

INDEMNITY FORM

I _____ hereby declare that. I am going to fly at HARYANA INSTITUTE OF CIVIL AVIATION at my own risk and responsibility. The Haryana Institute of Civil Aviation shall not be responsible to me or my dependents legal heirs or other for death, disability or injury while its on ground, getting into, coming out or flying aircraft, gliders owned or ground, getting into, coming out or flying aircraft, gliders owned or maintained by the said Institute. Its staff, officers members or other connected with it will not any compensation, indemnity or to my dependents legal heirs or other.

(Signature of Candidate)

Counter signed by the Father or Guardian, if the person is below the age 21 years.

Name:

Profession:

Designation:

Monthly Income:

(Signature in Full)