

Undertaking cum Indemnity Bond

To

The High Commission of India
Dar es Salaam (Tanzania)

**Subject: Consent Form for evacuation from Dar es Salaam
(Tanzania) to India.**

I, _____, holder of Indian
Passport No. _____ issued at _____ on _____ and valid till
_____, hereby undertake the following in connection with my request for
evacuation to India:-

(i) that I, and members of my family travelling along with me whose details (name, relationship and passport No.) are given as under, agree to travel to India at my/our own risk & free will and also for the 14-day mandatory quarantine as per protocols framed by the Government of India on my/our arrival in India at my/our own cost including cost of airfare as conveyed to me/us and the cost of quarantine:

- 1.
- 2.
- 3.
- 4.

(ii) I/We fully understand that while traveling in the special repatriation flight, I/we may be inadvertently exposed to any infection, including COVID 19 virus, and having fully understood the risk to my/our person(s), I/we voluntarily give consent to travel to India in the special repatriation flight. I/We undertake and agree that neither I/we nor my/our heirs nor my/our executors nor administrators will hold responsible Union of India, any official of Union of India or staff of airline or any of my fellow passengers for any harm/injury to me/us (including death) due to any accidental exposure.

iii) that I/we will not travel if I/we develop symptoms of COVID 19 before the actual travel to India and self-quarantine myself/ourselves till I/we become completely fit for travel;

(iv) that I/we would wear face mask(s) and follow all hygiene throughout the journey to India. I am/we are also willing to follow all instructions given by the officials of Government of India / High Commission of India / aircraft crew / medical personnel at the place of origin / destination.

Place :
Date :

Signature:
Name :