FORM I NATIONAL CADET CORPS

SENIOR DIVISION/WING ENROLMENT FORM (See Rules 7 and 11 of NCC Act, 1948)

ATTESTED PP SIZE COLOUR PHOTO

1.	Name (IN BLOCK LETTERS)	
	FIRST	
2.	Nationality & Date of Birth (DD/MM/YYYY)	
3.	Fathers/Guardian's Name	
		M I D D L E
4.	Mother's Name	FIRST
		M I D D L E
5 .	Residential Addresss	
	(Landmark, State, Dist,	
	Taluka, City/Vill, PIN Code)	
ô.	Mobile No.	
7.	E-mail ID	
3.	Blood Group	
9.	Sex	
10.	Nearest Railway Station.	
11.	Nearest Police Station	
12.	Educational Qualification & Marks in (%).	
13.	Identification Marks (at least	
	two)	

4.4	Have very averal and													I				1		
14.	Have you ever been convicted By a criminal court & if so in what circumstances and what was the sentence?																			
	Attach relevant documents.																			
15.	Name of School./College and Stream (Arts/Science/ Commerce)																			
16.	Willing to be enrolled and	YN																		
	undergo training under the																			
	National Cadet Corps Act, 1948																			
17.	NCC Unit to be enrolled in																			
18.	Have you been enrolled in																			
10.	NCC earlier if yes, Your enrolment No.	Y		Ν														T		
19.	Have you been dismissed																			
13.	from NCC/the Territorial Army/ the Indian Armed Forces.																			
																		-		
	Please provide details.																			
20.	Next to Kin with addresss (with relationship) Telephone No.(O)/(R) as applicable					1								1	1				1	
				ı	ı	1	1					1	ı			1	1	ı		ı
21.	Bankers detail/IFSC Code																			
22.	Bank Acct No.of						Τ						1					<u> </u>		
	Cadet/Parent.				1		<u> </u>									1		1		
23.	Andhar /LUD No. (if allotted)		1			l				1		1			l		1			
23.	Aadhar /UID No. (if allotted)																			
24.	PAN Card No.(if allotted)																			
Place	:																			
											(Siç	gna	ture	of	the	apı	plic	ant))	
Date	:																			

DECLARATION ON ACCEPTANCE OF ENROLMENT

1. of the	I solemnly declare that the answers I have giver m is false and that I am willing to fulfill the engage	n to the questions in this form are true and that no part ement made.
		_promise that I will honestly and faithfully serve my ational Cadet Corps that I will, to the best my ability, e Commanding Officer from time to time
course	on authorities for any compensation in the event of	_ further promise that after enrolment, I will have no of injury or death due to accident during training camps NCC events like RDC and IDC. I understand I have no
Place Date	: :	Signature of the applicant Date:
	DECLARATION BY	PARENT/GUARDIAN
1. them i	I solemnly declare that the answers I have giver is false and that my son/daughter/ward is willing to	n to the question in this form are true and that no part o o fulfill the engagement made.
to acc	aughter/ward, I will have no claim on authorities fo	_ promise that after the enrolment my or any compensation in the event of injury or death due do while on YEP or any other such NCC events like
Place Date:		Signature parent/Guardian
	<u>CERTI</u>	FICATE
1. enroln	Certified that the applicant and his parent/guard ment.	ian understand and agree to the conditions of
Place Date of	of Enrolment:	Signature of Enrolling Officer

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

	I have examined Name)	on(date)						
and consider him/her fit/ unfit for enrolment as a cadet in the national Cadet Corps.								
Place		Signature						
Date	:	Designation						
		(Medical Officer)						
	·	EXTENSION OF ENROLMENT See Rule 13)						
	(See Rule 13)						
A.	I agree to extend my enrolment for one year	ar and am willing to fulfill the engagement made.						
Place	:							
Date	:	Signature of applicant						
Confir	med							
Place	:	Signature of Commanding Officer						
Date	:							
В.	I agree to extend the enrolment of my son	daughter/ward for one year and am willing to fulfill the						
engag	ement made.							
Place		Signature of Parent/Cuardian						
Date		Signature of Parent/Guardian						
Confir	med							
Place	:	Signature of Headmaster						
Dota f	ram which outonaion starts							
Date fi	rom which extension starts							

Note: This form will be retained in the College/school in which the unit is located.