Appendix 'A' (Revised 2019)

#### FORM-I

# NATIONAL CADET CORPS

SD/SW ENROLMENT FOR M (See Rules 7 and 11 of NCC Act, 1948)

1. Name (In Block Letters)		Please attested your recent passport size Color photo
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		
8. Blood Group 9. Sex		
10. Nearest Railway Station		
	$(\lambda \circ 100)$	

11. Nearest Police Station	
12. Educational qualifications & Marks in (%)	
13. Identification Marks (at least two)	
<ul> <li>14. Have you ever been convicted</li> <li>by a criminal court &amp; if so in what</li> <li>circumstances and what was the sentence?</li> <li>Attach relevant documents.</li> <li>15. Name of School/College and</li> <li>Stream (Arts/Science/Commerce)</li> </ul>	
16. Willing to be enrolled and Undergo training under the National Cadet Corps Act, 1948	
17. NCC Unit to be enrolled in	
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 detail/IFSC Code (CADET)	(2)

22. Bank Acct No of Cadet (WITH BANK MAME)	AL RED	990	A	10		8-0		Je					T		T	I	
23. Aadhaar/UID No.	II	П	L		I	L				L	I	I	I	Ι	I	хэ	System
24. PAN Card No.(If allotted)	Tapo	П	T	18 0	133 13	TV.		60	ins		100	Ι	I		Ι	10	
Place :																	
Date :notongi						(	Sigi	nati	ure	of	the	ap	plic	an	 t)		
FORE ENROLMENT	38 931	0990	JA	010	EM Y	a 0	ND.										
DECLARATIO	N ON A																ountr
and abide by the Rules & regulation ability all Parade and Camps which I	of the N	IATIO e requ	NAL ired	to a	DET attend	CO I by	my	COI	nm	an	din	g o	to ffice	er. 	b	est	of m
I Solemnly declare that the answer of My son /daughter/ward is willing to fu	given in ulfill the	this fe	orm gem	are ent	true a	and	no	par	t of	th	em	n is	the	fal	se	an	d tha
	romise	that a	fter	the	enrol	mer	nt of njury	my or	de	n/o ath	dau du	ight	ter/\	war ccid	d I	wil nt tr	ll hav ainin
Certified that the applicant and his /h	her/Gua	ardian	und	lers	and a		Sigr	nati	ıre	of	fatl	ner		uar	dia	an	
Date of Enrolment																	
								h be									
Signature of Enrolment Office	 :r				S	igna	atur	e o	f Pr	inc	ipa	al C	C	ΣL	LE	G	E)

### TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

I have examined (Name)	on date and consider
Him / her / unfit for enrolment as a cadet in the NATI	ONAL CORPS.
J.	Signature
	Designation
TO BE COMPLETED BY MEDICAL	OFFICER BEFORE ENROLMENT
A my Son / Daughter / ward agree to extent his / he engagement made.	er enrolment for one year and is willing to fulfill the
Confirmed	
Confirmed  Signature of Principal (COLLEGE)	Signature of father /Guardian
	Signature of father /Guardian

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

Appendix 'A'to letter No. 1992/DGNCC/CWS dated 05 Feb. 91

#### **NOMINATION FORM**

### FOR MEMBERSHIP OF THE NCC CADET WELFARE SOCIETY

[To be retained NCC Group HQ)

1 I C	adet (Name in Block Le	tter)			
	•				
					,
	te)			Will Wood on	
wit	h (Name of the unit		apply	for membership of	f the NCC cadet welfare
So	ciety & hereby subscribe	e a sum o	f Rs. 10/- (Rupees	Ten only) towards it	s membership fee.
2. My	Father / Mother / Guard	dians occ	upation is		and the annual income of
pa Ma 4. I he ind wil	rticipating in an organize anaging Committee with ereby nominate the follo licated & as determined	ed NCC a regard to wing pers by the Go	ctivity. I hereby activity. I hereby action the quantum of bit on / persons who woverning Body / Marting Body /	ccept that the decision nding on me. vill receive financial a anaging Committee o	nent sustained by me while on of the Governing Body / assistance as per the share of the above society, which h while participating in an
SI. No.	Name of the nominee / nominees (in block letters)	Age	Relationship With the Cadet	Permanent Address the nominee	Percentage of financial assistance payable
		To be fille	d by the Cadet in c	own hand writing)	
re	membership in the v				e valid only till such time I nrolled.
				————Ful	I signature of the Cadet
, ,,,,,,,			(5)		

# Section - II

Date	
Place	Signature of ANO
Section	1 -III
I am Willing to allow my son / daughter / ward name member of the NCC Cadets Welfare Society under society. I also approve of the nomination made in Sec	er the terms and condition and rules in force of the
Place	(Full Signature of the Father / Mother / Guardian with complete address)
Witness	Witness
1.	2
(Signature)	(Signature)
Full name and address with Office Seal of the Witness	Full name and address with Office Seal of the Witness
Note: The witness should be either gazetted office / he Village Head.	ead of institution / NCC part Time office / Sapanch
Section	n-IV
Received a sum of Rs. 10/- (Rupees Ten only) as one NCC Cader Welfare during the cadetship in the Junio	
Date	(Signature of the OC Unit with
Place	office seal)
Section (To be filled in by	
Date of Dispatch of the Nomination Form to Group HC	2