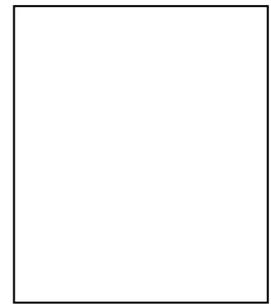


RIDING APPLICATION
MEDICAL FITNESS CERTIFICATE



This is to certify that, I have medically examined the boy cadet (Master).....School Roll No.....ClassSection Son of Shriand I have found him physically and mentally fit for participating in horse riding in Riding Club of Sainik School Purulia.

Place

Signature of School Medical Officer

Date

Name

Designation

INDEMNITY CERTIFICATE

In consideration of my being nominate at my request as a participant in horse riding in Riding Club of Sainik School Purulia, I undertake and agree that I will not make any claim against Sainik School Purulia or the officers of the master in – charge Riding Club or the Riding Instructor for my injuries including death, which I may suffer while inconsequence of my participation and I understand that no compensation will be paid by the above mentioned institution of person.

Witness – 01

Signature of the applicant

Signature with date

Name

Address

School Roll No

Witness – 02

Father's Name

Signature with date

Signature of the Gurdian

Address

Name

Address

Signature of the House Master

Name

Address

