**GENERAL INDEMNITY BOND BY PARENTS**

I, Mr. Irfan Khan,

R/o Vasai Maharashtra father of

Mr. Abdullah Khan R/o Vasai Maharashtra

Aged about 18 years who has taken admission / is studying in Amity Institute/ School of at Amity University Mumbai (hereinafter referred as "AUM") in 2023 year BCA Psychology programme, bearing Registration / Enrolment Number A71004823004 have understood that during the said programme the AUM shall be arranging some activities (within & outside India)

with a view to give practical overview / exposure to the students about their respective fields, Further, the AUM also arranges Military Training Camps/ Industrial Visit / Educational Tours / Field Work /Placement Visit/ Attending Seminars, Conferences, Workshops, Quiz Competition, Annual Functions / Participation in Cultural / Technical Competitions of other institutions / Universities, attending training programmes, presentation of research paper and participation in any other co-curricular & extra co-curricular activities, out of the Campus to different places ( within India and abroad ) for the students. I have gone through the guidelines/rules and regulations prescribed by the AUM to be followed by their students & teachers/faculty/management members during the said tours, which I have found very appropriate, and the same has also been read and understood by my son who has also executed an undertaking to abide the same.

I hereby promise to indemnity and keep indemnified and harmless the AUM, its parent body, their employees/officials, from every type of loss(s) or damage (s) which may arise out from the action or inaction of my son, during the said activities for the entire tenure in the AUM and also from any claim arising from those action or inaction of my son.

Signature of indemnifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : 25/08/2023

1. Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_