## FORM-XIII (A)

## INDEMNITY BOND FOR BASEMENT

The indemnity Bond is executed by Shri/Smt. S/o, D/o, W/o Shri/Smt. Shri D: P Sinha R/O Ranchi in favour of JIADA Authority.

And whereas the executants has agreed to execute an indemnity bond to the above affect and also to abide by the terms imposed by the concerned **JIADA**. Authority the grant of sanction for construction of the basement.

Now the deed witnesses:

- I That in consideration of the sanction of the plans by JIADA. Authority for construction of the basement the executant undertakes that he/she shall at all times keep JIADA Authority free from any liability, loss or damages, flowing from any injury or damage caused to the adjoining built up properties or to any person as a consequence of the construction of at the time of digging of its foundations or during the course of its construction or at any time thereafter.

 The executant agrees and undertake to indemnify the concerned Authority fully in respect of any amount which the concerned Authority may be required to pay to any person either by way of compensation or

CANADO.

from self-

on any other account as a result of any claim or suit or any other proceedings concerning the sanctioning of the construction of the basement of the making there of and also in respect of the costs and expenses which the concerned Authority may incur on defending any

4. Without prejudice to the above undertaking the executant hereby binds itself to pay to ...... Authority to the full extent any amount which ...... Authority may be required to pay to any person in connection with relating to or concerning the sanctioning or the basement o the making thereof.

5. The owner agrees and undertakes that this bond shall remain in full force and effect till the executant faithfully observes/ performs the undertaking here in before contained. In witness where of the executant above named has signed this bond on this..... of..... at......day

Indemnifier

DR. ANANT SINHA Name and Signature of Owner/Builder/Applicant

Registration no. MCI-8382 Phone/Mobile no. 9431109615

Date:

Address: H. No. 419B Road No- 4C Ashor Nagar. Runch: Ashor Kunch:

Full Address DEVICAMAL 4050ITAL

Date 33/05/19 BAZRA

(Signatures)

Witness:

2. Name ANKIT KUMAR Full Address DEVKAMAL HOSPITAL BAIRS

Date...O3

(Signatures)

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