

Undertaking cum Indemnity Bond

To,

Embassy/Consulate General of India,

**Subject: Consent Form for evacuation from _____
(City, Country)**

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/Embassy of India/Aircraft crew/medical personnel on arrival.

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

4. I fully understand that while travelling in the special repatriation flight/Indian Naval ship I may be inadvertently exposed to any infection, including COVID 19 virus, and having fully understood the risk to my person, I voluntarily give consent to travel to India in the special repatriation flight/Naval ship. I undertake and agree that neither I nor my heirs nor my executors nor administrators will hold responsible Union of India, any official of Union of India or staff of airline/naval ship or any of my fellow passengers for any injury to me (including death) or loss of property due to any accidental exposure.

(Signature with date)

Name: _____

Passport Number: _____

Mobile: _____

Email: _____