**Indemnity Bond for Job**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter/wife of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am employed as PRINCIPAL/ VICE – PRINCIPAL / SUPERINTENDENT / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with SANCHETNA PUBLIC SENIOR SECONDARY SCHOOL, MANAGED BY SANCHETNA EDUCATIONAL AND SPORTS SOCIETY, AWAH DEVI, DISTT. HAMIRPUR, H.P. – 177601 and w.e.f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_., and am posted at SANCHETNA PUBLIC SCHOOL AWAH DEVI, DISTT. HAMIRPUR, H.P. – 177601 hereby called INSTITUTE.

I hereby solemnly give an undertaking that I have read and understood the Service rules & terms of Employment of the INSTITUTE, and agree to serve with full integrity and honesty.

I also understand that I am working at a responsible position at SANCHETNA PUBLIC SENIOR SECONDARY SCHOOL, AWAH DEVI and any misconduct or wrong action on my part whether deliberately or otherwise can adversely affect the working / goodwill / reputation of the INSTITUTE for which I shall be solely responsible.

1.    That I am working in Educational organisation (Institute) and responsible for duties and responsibilities under my control as or when assigned by Management and Government Authorities.
2.    That I shall be solely responsible for confidentiality of documents under my control.
3.    That I shall be solely work in accordance with the Policies/Guidelines of Management and Educational Agencies.

4. That I shall be solely responsible for providing information / data as or when asked by higher Authorities and inform the management regarding needful resources.
4.    That any loss or damage caused to the Institute / Employee / Students due to my negligence. I shall be liable to pay damages/losses as panelised by management or higher authorities.

5. That I shall be responsible for smooth functioning of Institute and my working will not hamper Institute.
6.    That I authorize the School Management / Govt Agency to recover the damages caused by my disobedience of duty from my Dues.

 On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**EXECUTANT**

1. Witness (Signature) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Witness (Signature) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTESTED

NAME & SIGNATURE
 WITH RUBBER STAMP