

**UNIT: 1 TELANGANA ARTY BTY NCC HYDERABAD**  
**FORM OF INDEMNITY**

To consideration of my Name \_\_\_\_\_ being nominated at my request as to participant in my camp/course/advance training activities and traveling. I under take and that neither I nor executor nor administrator will take any claim against the Govt as India against any other/ JCO/or Civilian MT driver against any person in the Services of the Govt of India in respect of any loss or injury to the property or any Suffer while or in consequence of my participation and I understand that no compensation will be paid by the Govt of India or my Officer/JCO/OR/MT Driver / Civ and any person in the Services of the Govt of India agreed my claim which may be any their arty against then or any of then connection of said training camp and journey.

\_\_\_\_\_  
Signature of Application  
Address \_\_\_\_\_

**Witness:**

1. Signature \_\_\_\_\_

Name in full with address

\_\_\_\_\_  
\_\_\_\_\_

2. Signature \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Counter Signature if Father  
or Guardian with date  
Name in the Block Letters

**INSURANCE CERTIFICATE**

Certified that the Cadet TG/SDA/SWA/JDA/JWA/ Regtl No. \_\_\_\_\_

Rank \_\_\_\_\_ Name \_\_\_\_\_ who is detailed to attend the

Camp \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ is

Inscriber of Group Insurance and nomination from is kept in this unit office/Group

Headquarters Hyderabad.

**COUNTER SIGNED BY CO**

### **MEDICAL FITNESS CERTIFICATE**

This is to certify that No. TG/SDA/SWA/JDA/JWA/ Regtl No. \_\_\_\_\_

Rank \_\_\_\_\_ Name \_\_\_\_\_ Institution \_\_\_\_\_

\_\_\_\_\_ Unit 1(Telangana) Arty Bty NCC, Hyderabad

I volunteer to attend \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

NCC, Hyderabad with the Standard laid down in NCC Act Rules and found him

fit to under go Trg of \_\_\_\_\_ I am also certify

that the above cadet has been inculcated / vaccinated.

Station: Hyderabad.

Dated:

Signature of M.O.  
Name in Block Letter  
With Rubber Stamp

### **RISK/VOLUNTEER CERTIFICATE**

This is to certify that No TG/SDA/SWA/JDA/JWA/ Regtl No. \_\_\_\_\_

Rank \_\_\_\_\_ Name \_\_\_\_\_ Institution \_\_\_\_\_

\_\_\_\_\_ Unit 1. Telangana Arty Bty NCC, Hyderabad

I volunteer to attend \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Have no claim on authorities for any occurrence or in the events of any injury or

Health due to any accident during Trg/ Camp/Traveling to and fro Camp/ Course

Side I understand that I have no liability from service.

Signature of Parents

Signature of cadet

Name in Block letters

\_\_\_\_\_

Address \_\_\_\_\_

Signature of Head Institution

**COUNTER SIGNED BY CO UNIT**