

APPENDIX "C" TO NAVY INSTRUCTION NO. 17 OF 1977  
FORM OF INDEMNITY

To,

The President of India,

In consideration of the President of India(hereinafter referred to as 'The Government) having at my request agreed to carry me as a passenger in any service transport belonging to the Government whether by land or by water and being in charge of an officer, civilian MT Driver, Sailor or civilian boat coxswain of the Indian Navy I undertake and agreed that neither I or my heirs, executors or administrators will make any claim against the Government or against any officer , civilian MT Driver, sailor or civilian boat coxswain of the Indian Navy or against any person in service of the Government for or in respect of any loss, damage or injury to property or person including injury resulting in death) which I may suffer while or in consequence of my being so carried . I also agreed that no compensation except as otherwise admissible under any statue or statutory or other rules applicable to me will be paid by the Government or by any officer , civilian MT Driver, sailor or civilian boat coxswain of the Indian Navy, for or in respect of any such loss, damage or injury. I also agree so as to bind myself, my heirs, executors and administrators to indemnify and keep indemnified and save harmless the Government and any officer, civilian MT Driver, sailor or civilian boat coxswain of the Indian Navy or any person in the service of the government against any claim or demand which may be made by any third party against them or any of them arising out of any act omission or default on my part in connection with such journeys.

2. The government has agreed to bear the stamp duty on this document  
Signed by the applicant.

.....  
(Signature of applicant)  
Shri .....  
Address and designation of  
the applicant

In the presence of (witness)

- 1) .....  
.....
- 2) .....  
.....

Accepted

FOR AND IN THE BEHALF OF THE GOVERNMENT OF INDIA

**Undertaking**

High Commission of India,  
Colombo, Sri Lanka

Subject: Consent form for evacuation from Colombo, Sri Lanka.

1. I,.....  
.....  
.....(name, city, country) holding  
valid Indian passport.....(Passport  
number), confirm my willingness to return to India.

2. I confirm my readiness to follow all instructions given by the officials of  
Government of India/ High Commission of India/ Ship crew/ Aircraft crew/  
medical personnel on arrival.

3. I am also willing to undergo a 14 days mandatory quarantine on my  
arrival in India at own expense as per the protocols framed by the Government  
of India.

4. I also consent to undergo any prescribed medical check-up/ test by the  
health authorities of Government of Sri Lanka, before the departure.

5. This undertaking/ consent for evacuation is being signed and submitted  
at my own free will and risk in case of any accidents or eventualities such as  
medical or otherwise. I will not hold the High Commission of India in Colombo,  
Sri Lanka or Government of India or any other Government agencies  
responsible.

(Signature with date)

Name:

Passport No:

Mobile:

**SELF-DECLARATION FORM**  
**(TO BE FILLED UP IN DUPLICATE)**

1. **Personal Particulars.**

- (a) Name of the Evacuee (as shown in Passport):
- (b) Passport Number:
- (c) Age (in years):
- (d) Gender:
- (e) Full Address (where evacuee will proceed after disembarkation, quarantine):
  
- (f) Contact Numbers:

2. **Medical History.**

- (a) Presently suffering from any respiratory symptoms like fever, cold, cough, sore throat, breathing problem (give details of onset and under treatment, if any):
  
- (b) Presently suffering from any other symptoms other than respiratory symptoms mentioned above (give details of onset and under treatment, if any):
  
- (c) List of Pre-existing Medical Illness (give details of onset and under treatment, if any):

3. **COVID-19 Contact History.**

- (a) Have you had close contact with anyone diagnosed as having coronavirus COVID-19?
- (b) Have you provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19?
- (c) Have you visited or stayed in close proximity to anyone with COVID-19?
- (d) Have you worked in close proximity to or shared the same classroom environment with someone with COVID-19?
- (e) Have you travelled with a patient with COVID-19 in any kind of conveyance?
- (f) Have you lived in the same household as a patient with COVID-19?

4. **Declaration.**

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, I shall be liable to get punished under Epidemic Disease Act 1897.

Date:

Signature