

Indemnity Bond

I _____ Son/ Daughter of _____ studying in BDS class _____ at Adesh Institute of Dental Sciences and Research, Adesh University, Bathinda campus, here by state as under:-

That I have applied for permission to travel by organized transport of Adesh University, Bathinda organized by _____ on date _____.

That I understand that I will travel at my own risk and responsibility.

That I will be responsible for any academic loss occurring during this period.

That I will conduct myself with due discipline and will not indulge in any risky behavior or action and that I will not visit any site/place not permitted in the scope of the sports visit.

That I hereby indemnify Adesh University/ college authorities against any liability whatsoever on account of any accident, mishap, unforeseen adversity and that I or my parents or anyone else on my behalf will not have any claim for damage or loss injury or death related to the sports visit against Adesh University/ Adesh Institute of Dental Sciences and Research, Bathinda.

I am above 18 year age.

Date: _____

Place _____

Signature of Student _____

Name _____

Class _____ Roll No. _____

Contact No: _____

(Counter Signed)

Principal Seal

**Declaration by the
Parents**

I _____ Father/ Mother of _____
student of _____ course at Adesh Institute of Dental Sciences & Research,
Bathinda declare as under:-

That the above particulars submitted by my ward are true and nothing has been concealed
there in. I permit him/her for the above tour.

Date: _____

Signature of Parents _____

Name _____

Address: _____
