DOCUMENTS FOR CAMP ATTENDANCE

RISK/CONSENT CERTIFICATE

It is certified that I, NoRan	k
NameInstitution	
Unitvolunteer to attend	(Name of camp)
format	
Station:	Signature of N.C. C. Cadet
Date:	Countersignature of Parent/Guardian
	Signature
	Name
	Address
COUNTERSIGNED BY CO	Attested by the Principal of the College/HM of School Signature with seal
MEDICAL CERTI	FICATE
(a) Certified that, I have examined to No	Rank
NameCollege/High School.	
Unitin accordance wi	th standard laid down undergo training
of strenuous nature on	
(b) It is also certified that the above mentioned off	icer/cadet has been inoculated/ vaccinated.
(c) He is not suffering from any infections/discase.	
Station: Date:	

Signature of Medical Officer.

DROWNING/ACCIDENT CERTIFICATE

1. I know that there is deep water near the camp OUT OF BOUND. If I go there, I shall do so at my	
2. I have been explained the orders regard drowning accident and have understood them. I in the vicinity by the incharge. If I go to any one own risk.	have been told not to go near deep water
NoRankName	Institution
	Signature of Cadet.
FORM OF INDEMNITY FOR NCC OFFICE ARMYNAVY/AIR AND O	
In consideration of my being nominated at malso participating in any camp/course. Adventure travelling I undertake and agree that neither I take, any claim against the Government of Incorces/Civilian MT Driver or against any person in respect of any loss or injury to the property death) which I may suffer while or in consequence camp/course/adventure trg. activities in/outside that, no compensation will be paid by the Gov Anned Forces/Civilian MT Drivers or against any of India and in respect of by such loss or injury (agree so as to bind myself my excutors and admin India any offr. JCO/OR. Armed Forces/Civilian M Government of India against any claim which in them or any of them arising out of any act of definition and the government has agreed to bear the other contents.	re trg. activities in outside NCC and while nor my executor nor administration will lia or against any offr. JCO/OR, Armed in the Service of the Government of India of person (including injury resulting in any e NCC and, travelling and I understand vernment of India or any offr. JCO/OR. In person in the service of the Government (including injury resulting in death) and I distrators to indemnify the Government of MT Driver and any person in the service of may be made by any third party against ault of my part during or in connection of by road/rail/river and flight.
Signed by the applicant Shri In presence of	Signature of applicant Address and designation Date:
Witness	
(1) Signature (with date)	
Name in Block letters	Countersignature of

Address:

Address:

(2) Signature (with date)

Name in Block letters

Father or guardian (with date)

Address