	VOLUNTEER/	WILLINGNESS &	RISK CERTIFICATE	
Regt No	Rank	Nam	e	Name of the Institution
	is here	by willing to go a	t my own risk	 Camp Form
to	at			
Station: Bangalore				
Dated:				Signature of cadet
	<u>!</u>	MEDICAL CERTIF	<u>ICATE</u>	
This is to certify that I have	camp/course to	be held at		fromto
Small Pox, Typhoid etc.	lso certify that the a	bove cadet has b	peen inoculated/vac	ccinated Against Malaria, Cholera,
Siliali Pox, Typholu etc.				
Station: Bangalore Dated:				Signature of Medical Officer With seal
	DROWN	IING/ ACCIDENT	CERTIFICATE	
I the above mentioned cade during camp and I shall be g			akes/rivers near the	e camp site are placed out of bonds
Station: Bangalore Dated:				Signature of cadet
Dateu.				Signature of cadet
	<b>CONSENT CE</b>	RTIFICATE OF FA	THER/GAURDIAN	
This is to certify that	I have no objec Camp/Courses to	to be held	at	er mention above to attend From
Station: Bangalore				
Dated:	<b>O</b> ,			Signature of Parent/Guardian Name
				Address
		CERTIFICATI	<u>E</u>	
This is to certify that I, Regt	No	_	_	being held
	Rank	Unit	to attend	being held
at from _ NON – LETHAL WPNS POSS		to	<del></del>	
I am NOT in possession of a				
Chatian.				
Station: Date:				Signature of applicant
Dutc.				Name in Block Letters
	Atte	sted by principal College Sea	_	