## WILLINGNESS CERTIFICATE OF THE CADET

1.	I, Regt No	Rank	Name		of			
		College/ School	) Unit	of Gp HQ				
I	I am willing and volunteer to participate in the being held							
			from	to				
	Date:			Sig	nature of the Cadet			
	RISK C	CERTIFICATE & PAR	ENT CONSEN	T CERTIFICAT	E			
2.	It is certified that I			(Name of Fathe	er) agree to detail my			
	Son/Daughter Name _		Regt. No		Rank			
	Present Address_at own accord and I have being held at	ave no objection to spare	e my son / daugh	ter to attend the _	to			
3.	camp at my own risk a injury or death due to	ny Son/ Daughter will pand I will have no claim COVID-19 / accident/danorities or the staff or other.	on authorities for	or any compensati whatever be the ca	on in the event of ase and Camp			
	the period if the Medic	son/daughter/ward to uncal authorities consider in authorize the Camp Co	it essential and I	will not claim any	y compensation on			
Sign	ature of the Cadet		Signature of	Parent/ Guardian				
	ACCIDENT/ DROV	VNING & NON – LET	HAL WPNS PO	DSSESSION CE	RTIFICATE			
5.	I, Regt Nototototototototototraining/ camp, I s	Rankbein A coident / drowning due to give this undertaking that	Name ng held at At my own risk. o my fault or any at I will not be en	In the event of myone else's fault d'ntitled for any con	y sustaining any uring the conduct npensation.			
6.	I also certify that I an	n not in possession of a	ny Lethal Weap	ons.				
	ature of parent/ Guardian		Signature	of the Cadet : Date :				
	CERTI	FICATE FROM THE	HEAD OF THE	E INSTITUTION				
7.	It is certified that Re Name(Course	egt Nois //Class) during this Acad	bonafide studen lemic Year	t of this institution and the cade	_Rank n studying et is found suitable			
	for attending the from	being to and	held atis relieved acco	rdingly to attend t	he said camp.			
Sign	ature of the NCC Officer	(ANO/CTO)	Signati	are of the Head of				
Stati	(Rubber Stamp) on:		Station	(Rubber Stam				
Date	:	<del></del>	Date:					

## MEDICAL FITNESS CERTIFICATE FOR NCC CADETS

1.	Certified	that	I have	examined	Regt	No.		Rank
Name	;			(	of			(College/School) s per laid down standards of strenuous nature during
Unit :		of	NCC GF	P HQRS	1 1.:	/1	a	s per laid down standards
in NC	C Act and	ruies i	948, App	x A and fou being held	ina nim Lat	n/ner 1	it to undergoing training	of strenuous nature during
from_		to		·				
2	T -1	4:C- 41-	. 4 41 1		- 1 0- 1	-4 1	1	
2. Tetani		-						nated against Hepatitis B, es including H1N1 Virus.
3.	Blood Gr	oup of	the Cadet	is		_		
Place	:						Signature of Medical O	fficer
D /							Name : Designation :	
Date	:						(Rubber Stamp	<u></u>
							(Rubbel Stam)	<i>')</i>
				EODM	OE IN	DEM	NITY DOND	
				<u>FURM</u>	OF IN	DEM	NITY BOND	
2	I. Doot N			Dan	1.		Nama	
3. in conside	I, Kegt N	0	nominated	Kan Laithar by th	K	authori	Name	to undergo all types of NCC
								ourse / Adventure Training
(including	g Army, Nav	y & Ai	r Wing act	ivities, as the	case m	nay be)	and while travelling (in d	omestic/international surface
their equitors of their equito	ivalent from ent, in respe whatsoever d that no co valents from ich may be f n with said	Navy ect of a which I ompensa n Navy from thi	and Air Iny loss on I may suftion will be and Air ford party agreement.	Force, Civiliand in the process of the paid by the process civiliand gainst them overture training the process of the process	an MT ne prope in cor e Govern MT dri r any of	Driven erty or nsequen nment ivers of f them elling a	person including injury rence of my participation in or NCC authorities including any person in the service arising out of any act of definition.	ling Officers, JCOs/ NCOs of the person in the service of esulting in death, due to any in the above activities and ling Officers, JCOs/ NCOs of the or Government against any efault on my part during or in the ge Program or any such NCOs
Signa	tura of tha l	Doront					Signature of Codet	
	ture of the l						Signature of Cadet Mobile No	
Name	;						1,100110 1 (0.	
Addre	ess :							
****	<b>N</b> T 1 (13			the applica	nt/Pare	ent / G	uardian in the presence of	·
Witne	ess No.1 (Al	NO/CT	<u>O)</u>				Witness No.2 (E	lead of Institution)
Signatu	ıre				_	Si	gnature	
Name (	(In Block Lett	ers)			_	N	ame (In Block Letters)	
	(Rubber	Stamp)					(Rubber Stamp)	
				COUNT	ER SIG	SNAT	URE OF CO	
Statio	n:							(00.0)
Date	e:		_					(CO Stamp & Sign) (Unit Round Seal)

## **BONAFIDE CERTIFICATE**

It is certified that the following NCC Cadet of this unit is a bonafide student of this College/School. This Institution Comes under (GOVT / PVT / Aided)							
S.No.	Regt. No.	Rank	Name of the Cadet	College / School	Class in which studying	Remarks	
1.							
	(Signature of the ANO with Seal)			(Signature of the Head of The Institution with Seal)			

## **SIGNATURE OF THE CO UNIT**

Station :

Date :