FORM-I

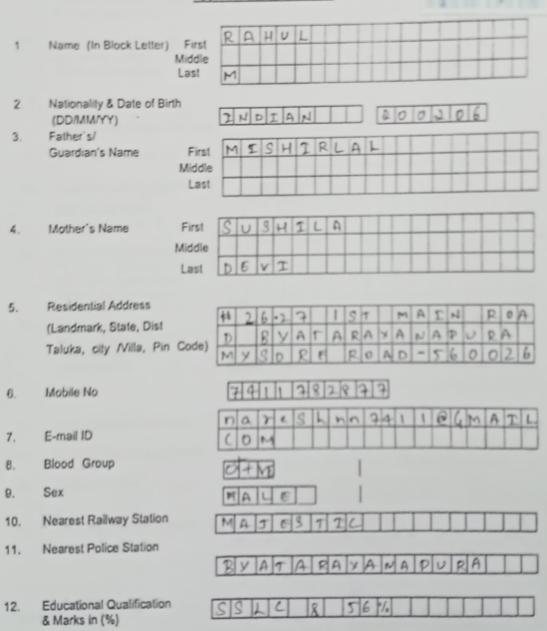
11.

National Cadet Corps

Senior Division/Wing Enrolment Form

(See Rules 7 & 11of NCC Act, 1948)

Application for Enrolment



13.	Identification Marks (at least two)	MOLE-BELOWLEFTEVE
14.	Have you ever been convicted by a criminal court & if so in What Circumstances what Was the sentence? Attach Relevant documents.	
15.	Name of School /College And Stream (Arts / Science/Commerce)	SURANA COLLEGE COMMERCE
16.	Willing to be enrolled and Undergo training under the National Cadet Crops Act 1948	Y E 3
17.	NCC Unit be enrolled in	8 KAR BN
18.	Have you been enrolled in	140
	NCC earlier. If yes, You're Enrollment No.	
19.	Have you been dismissed from? NCC/ the Territorial Army/ The Indian Armed Forces; Please provide details:-	N O
20.	Next of Kin with	NA DESHOM BROTHER
	Address (with relationship) Telephone No. (O)/(R)	26 / 2 2 BAPPUJINAGAR
	(AS applicable)	BAGLORE-560026
21.	Banker's detail/IFSC Code	CH RB D 0 0 1 1 1 7 3
22.	Bank Acct No of CadeVparent	1173101082302
23.	Aadhaar/UID No.	812751198720
24.	PAN Card No. (if allotted)	

Place: Bangalore Date: 0 ello (2022. RAHI/ (o M (Signature of the applicant)

DECLARATION ON ACCEPTANC FOR ENROLMENT

are true and that no part of them is fal made.	nswers I have given to the questions in this form lse, and that I am willing to fulfil the engagement
my Country and abide by the Rules& R	promise that I will honestly and faithfully serve legulations of the National Cadet Corps that I, will, parades and camps as may be required by the
claim on authorities for any compensal	ther promise that after enrollment, I will have no lion in the event of injury or death due to accident ag and while on YEP or any other such NICC events a service liability
Place: Bargalelu Dale:	RA471.14
Date:	Signature Of The Applicant
	RATION BY PARENT/ GUARDIAN
 I Solemnly declare that the a of them is false and that my son/ daugh 	answers given in this form are true and that no part inter/ward is willing to fulfill the engagement made.
ward. I will have no claim on authorities	Promise that after the enrolment of my son/daughten/ s for any compensation in the event of any injury or amps, courses, travelling and while on YEP or any GC
Place: Bangalehe	e K. Mish on Car
Date:	Signature of Parent/ Guardian (With Name)
	CERTIFICATE
Certified that the applicant conditions of enrollment.	his Parent/Guardian understand and agree to the
Place:	
Date of Enrollment(Unit Seal)	Signature of Enrolling Officer

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT I have examined (Name) RAHUL: On...3.1.0.1.22.... (date) and consider him/her fit/unfit for enrolment as a cadet in the National Cadet Corps. Place: Bangalole Date: 3/10/2 Designation.Dr. S.N. MOHAW TO BE USED FOR EXTENSION OF ENROL (See Rules 13) I agree to extend my enrolment for one year and I am willing to fulfill the engagement made. Place: Signature Of Applicant Date: Confirmed/Not confirmed Place: Date: Signature Of Commanding Officer I agree to extend my enrolment of my son/daughter/ward for one year and I am willing to fulfill the engagement made. Place: Bangalore + Kimishni leck Date: Signature Of Parent /Guardian

Confirmed/ Not confirmed

Signature Of Head Master

NOTE: This form will be retained in the school in which the unit is located.

