## **IMPORTANT – Duly Filled hard copy submission is mandatory.**

## Annexure 2

## **Indemnity Form**

(Note: To be filled on Rs. 100 stamp paper)

l,			[Name c	of the	Ар	plicant/	Official],	[Designation]	having
Address / Registered Office at							have been authorized by		
Noida I	Metro	Rail	Corporation	Ltd.	to	carry	out _	[ever	nt] on
	[insert date] from to							[insert time].	

For my visit to \_\_\_\_\_\_ (Location Name). I, hereby, indemnify Noida Metro Rail Corporation Ltd., its Representatives and Officials completely against any loss, injury, damage caused to metro commuters, NMRC's men, material & property and to our men & material as well during the said period and undertake to bear all cost incurred as a result of such incidence.

I, hereby, further state that no claims / damages whatsoever shall be made by myself or my representatives against NMRC on the aforesaid context before any court / statutory authorities.

Name of the Applicant/ Official

Stamp/Seal of the Organization

In the presence of:

Sign of Witness 1\_\_\_\_\_

Sign of Witness 2

Name\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Address\_\_\_\_\_

Time & Date of entry

Time & Date of exit

(to be filled by NMRC official)

\*Strike out whichever is not applicable.