



INDEMNITY BOND

(To be filled in own handwriting in BLOCK LETTERS)

I,.....,Son/Daughter/Wife of,
resident of.....,having
read the NIM general information, programme profile and terms & conditions for
registration, and having agreed to participate in (course
name)..... during (dates) to being
organized by NIM, Uttarkashi. I do hereby declare that I am attending the
course/activity at my own risk and responsibility.

I further declare that institute, namely, NIM, located in Uttarkashi, Uttarakhand or
any person(s) authorized by the aforementioned organization in this behalf shall not
in any way be liable to me or to my dependents, legal heirs, successors or to any
other person(s), for any loss, damage, disability or injury sustained by me or for
death resulting from my participation in the above mentioned program/activity. The
aforesaid Organizations and any/all person(s) authorized by them shall not be liable
to pay any compensation, by whatever name called, to me or to my dependents,
legal heirs, successors, assigns or to any other person(s) herein before not
mentioned.

Place.....

Date.....

Signature of Trainee

(Undertaking by Parent / Guardian of the Trainee)

I, Parent/Guardian of having
read, agree to and accept the contents of the above Indemnity Bond, have no
objection to my Son/Daughter/Ward participating in (course name)
During (dates) to being organized by NIM, Uttarkashi.

Place

Date

Signature of Parent/Guardian of Trainee

Name.....

Relationship with Trainee.....