

**CONSENT FORM & INDEMNITY BOND**  
**NCC-2019**

I, \_\_\_\_\_ parent / guardian of \_\_\_\_\_

Class \_\_\_\_\_ allow my ward to participate in NCC activities/Camp and will make my own transport arrangement to drop my ward.

My ward \_\_\_\_\_ is medically fit to participate in the above NCC activities. I certify that my ward does not suffer from any allergic ailment leading to breathing problems or any contagious diseases. In case of any accident, illness or injury to my ward during the NCC activities,

I shall not hold the institution Organizers / and /or their nominees wholly or partially responsible.

Date: ..... Parents / Guardian Signature.....

Name: .....

Address: .....

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PIN: .....

Mobile/Phone: .....