

INDEMNITY BOND/RISK CERTIFICATE

(On stamp paper costing Rs. 15/-)

I _____ S/o/Do.Sh. _____ and resident of _____

Tehsil _____ District _____ do here by solemnly declare and affirm as under: -

1. That my son/daughter _____ Academy No. _____ and age _____ is a student of Sri Dasmesh Academy, Anandpur Sahib Distt. Ropar.
2. That I am prepared to send my above named son/daughter on any adventure historical/geographic course to any part of the country that may be organized by Sri Dasmesh Academy and that I would not hold the Academy responsible for any mishap that occur during such visits or at the Academy.
3. That I would not hold the Academy responsible for any natural hazard that may occur at the Academy or during any visit.
4. That I would not hold the Academy responsible for any injuries, fatal or otherwise that my son may suffer during his stay at the Academy.
5. That I will not hold Sri Dasmesh Academy responsible for such activity undertaken by the school inside or outside including all educational tours, excursions, treks, mountaining, sailing, surfing or while travelling under Academy arrangements.
6. I will not hold Sri Dasmesh Academy responsible for any injury, fatal or otherwise while travelling to and from Academy to home and vice versa in the Academy transport or the transport hired by the Academy.
7. I will not hold Sri Dasmesh Academy responsible for any injury, fatal or otherwise caused due to accident or otherwise resulting from his running away from the Academy without permission.
8. I will be fully responsible for the activities of my son/ward at the Academy/outside, which will cause damage/breakage to the Academy property/outside willfully or due to his negligence and I under take to make good such losses caused due to such actions on the part of my ward/son.

Signature of Parent/Guardian

Attested by SDM/Tehsildar

SRI DASMESH ACADEMY, ANANDPUR SAHIB

Parents are requested to supply the following information regarding them selves and their Wards: -

1. Name of the Ward : -----
2. Father's Name : -----
 " Age : -----
 " Occupation : -----
 " Education : -----
 " Income : -----
3. Telephone Number Office and Residence : -----
4. Mother's Name : -----
 " Age : -----
 " occupation : -----
 " Income if any : -----
5. Number of Siblings
 Brother : -----
 Sisters : -----
6. Any Brother(s) studying n the Academy
 (their names, A. No. & House) : -----
7. Please intimate the names of Individuals together with relation who can see and take the child from the campus.
 1. -----
 2. -----
 3. -----
 4. -----
 5. -----

Kindly furnish as much information as possible. This will help us to look after your ward better.

Place:-----

Signature of Parent

Date:

Address:

