Annexure to Form I (Application for Enrolment)

INDEMNITY BOND

To,

The President of India

In consideration of my being nominated either by the NCC authorities or at 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 and Air Force Wing activities, as the case may be) and while traveling (in domestic/international surface, air and water transport) and attending Youth Exchange Programme (YEP) 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/ NCO's or their equivalents from Navy and Air Force, civilians, MT drivers or against any other such person in the service of the Government, in respect of any loss or injury - to the property or person, including injury resulting in death, due to any reasons 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/NCO's 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 equivalent from Navy and Air Force, civilian 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 with 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

within or outside the officin of findia.	
	Signature of Applicant
	No.: Name: Unit/Group:
Witness	
1. Signature Name: Address:	Signature of Parent/Guardian Name: Address:
2. Signature Name: Address:	
Place: Date:	