Date from which extension starts.....

NOMINATION FORM FOR MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY (TO BE RETAIND AT NCC GROUP HQ) SECTION-1

I.CADET (Name in block lett	ers)RAHUK M		son/ Daughler
of Shri (Name in block lett	arel ' IYITQHTRI	AL a studer	nt of class
I SEBA of SURANA (O	ANA COLLEGE (Nam	ne	of
College/School) SURANA LO	llege south en	.Don my enrollm	ent with the
NCC on (date)	W	/ith (Name	of the
Unit) 8 KAR BU BA	NGALORE BGOWPAPP	ly for Membership	of the NCC
Cadets Welfare Society and hereby	subscribe a sum of Rs.15	/-(Rupees Fifteen onl	y) towards its
membership fee.			

- 2. My Father/Mother/Guardian's occupation is SALES MAN and the annual Income of my family from all sources is Rs.3.40,000/per annum.
- 3. I understand that I shall be entitled to financial relief as determined by the Governing Baby/management committee of the above society in event of partial or permanent disablement sustained by me while participating in an organized NCC activity hereby accept that the decision of the Governing Body/managing committee with regard to quantum of be paid to paid in event of my partial/permanent disablement will be final and binding on me.
- 4. I hereby nominate the following person/persons who will receive finical assistance as the share indicate and as determined by Governing Body/managing committee of the above society, which will be final and binding on the following persons (S) In the event of my death while participant in an organized NCC activity:-

SI No	Name of the Nominee/ (In block letters)	Age	Relationship With the cadet	Permanent address of the Nominee	Percentage of financial assistance payable
1.	MITSHIRLAL	47	FATHER	#26/27 1St Main road Byatarayarapu -ra, Myxore	50%
2.	SUSTILLA DEVI	40	MOTHER	H26/27 1St Main road, By atarayonapura, Mytore road,	50%

(To be filled by the Cadet in own hand writing)

T Manager and the West of the West	fare Society and the Nomination Form will be valid only till such time I
My membership in the Wer been enrolled.	are study are the state of
Date:	DDHU 1-2 M. (Full Signature of the Cadet)
Place: Bangalohe	Section-II
Place: Bongoldu. Institutions	Signature of PTO/Head of
	Section-III
I am willing to allow my become a member of NOC Cadet the Society I also approve of the n	son/ deughter/wand name
Dale: Bangalone	N. (<.)Mishn'tun. Full signature of the father/mother/guardian
(Signature)	Witness 2 (Signature)
Full name and address or office	Full name and address or office
Seal of the witness	Seal of the witness
Note: The witnesses should be either Gaz	ertied officer, Head of Institution/NOC part time Officer/ Seprance/Village Head.
	Section-V
	(To be filled in by the NCC Unit)
Date of dispatch of the Nomination form to Grow Note: The Nomination form will be printed on bo	up HQoth sides of a single less.
	Section-IV
Received a sum of Rs.15/- (Rupee the NCC Cadets Welfare Society of	es Fifteen Only) as one time subscriber and enrolled as a member of furing the cadetship in the Junior/Senior Davison/Wing.
Deler	
Date: Place:	Signature of the CO Unit with seal

INDEMNITY BOND

To

The President of India

In consideration of my being nominated either by the NCC authorities or my own request as a participant in any NCC camp (which includes Republic Day Camp and independence Day Camp in Delhi) Course, Adventure Training (including Army, Navy & Air Wing activities, as the case may be) and while traveling (in domestic/international surface, air and water transport) and attending Youth Exchange Programmes abroad, I undertake and agree that neither I, nor my executors or administrators or other legal representatives will make any claim against the Government or against NCC authorities including officers, JCO's/NCOs or their equivalents from Navy and Air Force civilians. MT drivers or against any other such person, including injury resulting in death, due to any reason whatsoever which I may suffer, while or in consequence, of my participation in the above activities and I understand that no compensation will be paid by the Government or NCC authorities including officers, JCO's/NCOs or their equivalents from Navy and Air force or civilian MT drivers in respect of any such loss or injury and I agree as to bind myself, my executors and administrators and other legal representatives to indemnify the Government or NCC authorities including officers. JCO's / NCOs or their equivalents from Navy and Air Force, civilians MT Drivers or any person in the service of Government against any claim which may be from any third party against them or any of them arising out of any act of default on my part during or in connection which the said camps, courses, adventure training, traveling and while on Youth Exchange Programme or any other such NCC activities as may be organized from time to time within or outside the Union of India.

