

CERTIFICATE IF RISK & WILINGNESS

This is certify that I Rank Name
of College/School am
Voluntee for at be held
at from to at my own
risk which may result in loss, damage or injury to person (Including injury resulting in death) which I may
suffer while or in consequence of such training and will hold nobody responsible for the same.

(Signature of Head of Institution

(Signature of Parent/Guardian)

(Signature of Applicant)

Date

Date

Date

Appendix C

[Refers to para 20(e)]

MEDICAL FITNESS CERTIFICATE

This is certify that I have today medically examined No
Rank Name (In block letters)
of College/School and Son/Daughter of
Shri of
(Village/Town) District and I have found him/her physically
and mentally fit to undergo to the NCC Training Camp being held as
(Place from to hes has been
inoculated and vaccinated.
Place

Signature of Medical Officer

Name

(In Block Capital Letters)

Designation

Practitioner Licence No.

Appendix C

[Refers to para 20(d)]

DROWNING CERTIFICATE

I, No Rank Name
attending name/type of camp know that there it.
deep water near the camp site and that area near the water is OUT OF BOUNDS if I go there , I shall do so
entirely at my own risk.

Blood Group :

Date :

Signature of Cadet

INDEMNITY CERTIFICATE

In consideration of my being nominated at my request as a participant in Camp/Course/Adventure activities (like Mountaineering, Rock climbing, Trekking, Hiking, Skiing, cycling and expedition) and travelling, I undertake and agree that neither I nor my executors or administrators will make any claim against the Govt. of India or against any officer/JCO/OR/Civilian MT drivers or against any person in the Service of Govt. of India in respect of any loss or injury to the property of person (including injury resulting in death) which I may suffer while or in consequence of my participation and I understand that no compensation will be paid by the Govt. of India, any officer/JCO's/NCO's/OR's Armed Force/Civilian MT Driver and any person in the Services of Government of India against them or any claim arising out of or any or any act of default on my part during or in connection of said training & camp/course/adventure training and Journey by Road/Rail/and Flight.

The Government has agreed to bear the Stamp duty on this document.

.....
(COY/TROOP COMDR

.....
Signature of the applicant

WITNESS - 1

(1) Signature with date

No. and Rank

(in Block Capital Letters)

Name

Name

Address

Address

WITNESS - 2

(1) Signature with date

Signature of Parent/Guardian

(in Block Capital Letters)

With date

Name

Name

(in Block Capital Letters)

Address

Address

COUNTER SIGNATURE

Commanding Officer