FORM I NATIONAL CADET CORPS

Senior Division/Wing Enrolment Form(See Rules 7 and 11 of NCC Act, 1948)

Attested PP Size Colour Photo without Headgear/goggles.Attested by Principal 1. Name (In BLOCK LETTERS) 2. Nationality & Date of Birth (DD/MM/YYYY) 3. Father's / Guardian's Name 4. Mother's Name • 5. Residential Address • (Landmark, State, Distt Taluka, City/Vill. Pin Code) 6. Mobile No. • 7. e-mail id • **Blood Group** 8. . 9. Sex 10. Nearest Railway Station 11. **Neartest Police Station** • 12. **Educational Qualifications** • & Marks in (%) 13. Identification Marks(At least two) 14. Have you ever been convicted by a criminal :..... Court & if so in What circumstances and What was the sentence? Attach relevant documents Name of School/college and stream 15. :..... (Arts/Science/Commerce)(Govt/SF Institution) 16. Willing to be enrolled and undergo Training under the National Cadet Corps Act,1948 17. NCC Unit to be enrolled in

Sig of ANO/CT

SIG OF PRINCIPAL/DIRECTOR

Contd..2

		(2)
18.	Have you been enrolled in NCC earlier If yes, your Enrolment No.	
19.	Have you been dismissed from NCC/the Territorial Army/the Indian Armed Forces: Please provide details	:
20.	Next of kin with address(with relationship) Telephone No.(O)/(R) (as applicable)	:
21.	Banker's details, Address & IFSC Code	:
22.	Bank Acct No. of Cadet / Parent	:
23.	Aadhaar / UID No. (If allotted)	
24.	PAN Card No. (If allotted)	:
Place Date	:	SIGNATURE OF THE APPLICANT
	DECLARATION ON ACCEPTANCE	CE FOR ENROLMENT
1.	I solemnly declare that the answers I have g at no part of them is false, and that I am willi	•
Best o	I promise the ry and abide by the Rules & Regulations of the first my ability, attend all parades and camps as refrom time to time.	
during	I, further on authorities for any compensation in the extraining camps, courses, traveling and while DC and IGC, I understand I have no service	on YEP or any other such NCC events
Place :		Signature of the applicant
Sig (of ANO/CT	SIG OF PRINCIPAL/DIRECTOR

DECLARATION BY PARENT/GUARDIAN

	answers given in this form are true and that no part of ghter/ward is willing to fulfill the engagement made.		
Son/daughter/Ward, I will have to	Promise that after the enrolment of my claim on authorities for any compensation in the event of t during training camps, courses, traveling and while on ts like RDC and IGC.		
3. I understand my son/daugh	I understand my son/daughter/ward has no liability.		
Place: Date:	(Signature of Parent/Guardian)		
	CERTIFICATE		
1. Certified that the applicant conditions of enrolement.	and his parent/ guardian understand and agree to the		
(Signature of Enroling JCO/NCO)	(Signature of Enroling Officer)		
Place:			
Date of Enrolment(Unit Seal)			

Contd..4

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLEMENT

1.	I , have examined (Name)	on	
	(date) and consider hin	n/her fit/ unfit for enrolment as a cadet in	
Nation	onal Cadet Corps. It is further certified that the	e cadet is physically and mentally fit and is	
Notsu	affering from any communicable disease/any	physical handicap.	
@ Place		Ci am atauma	
		Signature Designation	
Date		(Medical Officer)	
	Counter Signature (Pri	ncipal / director) with Seal	
	TO BE USED FOR EXTENSION (See Rules 1)		
A.	I agree to extend my enrolment for one year	ar and am willing to fulfill the engagement made	
Place		(6) (1 1)	
Date	(Signature of ANO/CT)	(Signature of the applicant)	
Place	:		
Date	•	Signature of Commanding Officer	
В.	I agree to extend the enrolment of my son/daughter/ward for one year and am willing		
to fulf	fill the engagement made.		
@ Place	:		
Date	:		
		Signature of Parent/Guardian	

Appendix 'A' to DG NCC No.19952/DG NCC/CWS dated 5 Feb 91. FOR MEMBERSHIP OF THE NCC CADETS WEKFARE SOCIETY (To be retained at NCC Group Headquarters)

NOMINATION FORM SECTION -1

1.	I, Cadet (Name in block letters)		Son	/Daughter of			
	(Name in Block Letters)						
	Name of College/School						
With	With the NCC on (Date)with (Name of the unit)						
	apply for membership of the National Cadets Corps Cadets Welfare Society and hereby						
	subscribe a sum of Rs.10/- (Rupees four only) towards its membership fee. 2. My Father/Mother/Guardians occupation is						
2.							
Inco							
3.							
ing							
disal							
acce	pt that the decision of the Governing Bo	ody/Managing Con	nmittee with rega	ard to the			
quan	tum of assistance to be paid to me in the	e event of permane	ent/partial disable	ement will			
be fi	nal and binding on me.						
4.	I hereby nominated the following person	on(s) who will rece	eive financial ass	istance, as			
dete	rmined by the Governing Body/Managi	ng Committee of t	he above Society	, which will be			
final	and binding on the following persons (s	s) in the event of n	ny death, while p	articipating in			
the e	vent of my death, while participating in	an organized NCO	C activity :-				
Srl.	Name of the Nominee/ Age	Relationship	Permanent	percentage of			
No	nominees	with the	address of the	financial assis-			
	(in block letter)	cadet	Nominee	tance payable.			
5. Such Enro	(To be filled by the Cadet in l My membership in the welfare societ time. I remain a Cadet, in the Division lled.	ty and this Nomina	ation form will b				
Date	:	(F	ull Signature of t	he Cadet)			
Place	e:	(1	2.5				
		(Full Signature of	f ANO/CT)			

(2) SECTION-II

Date:	(Signature of Principal/Head of Institution)			
Place:				
Become a member of the National Cadet	–III aghter/ward Nameto Corps Cadet Welfare society under the terms and society. I also approve the nomination (s) made			
Date Place:	(Full signature of the father/Mother/Guardian): With complete address			
Witness	Witness			
1(Signature)	2(Signature)			
Full Name and address or Office seal of the witness	Full Name and address or Office seal of the witness			
Note- The witness should be either Gaz Officer/Sarpanch/Village Head.	zetted Officer/Head of Institution/Associated NCC			
SECTION –IV Received a sum of Rs.10/- (Rupees Ten only) as one time subscription and enrolled as A member of the National Cadet Crops Welfare society during the cadetship in the Junior/Senior Division/ Wing.				
Date: Place:	(Signature of the OC Unit and with Office seal)			
SECTION- V				
(To be filled in by the NC	C unit)			
Date of dispatch of the Nomination for	m to Group HO			