

**RISK CERTIFICATE**

This is to certify that I, No. ...., Rank ..... Name .....  
of College/ School ....., 1 RAJ CTR NCC, Pilani, volunteer to attend the  
..... Camp / Course being held at ..... From .....  
To .....

Station :

Date :

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**(Signature of Applicant)**

**PARENTS' CONSENT CERTIFICATE**

This is to certify that I have no objection to spare my son /ward , No. ...., Rank .....  
Name ..... to attend the ..... Camp/Course  
being held at ..... from ..... To .....

Countersigned

Countersigned

( Father / Guardian)

**Principal/ Head of Institution**

Name (Block Letters) .....

Address .....

.....

Date : .....

**MEDICAL CERTIFICATE**

I. Certified that I have examined No. ...., Rank ..... Name .....  
of ..... College/ School 1 RAJ CTR NCC, Pilani and found him fit to under  
go training of strenuous nature of the .....Camp / Course from .....To  
.....

2. I also Certify that the above mentioned Officer / Cadet has been inoculated / vaccinated against :

- (a) Typhoid (TAB)
- (b) Tetanus (TT)
- (c) Tuberculosis (BCG)
- (d) Hepatitis 'B' ( Ser 2 (d) applicable for cadets proceeding on YEP only)

Station : .....

Date : .....

.....

**Signature of Medical Officer**  
**Name and Seal of Medical Officer**

**ARRIVAL CERTIFICATE**

No. ...., Cadet ..... Name .....  
Has been detailed to attend to attend the ..... Camp/ Course being held at .....  
from .....To .....

Station : .....

Date : .....

.....

**Officer Commanding**  
**1 RAJ CTR NCC, Pilani**

**INDEMNITY CERTIFICATE**

In consideration of my being nominated at my request as a participant in any Camp/ Course/ Adventure Training activities (Like Mountaineering, Rock Climbing, Trekking, Hiking, Skating, Cycling, expedition , Travelling etc.), I undertake and agree that neither I nor executor not administrator will make any claim against any person in the service of Govt. of India respect of any loss or injury to the property or person (including injury resulting in death) which I may suffer while or in consequence of my being participated and I understand that no compensation will be paid by the Govt. of India or any office JCO or Civilian MT Driver and in respect of any such loss or injury and I agree so as to bind myself, executors and administrator to indemnify the Govt. of India and Officer JCO or Civilian MT Driver and any person in the service of Govt. of India against any claim which may be any third party against them or any of them or any of them arising out of any act at default on my part during or in connection of said Training and journey.

Station ..... Signature of Applicant .....  
Date ..... Regtl No. ....  
Signed by ..... Rank (Block Capitals) .....  
Name .....  
Address .....

(In presence of )  
Witnesses  
Signature 1. .... 2. ....  
Name (BLOCK) .....  
Address .....  
.....

Countersigned

Countersigned

( Father / Guardian)

**Principal/ Head of Institution**

Name (Block Letters) .....  
Address .....  
.....

Date : .....

**DROWNING ACCIDENT CERTIFICATE**

1. No..... Rank ..... Name ..... attending the camp at ..... know that there is deep water near the camp site, enroute and the area of the water is OUT OF BOUND. If shall go there, I shall do so at my own risk.

I have been explained order regarding the precaution to be taken against drowning accident & have understood them I have been told not to go near deep water in the vicinity by the in charge. If I go to any of the out of Bound Areas, I shall do so at my own risk.

Name of Unit : 1 RAJ CTR NCC, PILANI  
Name of Group HQ : Jaipur .....  
Name of Directorate : Rajasthan (Signature of Cadet)

Certified that I have explained the order regarding precautions to be taken against drowning accident and shown to the cadets OUT OF BOUND areas. The cadet has signed in my presence.

Station .....  
Date ..... (Signature of ANO)

**ATTESTATION OF PRINCIPAL/ HEAD OF INSTITUTION**

Certified that the above named Officer / Cadet is on the roll of the College / School and can be spared for the above Camp/ Trekking / Expedition

Station .....  
Date ..... (Signature of Principal/ Head of Institution )  
(With Seal )

**COUNTER SIGNED**

Station ..... **Officer Commanding**