Signature of Applicant .
Regt No
Name RAHUL. M
Unil/Group & KAR BN
Bangalore B'Croup

Witness

1. Signature Danama. Name MOH27-K. SHARMA Address 4 CHUNCHAMAGNATTA
MAIN ROAD KONANAKUNTE CKOSS

2. Signature Yak YASHWANTH'S Name

Address PILLAGIANAHALLI

K.Mishsild_

Signature of Parent/Guardian . MISAGI LaL

Address It 26,27 194 main Road SOLHHIHE BUS STOP

Date:

Place: BANGLORE

FORM-I

National Cadet Corps

Senior Division/Wing Enrolment Form

(See Rules 7 & 11of NCC Act, 1948)

Application for Enrolment



		The state of the s
1	Name (In Block Letter) First Middle Last	DINESH
2.	Nationality & Date of Birth (DD/MM/YY)	08082005 INDIAN
3.	Father's/ Guardian's Name First Middle Last	
4.	Mother's Name First Middle Last	GIEETHA
5,	Residential Address (Landmark, State, Dist Taluka, city /Villa, Pin Code)	TAKKASANDRAPOST MARALAVADIHOBLI KANAKAPURATALUK562113
6.	Mobile No	9972578981
7. 8.	E-mail ID Blood Group	a in es hugo wda 5212 a gmail « com
9.	Sex	MALE
10.	Nearest Railway Station	RAMANAGIARA
11.	Nearest Police Station	HAROHALLI
12.	Educational Qualification & Marks in (%)	7 7 7 1

13.	Identification Marks (at least two)	PIGHTEYE EFTHAND
14.	Have you ever been convicted by a criminal court & if so in What Circumstances what Was the sentence? Attach Relevant documents.	
15.	Name of School /College And Stream (Arts / Science/Commerce)	SURANAIND PUCOLLEGE SOUTHEND
16.	Willing to be enrolled and Undergo training under the National Cadet Crops Act 1948	YES
17.	NCC Unit be enrolled in	8 KAR BN
18.	Have you been enrolled in	YES
	NCC earlier. If yes, You're Enrollment No.	KA 18 JP F 120317
19.	Have you been dismissed from? NCC/ the Territorial Army/ The Indian Armed Forces; Please provide details:-	
20.	Next of Kin with Address (with relationship) Telephone No. (O)/(R) (AS applicable)	TAKKASANDRAPOST MARALAVADIHOBLI KANAKAPURATALUK RAMANAGARADIST562112
•	Banker's delail/IFSC Code	BARBOHAROHA
21.		
22.	Bank Accl No of Cadel/parent	J + 18181 O 11 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23.	Aadhaar/UID No.	8 2 2 9 7 0 8 1 5 4 4 8
24.	PAN Card No. (if allotted)	

Place: BAN GALORE

Date:

(Signature of the applicant)

DECLARATION ON ACCEPTANC FOR ENROLMENT

are true and that no part of them is false, made.	wers I have given to the questions in this form, and that I am willing to fulfil the engagement
my Country and abide by the Rules& Reg	promise that I will honestly and faithfully serve ulations of the National Cadet Corps that I, will, ades and camps as may be required by the
claim on authorities for any compensation	r promise that after enrollment, I will have no in the event of injury or death due to accident and while on YEP or any other such NCC events ervice liability
Place: BANUIAL ORE	Dineshul
Date:	Signature Of The Applicant
DECLARA	TION BY PARENT/ GUARDIAN
of them is false and that my son/ daughter	wers given in this form are true and that no part // ward is willing to fulfill the engagement made.
2. I GIEETHA Pro	mise that after the enrolment of my son/daughter/ or any compensation in the event of any injury or ps, courses, travelling and while on YEP or any
Place:	Greetha
Date:	Signature of Parent/ Guardian (With Name)
	CERTIFICATE
Certified that the applicant h conditions of enrollment.	is Parent/Guardian understand and agree to the
Place:	
Date of Enrollment(Unit Seal)	Signature of Enrolling Officer

