Passport Size Photo Attested by Head of Institution

## **APPLICATION FORM FOR ENROLLMENT**

(See Rules 7 and 11)

1.	What is Your Name?	1
2. addre	What is your parents/Guardian's Name and ss?	2
3.	Are you a citizen of India?	3
4.	What is your Village, Tehsil, or taluka and Dist.?	4
5.	What is your post office?	5
6.	What is your Railway Station?	6
7.	What is your educational qualifications?	7
8.	What is your age & Date of Birth?	8
9.	Have you ever been convicted by a criminal Court and if so in what circumstances and what Was the sentence?	9
10.	In which School/College are you now studying ?	10
11.	Are you willing to be enrolled under the National Cadet Corps Act 1948?	11
12.	In which unit do you desire to be enrolled?	12
13. under	Are you willing to undergo service training As specified in the Act and rules made there ?	13
14. Corps	Are you willing to serve in the National Cadets until discharge as provided in the act?	14
15. Under	Have you ever previously applied for enrolment the Act, and if so with what result?	15
16. Cadet Force:	Have you been dismissed from the National Corps Territorial army or Indian Armed s?	16
17. 18.	Next of kin with address (with relationship) Telephone No. (as applicable) Mobile No.	17 18
19.	E-mail ID	19
20. 21. 22.	Blood Group Next of Kin address (with relationship) Telephone No. (O)/(R) (as applicable) Banker's detail/IFSC Code	20 21  22
23.	Bank Acct No. of Cadet/Parent	23
24. 25.	Aadhar No. PAN Card No. (If allotted)	24 25
Dlace	n.	

Place:

Dated:

SIGNATURE OF THE APPLICANT

# **DECLARATION ON ACCEPTANCE FOR ENROLLMENT**

I solemnly declared that the answers I have given to part of them is false, and that I am willing to fulfill the engage.	
2. I promise that I wi abide by rues & regulations of the National Cadet Corps th parades and camps as may be required by the Commandii	at I will do the best of my ability attend all
3. I Further promise to authorities for any compensation in the event of injury or decourses, traveling and while or YEP or any other such NCC no service liability.	eath due to accident during training Camps,
DECLARATION BY PARI	ENT/GUARDIAN
I solemnly declare that the answers given in this for my son/daughter/wards is willing to fulfill the engagement r	
2. I promise that after end of the compensation in the event of Camps courses, traveling and while or YEP or any other s	of injury or death due to accident during training
Place :	
Dated :	Signature of Parents/Guardians
<u>CERTIFICA</u>	<u>TE</u>
Certified that the applicant and PIs parents/Guardia enrollment.	ns understand and agree to the conditions of
Place :	
Date of Enrolment	Signature of Enrolment Officer (with stamp)

**UNIT SEAL** 

## TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

	I have examined (Name)	
On	(date) and consider His/h	er fit/unfit for enrolment as a
Cadet	in the National Cadet Corps.	
Place	:	Signature
		Designation
Date	:	(Medical Officer)
	TO BE USED FOR EXTENSION OF ENROL	<u>MENT</u>
Α	I agree to extend my enrolment for one year and am willing to fulf	ill the engagement made.
Place :		
Dated	:	Signature of the Applicant
CONF	IRMED	
Place	:	
Dated	:	Signature of Commanding Officer
B. engage	I agree to extend the enrolment of my son/daughter/wards for one ement made.	year and am willing in fulfill the
Place	:	
Dated	:	Signature of Parents/Guardian
	CONFIRMED	
Place	:	
Dated Date fo	: orm which extension starts	Signature of Commanding Officer

Note: TPIs form will be retained in the school in which the unit is located.

#### **INDEMNITY BOND**

To,

The President of India

In consideration of my being nominated either by the NCC authorities or at my own request as a participation in any NCC camp [which including Republic day camp & Independence day camp in Delhi) course, Adventure Training (including Army, Navy & Air wing act vines as the case may be) and while traveling (in domestic international surface, air and water transport and attending Youth exchange Programme aboard] I undertake and agree that neither I nor my executors administrators or other legal representatives with makes any claim against the Govt. of against of NCC authorities including officers, JCO's/NCO's or their equivalents from Navy and Air force civilian, MT drivers or against any other such person in service of the Govt. in respect of any loss or injury to the property; or person, including injury resulting in death, due to any reasons what so ever which mar suffer, while or in consequence of my participation in the above activities and I understand that no compensation will be paid by the Govt. or NCC authorities I including officers JCO's/NCO's or their equivalents from Navy and Air force or civilians MT drivers in respect of any such loss or injury and I agree as to bind my self, my executors and administrators and other legal representatives to indemnity, the govt. or NCC authorities including officers. JCO's/NCO's or their equivalent from Navy and Air Force civilians MT drivers or any person in the service of Govt. a rains any claim which may be from any third party against them or any of them arising out of any act of default on my part during or in connection with the said camps courses adventure training, traveling and while on youth Exchange programme or any other such NCC activities as may be organized from time to time with in or outside the Union of India.

Signature of Parents/Guardian	Signature of Application		
Name	No		
Address	Name Unit/Group		
WITNESS:			
1. Signature	2. Signature		
Name	Name		
Address	Address		
Dated			
Place			

# For membership of the NCC cadets Welfare Society NOMINATION FORM To be retained at NCC Group HQ

# Section-I

1.	I (Name in block letter)				on/daughter of Shri
(name	in block letter)	st	udent of class		of school/college
			on my enrolme	nt with the NCC on (D	ate)
With U	nit		apply for memb	pership of the NCC ca	dets welfare society
and he	ereby subscribe a sum of Rs			towards its me	embership fee.
2.	My Father/Mother/Guardian occup	ation is			and the annual
income	e of my family from all sources is Rs	S		per annum.	
<ol> <li>I understand that shall be entitled to financial assistance as determined by Governing body Managing Committee of the above Society in the event of particular or disablement sustained by me while participating in organized NCC activities. I hereby accept that the decision of the Governing Body/managing Committee with regard quantum of compensation to be paid, to me in the event of permanent partial disablement will be final and binding on me.</li> <li>I hereby nominal the following person(s) who receive financial assistance, as determined by the governing Body Managing Committee of the above Society which will be final and binding in the following person(s) in the event of my death. While participating in the organized activities.</li> </ol>					
S. No	Name  filled by the cadet in PIs own hands	Age writing)	Relation Ship	Permanent Address (s)	Percentage of finance assistance payable
5.	My membership in the welfare soc a cadet in the division or wing of th	iety and			till such time I
			2.	(Full Signature of the	cadet)

Section-II Signature of ANO/Head of Institution Place:.... Dated:.... Section-III I am willing to allow my son/daughter/ward Name ......to become a member of the National; Cadet Corps Cadets Welfare Society under the terms, conditions and the rules in force of this Society. I also approve the nominations made in section I (4) Place: Dated: Signature of Father/Mother/Guardian (with complete address) Witness -(Signature) (Signature) Full name and address or Full name and address or Office seal of the witness Office seal of the witness Note;- The witness should be either gazzetted officer, head of institution/ANO/Sarpanch/Village Head. **Section-IV** Received Rs.....as one time subscription and enrolled as a member or the National Cadet Corps Welfare Society during the cadetship in the Junior/Senior Division/Wing.

	•	J	·		
Place:					
Dated :				Commanding Officer	
		Se	ection-V		

(To be filled in by the NCC Unit)

Date of dispatched of the nomination form to NCC Group HQ.....