

I Solemnly declare that the answers I have given to the question in this form are true and that no part of them is false, and that I am willing to fulfil the engagement made.

I..... promise that I will honestly and faithfully serve my country and abide by the Rules & Regulations of the National Cadet Corps that I will, to the best of my ability, attend all parades and campus as may be required by the Commanding Officer from time to time.

I.....further promise that after enrolment, I will have no claim on authorities for any compensation in the event of injury or death due to accident during training campus, course, travelling and while on YEP or any other such NCC events like RDC and IDC.

I understand I have no service liability.

.....  
**Signature of the Applicant**

For Minors only

I solemnly declare that the answers given in this form are true and no part of them is false and that my son/ daughter/ward is willing to fulfil the engagement made.

I.....Promise that after enrolment of my son/daughter/ward, I will have no claim on authorities for any compensation in the event of any injury or death due to accident during training camps/course and travelling.

I understand that my son/daughter/ward has no service liability.

Certified that the applicant understand and agrees to the condition of enrolment.

.....  
**Signature of Father/Guardian**

Certified that the applicant and his/her parent guardian understand and agree to the condition of enrolment

.....  
**Signature of Enrolling Officer**

Date of Enrolment.....

**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.

Signature .....

Designation .....

(Medical Officer) :

**TO BE USED FOR EXTENSION OF ENROLMENT**

(See Rules 13)

A. I agree to extend my enrolment for one year and I am willing to fulfil the engagement made.

Confirmed

.....  
**Signature of the applicant**

Date from which extension starts.....

.....  
**Signature of Commanding Officer**

B. I agree to extend my enrolment for one year and I am willing to fulfil the engagement made.

Confirmed

.....  
**Signature of the applicant**

Date from which extension starts.....

.....  
**(Signature of Commanding Officer)**

Delete clause or word inapplicable

Note : This form will be retained in the unit Headquarters.

**FORM I  
NATIONAL CADET CORPS**

Appendix A (Revised 2010)

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

ATTACHED PHOTO COL. P. 17-110
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1	Name ( IN BLOCK LETTERS)	<input type="text"/>
2	Nationality & Date of Birth (DD/MM/YYYY)	<input type="text"/>
3	Father's/Guardian's Name	F I R S T M I D D L E L A S T
4	Mother's Name	F I R S T M I D D L E L A S T
5	Permanent Address	<input type="text"/>
6	Mobile/Land Line Telephone Number	<input type="text"/>
7	e-mail id	<input type="text"/>
8	Blood Group	<input type="text"/>
9	Sex	<input type="text"/>
10	Nearest Railway Station	<input type="text"/>
11	Nearest Police Station	<input type="text"/>
12	Educational qualifications & Marks in (%)	C L A S S - : M A R K S
13	Identification Marks (at least two)	<input type="text"/>
14	Have you ever been convicted by a criminal court & if so in What circumstances and what Was the sentence ? Attach relevant documents.	<input type="text"/>
15	Name of School/College and Stream (Arts/Science/ Commerce)	<input type="text"/>
16	Willing to be enrolled and under go training under the National Cadet Corps Act, 1948	Y N
17	NCC Unit to be enrolled in	<input type="text"/>
18	Have you been enrolled in NCC earlier. If yes, Your Enrolment No.	Y N
19	Have you been dismissed from NCC/the Territorial Army/the Indian Armed Forces, Please Provide details :-	<input type="text"/>
20	Next of Kin with address (with relationship) Telephone No. (O)/(R) (as applicable)	<input type="text"/>
21	Banker's Detail/IFSC Code	<input type="text"/>
22	Bank Acct No. of Cadet/Parent	<input type="text"/>
23	Aadhaar/UID No. (if allotted)	<input type="text"/>
24	PAN Card No. (if allotted)	<input type="text"/>

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of the applicant)