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

I have examined (Name)	SH.: U
On (date) and consider nim/ Cadet Corps.	ner neurint for ornament as
Place: Bengalyon Date: 03/10/2012	Signatureಪೈಧ್ಯಾಧಿಕಾರಿ Designationಯಡಿಯೂರು ಚಿತ್ರಗಳೂರು ಬಿ.ಬಿ.ಎಂ.ಪಿ ಬೆಂಗಳೂರು
TO BE USED FOR EX	TENSION OF ENROLMENT
I agree to extend my enrolment for one ye	(See Rules 13) ear and I am willing to fulfill the engagement made.
Place:	Dinoshi
Date:	Signature Of Applicant
Conf	irmed/Not confirmed
Place:	
Date:	Signature Of Commanding
Officer	
I agree to extend my enrolment of m to fulfill the engagement made.	y son/daughter/ward for one year and I am willing
Place:	
Date:	Gredia Signature Of Parent /Guardian
	Signature Of Parent /Guardian
Confi	rmed/ Not confirmed
Place: Date from which extension starts	Signature Of Head Master

NOTE: This form will be retained in the school in which the unit is located.

Appendix 'A' to DGNCC Letter No. 19952/DGNCC/CWS dated 05 Feb.91

NOMINATION FORM FOR MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY (TO BE RETAIND AT NCC GROUP HQ) SECTION-1

I.CADET (Name in block Is	etters). DINESH U	son/ Daughter
of Shri (Name in block I	letters)	a student of class
TI PUC (SEBA) of	(Name	of
College/School) SURANA	COLLAGIE SOUTH END on n	ny enrollment with the
NCC on (date)	With (N	vame of the
Unit) 8 KAR BN	With (N. BANGILORE B. GROVPapply for Mei	mbership of the NCC
Cadets Welfare Society and here membership fee.	by subscribe a sum of Rs.15/-(Rupees f	rifteen only) towards its

- 3. I understand that I shall be entitled to financial relief as determined by the Governing Baby/management committee of the above society in event of partial or permanent disablement sustained by me while participating in an organized NCC activity hereby accept that the decision of the Governing Body/managing committee with regard to quantum of be paid to paid in event of my partial/permanent disablement will be final and binding on me.
- 4. I hereby nominate the following person/persons who will receive finical assistance as the share indicate and as determined by Governing Body/managing committee of the above society, which will be final and binding on the following persons (S) In the event of my death while participant in an organized NCC activity:-

SI No	Name of the Nominee/ (In block letters)	Age	Relationship With the cadet	Permanent address of the Nominee	Percentage of financial assistance payable
1.	GEETHA	34	MOTHE R	KANAKASANDRE KANAKAPURA(T) RAMANAHARA(D)	511.01.
2.	DIVYA. U	14	SISTER	JAKKASANDRA KANAKAPURA (1 RAMIANAHARA(1/9.0%

(To be filled by the Cadet in own hand writing)

	www. Kara Conjety	and the Nomination Form will be valid only till such time
	My membership in the Welfare Society	and the Nomination Form will be valid only till such time
	been enrolled.	
		O'nestill
	Date:	(Full Signature of the Cadet)
	Place: BANGALDRE	Section-II
	Line in the second	
	Date:	Signalure of PTO/Head of
	Place: BA.Nb1ALORE	Signature of F 1077000
	Institutions	
		Section-III
	· Vu	ter/ward name DTNESH
	I am willing to allow my son/daugh	ter/ward name
	become a member of NCC Cadets Welfare St	ociety under the terms a servers
	the Society I also approve of the nomination ma	ade Section 1 (4)
		contra
	Place: BAN 61ALORE	Full signature of the father/mother/guardian
	Place: BH.A. BIELER	Full signature of the females
	Wi	tness
	Witness	,
	Peth 2 1	Jah
	(Signature	Hogalandia circle Canador =
	Hemonth Padmonushuggel	It of alandin circle bangalor =
	Full name and address or office Full	I name and address or office
ø	Seal of the witness Seal of the	
	Note: The witnesses should be either Gazetted officer, Hea	d of institution/NCC part time Officer/ Sopranos/Village Head.
	Note: The water	
	(T - 1 - 5)	Section-V
	(To be iii	lled in by the NCC Unit)
	A to Copyo HO	
	Date of dispatch of the Nomination form to Group HQ	leaf.
	Note: The Normalization form was a passing and a passing a passing and a passing and a passing a p	
		- 4 14
		Section-IV
	Market Street Street Street	the state of a seal and a seal and a seamon of
	Received a sum of Rs.15/- (Rupees Fifteen Only)	as one time subscriber and enrolled as a member of
	the NCC Cadets Welfare Society during the cade	tship in the Junior/Senior Davison/Wing.
	Date:	al a contract the contract to the contract to
	Place:	Signature of the CO Unit with seal

