CAMP FORM

DROWNING ACCIDENT CERTIFICATE

I Know that there in deep water near the camp site and that the near to the water is OUT OF BOUND, If I go, there I shall do so entirety at my own risk.

I have been explained regarding the peculations to be taken against drowning accident & have understood them. I have been told not to go near deep water in the vicinitly by the in charge. If I go to any one of these out of bound areas, I shall do so at my own risk.

Name of Unit: Name of Dte: NCC Dte, W	
Regt No	Rank
Name	
Signature	
Certified that I have explaine shown 'OUT OF BOUND' Area to the	ed the orders regarding peculations to be taken against drowning accident and he cadets. The cadets have signed in my presence.
I Know that there in deep water near shall do so entirety at my own risk.	the camp site and that the near to the water is OUT OF BOND, If I go ,there I
Stations:	
Data :	Signature of Unit
Date:	Signature of Cint
	Indemnity Bond
activities like Mountaineering, Rock of undertake and agree that neither I nor India or against any officer JCO/or Ci of any loss or injury to the property or consequence of any being participated officer JCO/or civilian MT Driver and executor and administrate to indemnit service of Goyt of India against any cl	In nominated at my request as a participation any camps course / Adventure Trg Climbing Trekking Hiking. Sking Cycling and Expeditions and traveling, I executor nor administrator will make any claim against the Government of ivilian MT Driver or against any person the Service Govt of India, in respect represon (including Injry resulting in death) WHICH I May suffer while or in and understand that no companion will be paid by Govt of India or any in respect of may such loss or injury and I agreed so as to bind myself, by the Govt of India any officer JCO/or Civilian MT Driver and person in the laim which may be any third party against them or any of them arising out any in connection of said traveling journey.
Station	
Date	(Sign of the Applicant)
In present of witness	
Signature 1	(Name in block letters)
Address	
Address	
cc	OUNTERSIGNED BY FATHER/GUARDIAN
Sig	gnature
ATTESTEL	D BY THE PRINCIPLE/ HEAD MASTER/ANQ
Certified that the above office trekking expedition camp.	er/cadet is on the Roll of the College/School and can be spared for the above
Station	
Dete	Signature

MEDICAL CERTIFICATE (NCC OFFICERS AND CADETS)

Certified that I have No	
NameInstitution	on
Unit: and found him	fit to undergo training of strenuous nature on the
	se being held at
from	
I also certify that above mentioned Cadet/ANO has be against small Pox, Typhoid and cholera.	
Station	
Date	(Sig of Medical Officer) (Stamp with seal)
RISK CERTIC	ICATE
This is to certify that I, No	Rank
NameFathe	r's Name Sri
School/College	Unit:
volunteer to attend the	
from	toat my own risk.
Date	Sign of Applicant
	Address
	Address
	Tele
PARENTS CONSENT This is to certify that I have no objection to spare my	CERTIFICATE Son/Daughter No
RankName	
	Unit:
School/Collegeto attend the	
atfrom	
Station	
Date	(Sign of Parents/Guardians) Name
	- 1 1/181
	Address
CERTIFICATE OF COVERAGE BY CA	
Certified that No	
Name	has
Deposited his subscription to the Cadet Welfare Society.	Lowner, or sentences
	(Sig of Trg JCO)
and the same of th	(Sig of OC Unit)