## Annexure 3: Indemnity Form

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

l,	[Name of the Applicant/Official],		[Designation] having
Address / Registered Office at			
			[event] on
	[insert date] from	to	[insert time].
indemnify Noice any loss, injury	da Metro Rail Corporation $y$ , damage caused to metral as well during the said $\mathfrak p$	Ltd., its Representatives commuters, NMRC's me	(Location Name), I, hereby, and Officials completely against en, material & property and to our ear all cost incurred as a result of
•		_	shall be made by myself or my court / statutory authorities.
Name of the A	pplicant/ Official		
Stamp/Seal of	the Organization	In the pres	ence of:
Sign of Witnes	s 1	Sign of Wit	tness 2
Name		Name	
Address		Address	
Time & Date o	f entry		
Time & Date or	f exit		
(to be filled by	NMRC official)		

<sup>\*</sup>Strike out whichever is not applicable.