

**INDEMNITY CERTIFICATE**

In consideration of my ward Roll No. \_\_\_\_\_ Name \_\_\_\_\_ being allowed at his/my request for the travel during winter/midterm & summer vacation/leave or during organised Educational Tours or on liberty (out pass) and when called at my request on emergency with or without escort, I undertake and agree that neither I nor my executor nor administrator will make any claim against the Government of India or against any Officer, Instructor or any person in the service of Sainik School Korukonda or the Sainik Schools Society in respect of any loss or injury including the death which he may suffer during the travel during winter/midterm & summer vacations/leave or during any organised trips like educational tours or on liberty (out pass) and when called at my request on emergency with or without escort, I understand that no compensation will be paid by the Government of India for any loss or injury including death and I agree so as to bind himself, executors and administrators to indemnify the Government of India or any Officer/Instructor of Sainik School, Korukonda against any claim.

Signature of Parent/Guardian  
Address: \_\_\_\_\_

Signed by Parent/Guardian in my presence:

**WITNESS :**

(1) \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_