INDEMNITY CERTIFICATE

Regd......Name.....Name.....Name.....Name of Camp..... In consideration o request as a participant in any camp/course/adventure. Trg activities like Mountaineering, Rock Climbing, Trekking, Hiking, skiing, Cycling & Expenditions & travelling. I undertake & agree that neither I nor executor, nor administrator, will make any claim against any person in the service of Govt. of India against any Officer, CO OR Civilian MT Driver or against any person in the service of Govt of India in respect of any loss of injury to the property or person(including injury resulting in death) which i may suffer while of incosequance of my being participated & understand no compensation will be paid by the Govt. Of India or any officer JCO,OR ,Civilian MT driver and in respect of any such loss or injury agree so as to bind myself executers and administrator to indemnity the Govt. Of India and officer, JCO ,OR ,Civilian Mr. Driver and any person in the service of Govt. Of India against any claim which may be any third Party against them or any of them arising out of any act of default on any pat during or in connection of said raining and journey by road/rail/river and flight. The Govt. Has agreed to bear & Units duty on this documents.

Station	
Dated	(Sig. Of the applicant)
I presence of Witness	
Signature	2)
With date	
Name in Block letter	
Full Address	
Countersigned Cou	Intersigned Countersigned
(Father/Guardian)	
Name in Block Letter	
Address C	o Unit (Head of institution)
Date	

MEDICAL CERTIFICATE

Certified t	hat I h	ave e	xamii	ned No.					Rank.				
Name		College/School											
						••••••							
down in	NCC	Act	and	Rules	in	Appendix	"A"	and	found	fit	to	undergo	training
of		fro	om			to.							
Station:													

Signature of Medical Officer with seal

RISK CERTIFICATE/VOLUNTEER CERTIFICATE

This is to certify that I No	Rar	1k	
Name	Colleg	e/School	
Volunteer to attend the			
Being held at	from	to	

Sign of Applicant

Attested by principal

Sig. Of Father/Guardian
Address

Countersigned by Co Unit.

DROWNING/ACCIDENT CERTIFICATE

I know that there is deep water near the campsite, enroute the area of water is OUT OF BOUNDS. If i go there, i shall do so at my own risk.

I have been explained the orders regarding the precautions to be taken against droning accident and have understood them. I have been told not to go near deep water in the vicinity by the incharge. If I go to any of these out of bound areas. I shall do so at my own risk.

Signature..... No.....Rank....

Place:

Sr. No.	Regt. No.	Rank	Name	Signature
•••••	••••••			

COUNTERSIGNED

Certified that I have explained the orders regarding precaution to be taken against drowning accidents and shown all out of bound areas. The cadet's leaves Signed in my presence.

Station	
Dated	

Signature of OC Unit