INDEMNITY BOND

To

The President of India

In consideration of my being nominated either by the NCC authorities or my own request as a participant in any NCC camp (which includes Republic Day Camp and independence Day Camp in Delhi) Course, Adventure Training (including Army, Navy & Air Wing activities, as the case may be) and while traveling (in domestic/international surface, air and water transport) and attending Youth Exchange Programmes abroad, I undertake and agree that neither I, nor my executors or administrators or other legal representatives will make any claim against the Government or against NCC authorities including officers, JCO's/NCOs or their equivalents from Navy and Air Force civillans. MT drivers or against any other such person, including injury resulting in death, due to any reason whatsoever which I may suffer, while or in consequence, of my participation in the above activities and I understand that no compensation will be paid by the Government or NCC authorities including officers, JCO's/NCOs or their equivalents from Navy and Air force or civilian MT drivers in respect of any such loss or injury and I agree as to bind myself, my executors and administrators and other legal representatives to indemnify the Government or NCC authorities including officers. JCOs / NCOs or their equivalents from Navy and Air Force, civilians MT Drivers or any person in the service of Government against any claim which may be from any third party against them or any of them arising out of any act of default on my part during or in connection which the said camps, courses, adventure training, traveling and while on Youth Exchange Programme or any other such NCC activities as may be organized from time to time within or outside the Union of India.

Signature of A	pplicant		
Regt No			
lame DIN	ESH.	U	
Init/Group S	KAR	BN	BANIHALDRICK

Witness

1. Signature John ...
Name J-LOMITH
Address 2/2 Gast Street
Start Noyon Bonglon.

2. Signature What Name Heusen

Address Padmonoshnopol Brongalose 560085

Date:

Place: BANGALORE

Signature of Parent/Guardian
Name

Address

JAKKA SANDRAPOS T MARALAVADI HOBLI KANAKAPURA TALUK RAMA NAWAR DIST 562112 FORM-I

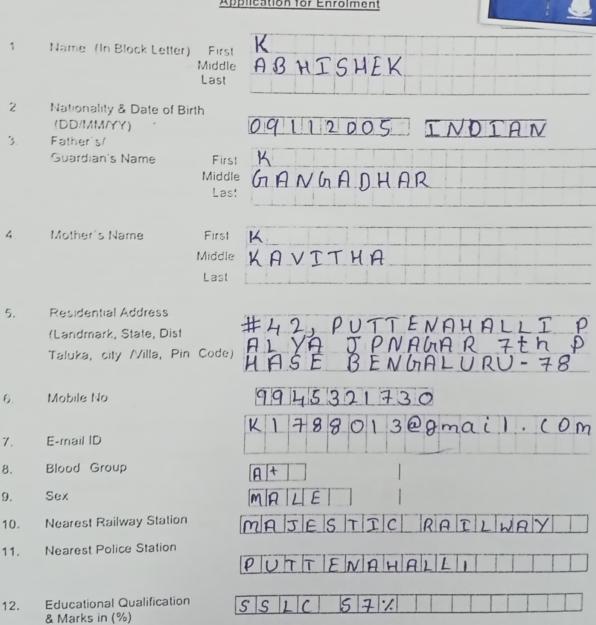
-1 -

National Cadet Corps

Senior Division/Wing Enrolment Form

(See Rules 7 & 11of NCC Act, 1948)

