



INDEMNITY FORM FOR VISITING SCIENTISTS/ RESEARCHERS/ STUDENTS

To be completed by Visiting Scientist/ Researcher/ Student

[for attachment to any laboratories in Nanyang Technological University (NTU)]

Home Institution/ University:

Duration of Visit:

(State dates in DD/MM/YYYY)

_____ to _____ (inclusive)

Name (as in NRIC/Passport):

NRIC/ Passport Number:

Address in Singapore:

Address in native country (as in Passport) (if applicable):

Email:

Contact No:

Project Title:

Project Supervisor/ Collaborator in NTU:

Terms & Conditions:

I agree to assume any and all risks which might be associated with my visit and I will not hold the Nanyang Technological University ('NTU'), its related entities, its officers, and/or any of its full-time or part-time staff responsible or liable in any way for, and that no right of action shall arise from, any loss and/or damage (including, without limitation, personal injury or property damage) caused by or sustained as a result of my visit to NTU.

To the extent permitted by law, I will indemnify NTU and keep NTU indemnified from and against all liabilities, claims, actions, damages, costs or expenses of any type arising out of or in any way connected with my visit or breach of my undertakings herein.

I agree to comply with all applicable rules, regulations, instructions and requirements as may be prescribed from time to time by NTU or the schools/departments that I am attached to.

I will, at my own expense, effect and maintain adequate insurance in respect of medical and accident expenses and any third party or public liability arising out of my visit. I acknowledge that NTU is not obliged to provide any form of insurance during my visit.

I declare that I am sufficiently fit physically to participate and complete my visit and that I have not been advised otherwise by a qualified professional.

I will not publish or disclose any research results from my visit without NTU approval.

I hereby consent to and authorize NTU and its related entities to collect, use, disclose and/or otherwise process my personal data/information for the purposes of my visit and/or any other purpose reasonably related to the same.

Serial No: _____
(to be filled by MSE administrator)

Signature of Visiting Scientist/ Researcher/ Student:	Name of Visiting Scientist/ Researcher/ Student (as in NRIC/Passport):	Date:
Signature of NTU Supervisor/ Collaborator:	Name of NTU Supervisor/ Collaborator:	Date:
Particulars of next-of-kin to contact in case of emergency		
Name:	Relationship to the Visiting Scientist/ Researcher/ Student:	
Address:	Contact No:	

Serial No: _____
(to be filled by MSE administrator)