DROWNING/ACCIDENT CERTIFICATE

I know that there is deep water near the campsite and enroute and that the area of the water

is OUT OF BOUNDS. If I go there, I shall do	so at my own risk.
	regarding the precautions to be taken against drowning ave been told not to go near deep water in the vicinity by bunds areas, I shall do so at may own risk.
Place : Date :	(Signature of Cadet) NameAddress
VOLUNTE	EERING/RISK CERTIFICATE II
College/School	
Place : Date :	(Signature of Applicant)
Place : (Seal)	(Signature of Head of Institution)
CONSENT/NO OBJE	CTION CERTIFICATE FROM PARENTS
NoRankNamehim/her to attend the Camp/	
Place: Date:	(Signature of Father/Guardian) NameAddress
<u>M</u> E	EDICAL CERTIFICATE
son/daughter/ward of	of Institution
Place : Date : (Seal)	(Signature of Medical Officer) Name

Designation.....

No	Rank	Name	
Institution			
FORM OF INDEMNITY BOND			
also participate in any car travelling, I undertake and claim against any person in to the property or person (inconsequence of my being in in/outside NCC and traveling of India or any Officer, JCO/ the Government of India and and I agree so as to bond my and any Officer, JCO/OR, Government of India against them arising out of any a	mp/course/adventur agree that neither the service of the Go cluding injury result training, participation, and I understand the OR, Armed Forces/O I in respect of any subself, executors and a Armed Forces/Civiliany claim which ma ct of defaulting or	at my request to undergo all types of training and re training activities in/outside, NCC and while I I nor my extender nor administrator will make any overnment of India in respect of any loss or injury to ting in death) which I may suffer while or the in on in any Camp/Course/Adventure Training activities hat no compensation will be paid by the Government Civilian MT Driver or by any person in the service of uch loss or injury (including injury resulting in death), administrators to indemnify the Government of India an MT Driver and any person in the Service of my be made by any third party against them or any of my part during or in connection with the said ourney by road/rail/sea/river/flight.	
The Government has	agreed to bear the s	tamp duty on this document.	
Signed by the Applicant Sri In the presence of		Signature of Applicant NoRank & NameAddressDate	
WITNESS 1. Signature with Date Name (in Block Capitals) Address		Signature of Father/Guardian with date Name (in Block Capitals)	
2. Signature with Date Name (in Block Capitals) Address			
	COUNTERSIG	SNED BY OC UNIT	

Station: Thrissur

Date: