CAMD DDOEODMA

	APEENDIX 'A'			
WILLINGNESS CERTIFICATE				
SD/JD Cadet Rank				
Regtl No				
College/School, am willing to proceed for the				
o be held in the monthto-				
My exams are over therefore, I may be allowed to attend the camp.				
	Signature			
	Name			
	(in block letters)			
	Address			
	APPENDIX (P			
MEDICAL FITNESS CERTIFICATE	APPENDIX 'B'			
Certified that I have examined No	Rank			
Nameof College/School				
Nameof College/School Jnitin accordance with the stand				
Jnitin accordance with the stand	ard laid down in NCC Act and Rules			
	ard laid down in NCC Act and Rules			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training of	ard laid down in NCC Act and Rules of sternous Nature and to be held at			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwhich is or with the stand accordance with the standard accordance with the standard accordance with a standard accordance with the	ard laid down in NCC Act and Rules of sternous Nature and to be held at			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwhich is or with the stand accordance with the standard accordance with the standard accordance with a standard accordance with the	ard laid down in NCC Act and Rulesof sternous Nature and to be held at			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwhich is continuous and the co	ard laid down in NCC Act and Rules of sternous Nature and to be held atto small Pox.			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwhich is o	ard laid down in NCC Act and Rules of sternous Nature and to be held atto small Pox. Signature of Medical Officer			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwhich is continuous and the co	ard laid down in NCC Act and Rules of sternous Nature and to be held atto small Pox.			
Jnitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwithwhich is constituted against TAB and I also certify that the Officer/Cadet has been inoculated against TAB and Date	ard laid down in NCC Act and Rules of sternous Nature and to be held atto small Pox. Signature of Medical Officer			
Jnitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwithwithfrom	ard laid down in NCC Act and Rules of sternous Nature and to be held atto small Pox. Signature of Medical Officer Name in Block Letters			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwhich is continuous continuous from	ard laid down in NCC Act and Rules of sternous Nature and to be held atto small Pox. Signature of Medical Officer Name in Block Letters			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwith	ard laid down in NCC Act and Rules of sternous Nature and to be held at to small Pox. Signature of Medical Officer Name in Block Letters Designation APPENDIX 'C'			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwith	ard laid down in NCC Act and Rules of sternous Nature and to be held atto small Pox. Signature of Medical Officer Name in Block LettersDesignation			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwithwhich is of	ard laid down in NCC Act and Rules			
Unitin accordance with the stand Appendix 'A' and found him fit to undergo training ofwith	ard laid down in NCC Act and Rules			

This is to certify that I No.-Name----volunteer to attend ----to be held at -----Date-----Place-----Signature of NCC Officer/cadet Counter Signature of Cadet's parent/guardian for cadets only) Signature of father/guardian Name in block letters-----Address-----Attested by the principal of College (Seal)

COUNTER SIGNATURE OF OC UNIT

Date-----Place-----

SAFETY PRECAUTION CERTIFICATE

		INDEMNI	TY BOND	(Applica	Appendix 'B' Annexure to Form I tion for enrolment)
Date	Place		_	nature of OC Unit ank & Name	
S.1 1 0.	Date	301001/001lege	Name		igned in my presence
S.No.	Date	School/College	Name	Number	Signature
be resp	I know that there is de	ep sea water near the camp	o site and the are	a is OUT OF BOUND	S, If I go there, I will

To, The President of India

In consideration of my being nominated either by the NCC authorities or at my own request as a participant in any NCC camp (which includes Republic Day Camp and Independence Day Camp in Delhi), Course, Adventure Training (including Army, Navy and Air Wing Activities, as the case may be) and while travelling (in domestic/international surface, air and water transport) and attending Youth Exchange Programmes abroad, I undertake and agree that neither I, nor my executors or administrators or other legal representatives will make any claim against the Government or against NCC authorities including Officers, JCOs/NCOs or their equivalents from Navy and Air Force, civilians, MT drivers or against any other such person in the service of the Government, in respect of any loss or injury - to the property or person, including injury resulting in death, due to any reasons whatsoever which I may suffer, while or in consequence of my participation in the above activities and I understand that no compensation will be paid by the Government or NCC authorities including officers, JCO's/NCO's or their equivalents from Navy and Air Force or civilian MT drivers in respect of any such loss or injury and I agree as to bind myself, my executors and administrators and other legal representatives to indemnify the Government or NCC authorities including officers, JCO's/NCO's or their equivalents from Navy and Air Force or Civilian MT drivers in the service of Government against any claim which may be from any third party against them or any of them arising out of any act of default on my part during or in connection with the said camps, courses, adventure training, travelling and while on Youth Exchange Programme or any other such NCC activities as may be organised from time to time within or outside the Union of India.

Witnes	SS	Signature of Applicant No		
(1)	Signature Name Address	Name Unit/Group		
(2)	Signature Name Address	Signature of Parent/Guardian NameAddress		
Date Place				

(Note: In case of SD applicant being a minor, Indemnity bond applicable to Minor will be used)