

FORM OF INDEMNITY

No _____ Rank _____ Name _____

In consideration my being nominated at my own request to all types of training and also participates in any camp/course /trek/ adventure activity in/ out side NCC and traveling. I undertake and agree that neither I nor my executors/administrators will make any claim against the Govt.of India or against any officer/JCO/or in Armed Forces/Civilian/MT Driver in respect of my loss or injury to the property or person(Including Injury resulting in death)Which may suffer/occur while or in consequence of my being in training, participating in any Camp/Course/Trek/Adventure activity/in/out/side NCC and traveling and I understand that NO COMPENSATION will be paid by the Govt.of India and in respect of any such loss or injury (including injury resulting in death) and I agree so as to bind myself my Executor administrators to indemnity to Govt.of India any Officer/JCO/OR of the Armed Forced, Civilian MT Drivers and any person in the service of Govt.of India against any claim which may be made by any third party against them or any of them arising out of any act or detail on my part during or in connection with the said training Camp/Trek/Adventure activity and journey by road/rail/river/sea/ship/flight/boat/steamer etc.

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

Signed by the applicant in _____

Sig of applicant/cadet _____

Presence of witness _____

Name _____

1) Signature _____

Address _____

Name _____

Address _____

Counter Sig of parents/Guardian _____

2) Signature _____

Name _____

Name _____

Address _____

Address _____

Signature of _____

Coy/Troop Comdr/PI Staff _____

Signature of the _____

Head of Institution

(With stamp and seal)

MEDICAL FITNESS CERTIFICATE

Appendix 'B'

Certified that I have examined No. _____ Rank _____ Name _____

College/School _____

Unit _____

accordance with standard as laid down in NCCACT and Rule and found him Fit to undergo training of _____ to be held at _____ from _____ to _____ which is of strenuous nature .

It is also certified that above named Officer/ Cadet has been duly inoculated and vaccinated and protected against enteric group of fever. He has also given ATS injection.

Place :

Date :

**Signature of the Medical Officer
Name & designation with stamp seal**

VOLUNTEER/WILLINGNESS AND RISK CERTIFICATE

Appendix 'C'

This is to certify that, I No. _____ Rank _____

Name _____ College/School _____

Unit _____

am willing /volunteer to attend _____ to be held at _____ from _____ to _____ at my own risk and no compensation will be paid to me in case of accident and will no hold institution or staff wholly or partially responsible.

Place :

Date :

(Signature of Coy/Troop Cdr)

(Signature of applicant/Cadet)

(Signature of Parent/Guardian)

(Signature of Principal/Headmaster)

Name & Address _____

COUTERSIGNED BY CO

SAFETY PRECAUTION CERTIFICATE

Appendix-'D'

Name of Camp/Course/Treak/AdventueTraining _____
 location (at) _____ duration _____ days from _____
 To _____ No _____ Rank _____
 Name _____
 Studying in _____ year of Calss _____ Section _____
 In college _____
 Unit: _____ . Known that is deep water near the camp side/roadside and that the area of water is 'OUT OF BOUND' . if I go there I Shall do so entirely at my own risk.
 Place : _____ Sig of applicant/Cadet _____
 Date _____ Name & Address _____

DROWNING/ACCIDENT CERTIFICATE

Appendix 'E'

I Know that any deep water near the Campsite or enrout and areas of water are OUT OF BOUND. 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 drowning / accident and I have understood them. I have been told not to go to any deep water in the vicinity by in-charge. If I go to any one of these OUT OF BOUND AREAS, I shall do so at my own risk.

(Signature of individual/drawing)

Certified that I have explained the orders regarding precautions to be taken against drowning accidents and show all OUT OF BOND AREAS. The cadet(s) has /have signed in my presence/

Station : _____ Signature: _____
 Dated; _____ of Co/Exo/P Staff/ANO _____

INNOCULATION/VACCINATION CERTIFICATE

Appendix 'F'

I No _____ Rank _____ Name _____ Unit _____
 Studying in the year _____ Class _____ section _____
 in college/School _____ is hereby declared that :-

- (a) I have not suffered from typhold, chichenpox or any other infectious diseases during the last three months.
- (b) I am not suffering from any chronic deseases,such as Dysentery,Appendicitis etc
- (c) I have not undergone any operation disablitating me for active life in the past.
- (d) I have been protected against Small Pox, Cholera, Typhoid and entreicgroup of fevers and tetanus etc, by means of inoculation/vaccination/ATS injection etc.

Place : _____
 Date : _____ Sign. Of cadet _____
 Name & Address _____

SWIMMING CERTIFICATE

Appendix 'G'

No _____ Rank _____ Name _____
 College/School _____

Is a good swimmer/simmer/non-swimmer

Place : _____
 Date : _____ Signature of ANO/PI Staff _____
 Signature of Cadet (with Rank and Name) _____

PARENTS GUARDIAN'S CONCENT CERTIFICATE

Appendix 'H'

This is to certify that I have no objection to send my son/ward No. _____ Rank _____
 Name _____ Institution _____
 Unit _____ to attend the _____
 From _____ to _____

Place : _____
 Date : _____ **Sig of Parent** _____
 Name & Address _____

ATTESTED BY THE HEAD OF THE INSTITUTION

Sig. Of Principal/Headmaster

With stamp and seal

COUTERSIGNED BY CO

Place:
Date :