**

In consideration of my being nominated at my request to undergo all type of training and also participating in any camp course, Adventure training, cycling and sailing expedition and trekking I undertake and agree that neither I nor my executors nor administrators will make any claim against the govt. of India or any officer/ CO/OC Civilian staff /MT driver or against any person (including injury resulting in death) which may occur while or in consequence of my participation and I understand that no compensation will be paid by the Govt. of India or any officer / JCO / NCO /Civilian staff/MT driver in case of any such loss or injury. I agree to bind myself , executors, and administrators with indemnity to Govt. of India / any officer/ JCO/NCO/Civilian driver or any person in service of India against any claim which may be any third party against them or any of them arising out of any act of default in my part during or in connection of said training and journey.

The Govt. has agreed to bear the stamp duty on the document.

Name :  
Rgmt No. :  
Rank :  
Date of Birth :  
Year of Enrollment :  
Full address :

Date :

Signature of the Applicant

### **WITNESS:**

Witness No. 1

Witness No. 2

Signature(With Date).

Signature(With Date).

Name( In Block Letters):

Name( In Block Letters):

Address:

Address:

Signature of Parent / Guardian :

Name( In Block Letters):

Address:

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## **SPARING CERTIFICATE BY HEAD OF THE INSTITUTION**

Certified that the above named cadet is on the roll of college and can be spared for the above  
\_\_\_\_\_ ( Name of the camp).

Signature of Head of Institution (with seal)

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## **COUNTER SIGNED**

Place: Bangalore.

Date:

## MEDICAL CERTIFICATE

Certified that I have examined No. \_\_\_\_\_

Rank \_\_\_\_\_ Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Institution \_\_\_\_\_

\_\_\_\_\_ Unit: 1KAR Signal Rgmt NCC, Bangalore.

in accordance with the standard laid down in NCC Act & Rules and found him fit to undergo training of strenuous nature in \_\_\_\_\_ CATC - \_\_\_\_\_ (Name of Camp)

I also certify that the above mentioned cadet has/have been inoculated /vaccinated against Smallpox and Typhoid .

Station:

Signature of the Medical Officer

Date :

( Name in Block Letters with Designation and Seal)

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## VOLUNTEER / RISK / DROWNING / ACCIDENT CERTIFICATE

This is to certify that, I No. KAR/S / 16 / \_\_\_\_\_ Rank \_\_\_\_\_

Name \_\_\_\_\_ Institution Nitte

Unit 1KAR Signal Regiment NCC is a volunteer to attend the \_\_\_\_\_ Camp

(Name of the camp) from \_\_\_\_\_ to \_\_\_\_\_ at my own risk .

I will not claim any compensation on authorities in the event of death or injury due to accident during the training in camp.

1. I know that there is deep water near the camp site, enroute and the area of the water is out of bound . If I go there, I shall do so at my own risk .

2. I have been explained the orders regarding safety precautions to be taken against drowning/ accident and have understood them. I have been told not to go near deep water in the vicinity by the in charge. If I go to any one of these out of bound area, I shall do so at my own risk.

(Signature of the Applicant)

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I am a **Vegetarian / Non Vegetarian.**

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## PARENT CONSENT CERTIFICATE

This is to certify that I have no objection to spare my Son / Daughter /

No. KAR/S / 16 / \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

to attend the \_\_\_\_\_ Camp (Name of the camp) from \_\_\_\_\_ to \_\_\_\_\_

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Station:

Signature of Parent/Guardian

Date :

( Name in Block Letters with Full Address)