

IHMGSP – 22

**FORM OF INDEMNITY BOND**

In consideration of my ward being admitted to the institute of Hotel Management, Gurdaspur and or admitted to the hostel as a student/hosteller, for doing the three Year Degree Course of B.Sc. in Hospitality & Hotel Administration, which involves Training activities in I.H.M. Campus/outside and travelling, I undertake and agree that neither I nor my executors/administrator or other representatives will make any claim against the Govt. of India, Board of Governor's or against the Institute authorities including any officers/faculty/warden or against any person in the service of the Institute, in respect of any loss/injury to any property/person (including injury resulting into death) due to any reason whatsoever which I/he/she may suffer while or in consequence of his/her participation in any of the above activities including during industrial training and I understand that no compensation will be paid by the Govt. of India, Board of Governor's/Institute Authority including any officers in service of the Institute in respect of any such loss or injury (including injury resulting into death) I also agree so as to bind myself/my executors and administrators and other legal representatives to indemnify the Govt. of India & Institute authorities including the Board of Governor of I.H.M. Gurdaspur and any other officers in service of the Institute against any claim which may be made by any third party against them/any of them, arising out of any act of default on my/his/her part during/in connection with said training/course in/outside the institute and travelling by road, rail, air, water or while on student exchange Programme or while deploying/deployed for industrial training or any other such Institute activities organized from time to time, within/outside the Institute campus.

Dated \_\_\_\_\_

Signature of student \_\_\_\_\_

Parents/Guardian Signature \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

Signed in the presence of :-

Witness No. 1

Witness No. 2

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name & Address \_\_\_\_\_

Name & Address \_\_\_\_\_

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\_\_\_\_\_

Contact No. \_\_\_\_\_

Contact No. \_\_\_\_\_