Application for Enrolment



13	Identification Marks (at least two)	IN LEFTHAND IN RIGHT SHOULDER
14.	Have you ever been convicted by a criminal court & if so in What Circumstances what Was the sentence? Attach Relevant documents.	
15.	Name of School /College And Stream (Arts / Science/Commerce)	SURANA COLLEGE SOU THEND COMMERCE
16.	Willing to be enrolled and Undergo training under the National Cadet Crops Act 1948	YES
17.	NCC Unit be enrolled in	8 KAR BN
18.	Have you been enrolled in	NO
	NCC earlier. If yes, You're Enrollment No.	
19	Have you been dismissed from? NCC/ the Territorial Army/ The Indian Armed Forces; Please provide details:-	
20.	Next of Kin with Address (with relationship)	MUNIRAJU,
	Telephone No. (O)/(R) (AS applicable)	ROIHNURDINNE JPNAGAR 8THPHASE BENGAL
	(АЗ арріїсавіе)	URU-560076
21.	Banker's detail/IFSC Code	ANDB0001659
22.	Bank Acct No of CadeVparent	165910100074552
23.	Aadhaar/UID No.	404743443525
24.	PAN Card No. (if allotted)	

Place: BANGALURU Date: Abhisheke (Signature of the applicant)

DECLARATION O	N ACCEPTANC FOR ENROLMENT	
I solemnly declare that the answers I have given to the questions in this former true and that no part of them is false, and that I am willing to fulfil the engagement and it.		
my Country and abide by the Rules& R	egulations of the National Cadet Corps that I, will, parades and camps as may be required by the	
3. I. I.A. ABHISHEIX. further promise that after enrollment, I will have no claim on authorities for any compensation in the event of injury or death due to accide during training camps, courses, travelling and while on YEP or any other such NCC event like RDC & IGC. I understand I have no service liability		
Place: BENGALURU	A	
Date:	Abhishek Signature Of The Applicant	
DECLA	RATION BY PARENT/ GUARDIAN	
 I Solemnly declare that the answers given in this form are true and that no pa of them is false and that my son/ daughter/ ward is willing to fulfill the engagement made 		
2. I LA CANDADHAR Promise that after the enrolment of my son ward, I will have no claim on authorities for any compensation in the event of any death due to accident during training camps, courses, travelling and while on YER other such NCC events like RDC and IGC		
Place:	1280X48	
Date:	Signature of Parent/ Guardian (With Name)	
	CERTIFICATE	
Certified that the applicant conditions of enrollment.	his Parent/Guardian understand and agree to the	
Place:		
Date of Enrollment(Unit Seal)	Signature of Enrolling Officer	

I have examined (Name)	EDICAL OFFICER BEFORE ENROLMENT A B HI S HEK him/her fit/unfit for enrolment as a cadet in the National	
Place: BANGALORE	Signature	
Dale: 03 10 2092	Signatureವರ್ ವೈಧ್ಯಾಧಿಕಾರಿ Designationಯಡಿಯೂರು ಡಿಸ್ಪೆಕ್ಷೆಕ್ರಂ) ಯಡಿಯೂರು ಡಿಸ್ಪೆಕ್ಷಕ್ಕೆಂ ಬಿ.ಬಿ.ಎಂ.ಪಿ ಬೆಂಗಳೂರು	
TO BE USED FOR	EXTENSION OF ENROLMENT	
(See Rules 13) I agree to extend my enrolment for one year and I am willing to fulfill the engagement made.		
Place:	Abhishek Signature Of Applicant	
Date:	Signature of Approxim	
	Confirmed/Not confirmed	
Place:		
Date:	Signature Of Commanding	
Officer		
I agree to extend my enrolment to fulfill the engagement made.	of my son/daughter/ward for one year and I am willing	
Place:	(1. 6	
Date:	Signature Of Parent /Guardian	
	Confirmed/ Not confirmed	
Place: Date from which extension starts	Signature Of Head Master	

NOTE: This form will be retained in the school in which the unit is located.

NOMINATION FORM FOR MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY (TO BE RETAIND AT NCC GROUP HQ) SECTION-1

- 1. I.CADET (Name in block letters) K. ABHTSHEK son/ Daughter of Shrip (Name in block letters). K. CHANDHAR a student of class 2 of (Name College/School) SURANA COLLEGE SOUTH END on my enrollment with the NCC on (date). With (Name of the Unit) 8 IAAR BN, BENGALURU B' GROUP apply for Membership of the NCC Cadets Welfare Society and hereby subscribe a sum of Rs.15/-(Rupees Fifteen only) towards its membership fee.
- My Father/Mother/Guardian's occupation is Borboun and the annual Income of my family from all sources is Rs 2,88,000 per annum
- I understand that I shall be entitled to financial relief as determined by the Governing Baby/management committee of the above society in event of partial or permanent disablement sustained by me while participating in an organized NCC activity hereby accept that the decision of the Governing Body/managing committee with regard to quantum of be paid to paid in event of my partial/permanent disablement will be final and binding on me.
- I hereby nominate the following person/persons who will receive finical assistance as the share indicate and as determined by Governing Body/managing committee of the above society, which will be final and binding on the following persons (S) In the event of my death while participant in an organized NCC activity:-

