

SPECIMEN INDEMNITY BOND
(FOR PAYMENT OF MEDICAL INSURANCE PREMIUM)

(single copy)

To be typed on Non Judicial Stamp Paper of Rs. 15/- (Minimum)

INDEMNITY BOND

THIS DEED OF INDEMNITY MADE on the day.....ofbetween.....(Rank, Name Service No. and address) (hereinafter called the Indemnifier which expression shall unless excluded by or repugnant to the context be deemed to include his/her heirs, executors, administrators, legal representatives, successors and permitted assigns) of the one part and Principal Director Air Force Group Insurance Society (AFGIS) New Delhi-110 010 of the other part.

Whereas on the day of (date of retirement) (ServiceNo.)..... for Medical Insurance cover of Rs..... was issued by AFGIS/ IAFBA in favour of Indemnifier.

And whereas the Indemnifier has represented to the AFGIS that the said MIS card has been lost in transit.

And whereas at the request of the Indemnifier, Principal Director AFGIS has agreed to pay the premium of MIS of Rs. & being the amount of premium against Medical Insurance Scheme.

The Indemnifier both hereby agree and undertake to refund to AFGIS in demand and without demur and said sum of Rs.in the event of said previous MIS card being presented and paid.

Indemnify the AFGIS and keep the AFGIS harmless and indemnified from and against all expenses which may be incurred by the AFGIS in relation thereto or in connection therewith.

2. In witness thereto, the parties hereto have set and subscribed their respective hand thereto on day and year first above written.

Signed by the Indemnifier in the presence of :

(1)

1. * Signature , Name & Address
*

2. * Signature ,Name & Address
*

Attested
(Notary Public/ oath Commissioner/ Magistrate)

Signed for and on behalf of Principal Director , Air Force Group Insurance Society by _____ (Rank, Name, Designation) in the presence of :

1.

2.