SI No	Name of the Nominee/ (In block letters)	Age	Relationship With the cadet	Permanent address of the Nominee	Percentage of financial assistance payable
1	K. GANGADHAR	42	FATHER	#41, PUTTHANA HUT PALYA, BANGALURU- 560028	50%.
2.	K. KAVITHA	38	MOTHER	#42, PUTTHANA HALLI PALYA BANGALURU- 560078	50%

(To be filled by the Cadet in own hand writing)

My membership in the Welfa been enrolled.	are Society and the Nomination Form will be valid only till such time		
Date: BENGALURU	(Full Signature of the Cadet) Section-II		
Date: Place: Institutions	Signature of PTO/Head of		
	Section-III		
I am willing to allow my become a member of NCC Cadets the Society I also approve of the no	son/daughter/ward name 14. ABHTSIEK to s Welfare Society under the terms & condition and rules in force of omination made Section 1 (4)		
Date: Place: BENULALURU	Full signature of the father/mother/guardian		
Witness	Witness		
(Signature) K. VANDANA LA, PUTTENAMALLI PALYA Full name and address or office Seal of the witness	2 N. Kushal. (Signature) Thyagrajnagar, tith Block, 6th Main. Full name and address or office Seal of the witness		
	atted officer, Head of Institution/NCC part time Officer/ Sopranos/Village Head.		
Note. The winterses shows a	Section-V (To be filled in by the NCC Unit)		
Date of dispatch of the Nomination form to Grou Note: The Nomination form will be printed on bo	Date of dispatch of the Nomination form to Group HQ Note: The Nomination form will be printed on both sides of a single leaf.		
Section-IV			
Received a sum of Rs.15/- (Rupee: the NCC Cadets Welfare Society d	s Fifteen Only) as one time subscriber and enrolled as a member of uring the cadetship in the Junior/Senior Davison/Wing.		
Date:	Signature of the CO Unit with seal		

Place:

INDEMNITY BOND

*

The President of India

in consideration of my being nominated either by the NCC authorities or my own request as a participant in any MCC camp (which includes Republic Day Camp and independence Day Camp in Delhi) Course, Adventure Training (including Army, Navy & Air Wing activities, as the case may be and while traveling (in domestic international surface, air and water transport, and attending Youth Exchange Programmes abroad. I undertake and agree that neither I not my executors or administrators or other legal representatives will make any calm against the Government or against NCC authorities including officers. JCO's NCOs or their equivalents from Navy and Air Force bivillans MT drivers or against any other such person, nouding nury resulting in death due to any reason whatspewer which I may suffer while or in consequence of my participation in the applie activities and I understand that no compensation will be paid by the Government or NCO authorities industing officers, JCO's NCOs or their equivalents from Navy and Air force or divilian NF onversion respect of any such loss or injury and I agree as to bind myself, my executors and acministrators and other legal representatives to indemnify the Government or NCC authorities including officers, LCC s. NCCs or their equivalents from Navy and Air Force, civillans MT Drivers or any person in the senice of Government against any claim which may be from any third pany against them or any of them, anding out of any act of default on my part during or in connection which the said camps, courses, acventure training, traveling and while on Youth Exchange Programme or any other such NCC activities as may be organized from time to time within or outside the Union of India

Some of hos can

Name KABHISHEIL

BENGALURU 'B' GROUP

Witness

- 1. Signature No Bashel
 Name Pr Kisset All
 Address H41, 200 Flood, 2nd Own,
 GH malin, other Block. The agraphages
- 2. Signature Plant of Name (Vines) L. J

Address TAXXCAMORD(D), KANAMPURACT)
RAMAMAMAMAMAMA(O) 561111.

Date

PLACE BENVALURO

NOW K CHANGADHAR

JP NAMAR 7th PHASE
BENGALURU-560078