

ATTESTED
PP SIZE
COLOR PHOTO

(Signature of the applicant)

DECLARATION ON ACCEPTANCE FOR ENROLMENT

1. I solemnly declare that the answers I have given to the questions in this form are true and that no part of them is false, and that I am willing to fulfill the engagement made.
2. I _____ promise that I will honestly and faithfully serve my country and abide by the Rules & Regulations of the National Cadet Corps and that I will, to the best of my ability, attend all parades and camps as may be required by the Commanding Officer from time to time.
3. 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 camps, courses, traveling and while on YEP or any other such NCC events like RDC, SNIC/NIC, TSC/VSC/NSC and Adventure Activities.

Place: _____
(Signature of the applicant)

Date: _____

DECLARATION BY PARENT

1. I solemnly declare that the answers given in this form are true and that no part of them is false and that my son/daughter/ward is willing to fulfill the engagement made.
2. I _____ promise that after the 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, traveling and while on YEP or any other such NCC events like RDC and IDC.
3. I understand my son/daughter/ward has no service liability.
4. I _____ promise to make good the prorated residual cost of clothing items issued if my son/ward does not complete two years of NCC training.

Place: _____
(Signature of the Parent/Guardian)

Date: _____

CERTIFICATE

1. Certified that the applicant understands and agrees to the conditions of enrolment.
2. Certified that the applicant and his parent/guardian understand and agree to the condition of enrolment.

Place: _____

Date of Enrolment: _____
(Signature of Enrolling Officer/ANO/CT)

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

1. I have examined (Name) _____ on _____ (date) as per medical standards laid down vide GOI letter No. _____ dated _____ (see • below) and consider him/her Fit/Unfit for enrolment as a Cadet in the National Cadet Corps.
2. His/her blood group is _____.

Place: _____
Date: _____

Signature _____
Designation _____
(Medical Officer)

MCI Registration No. _____

- No. 0162/49/NCC dated 19 Mar 1949 [for SD (Army) & (Air)]
- No. 0162/49/NCC dated 19 Mar 1949 [for JD]
- No. 0384/50/NCC dated 10 Mar 1950 [for SW]
- No. 0630/52/NCC/1255-B/D (IS&MED) dated 29 Mar 1952 [for SD Naval Wing]

CERTIFICATE

- 1. Certified that the above applicant agrees to the terms/conditions of Enrolment voluntarily.
- 2. Certified that this school/college/Institution agrees to fulfill the terms and conditions of engagement of NCC unit under the NCC Act in the school/college/Institution.

CONFIRMED

(Signature of Principal/Head of School)

Place:

Date:

(Signature of the OC Unit with office seal)

Annexure to
Form I (Application for
enrolment)

INDEMNITY BOND

To
The President of India

In consideration of my being nominated either by the NCC authorities or at my own request as participant in any NCC Camp (which includes Republic Day camp and Independence Day camp in Delhi), Course, Adventure Training (including Army, Navy & Air Wing activities, as the case may be) and while traveling (in domestic/international surface, air and water transport) and attending Youth Exchange Programme abroad, I undertake and agree that neither I, nor my executors or administrators or other legal representatives will make any claim against the Government or against NCC authorities including officers, JCO's/NCO's or their equivalents from Navy and Air Force/Civilians, MT Drivers or against any other such person in the 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 whatsoever which I may suffer, while or in consequence of my participation in the above activities and I understand that no compensation will be paid by the Government or NCC authorities including officers, JCO's/NCO's or their equivalents from Navy and Air Force or Civilian MT Drivers in respect of any such loss or injury and I agree as to bind myself, my executors and administrators and other legal representative indemnify the Govt or NCC authorities including Officers JCOs/NCOs or their equivalents from Navy and Air Force Civilians or any person in the service of Government against 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 within or outside the Union of India.

(Signature of
Applicant) No _____

Witness

(1) Signature _____
Name _____
Address _____

Name _____
Unit/Group _____

(2) Signature _____
Name _____
Address _____

Signature of Parent/Guardian
Name _____
Address _____

Place:

Date:

(Note: In case of SD Applicants being a minor, Indemnity Bond applicable to Minor will be used)

TO BE USED FOR EXTENSION OF ENROLMENT
(See Rule 13 of NCC Act)

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

Place: _____

Date: _____ (Signature of Cadet)

B **TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT**

1. I have examined (Name) _____ on _____ (date) as per medical standard laid down vide GOI letter No. _____ dated _____ (see • below) and considered him/her Fit/Unfit for enrolment as a Cadet in the National Cadet Corps.

2. His/her blood group is _____.

Place: _____ Signature _____
Date: _____ Designation _____
(Medical Officer)

MCI Registration No. _____

- No. 0162/49/NCC dated 19 Mar 1949 [for SD (Army) & (Air)]
- No. 0162/49/NCC dated 19 Mar 1949 [for JD]
- No. 0384/50/NCC dated 10 Mar 1950 [for SW]
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AGREED

C. I agree to further extension of one year for enrolment into IInd year.

Place: _____
(Signature of Enrolling Officer/ANO/CT)

Date: _____

CONFIRMED

(Signature of Commanding Officer)

Note: This form will be filled in duplicate under the supervision of the Commanding Officer. Photo will be pasted only on original and duplicate. Original form will be maintained at the Unit, while the duplicate will be forwarded to Gp HQ.

NOMINATION FORM
FOR MEMBERSHIP OF THE CADETS WELFARE SOCIETY
(To be retained at NCC Group HQ)**Section – I**

1. I, Cadet (name in block letters)_____son/daughter of Shri (name in block letters) _____ a student of class_____ of (name of college/school)_____on my enrolment with the NCC on (date)____with (name of the unit)_____, apply for membership of the **NCC Cadets Welfare Society** and hereby subscribe as Rs. (Rupees _____ only) towards its membership fee.
2. My father/Mother/Guardian’s occupation is_____and the annual income of my family from all sources is Rs _____Per annum.
3. I understand that I shall be entitled to financial relief as determined by the Governing Body/Managing Committee of the above society in the event of partial or permanent disablement sustained by me while participating in an organized NCC activity. I hereby accept that the decision of the Governing Body/Managing Committee with regard to the quantum of relief to be paid to me in the event of my partial/permanent disablement will be final and binding on me.
4. I hereby nominate the following person/persons who will receive financial assistance as per the share indicated and as determined by the Governing Body/Managing Committee of the above Society, which will be final and binding on the following person(s) in the event of my death while participating in an organized NCC activity:-

<u>Ser No.</u>	<u>Name of the nominee(s)</u> <u>(In Block Letters)</u>	<u>Age</u>	<u>Relationship with the Cadet</u>	<u>Permanent address of the nominee</u>	<u>Percentage of financial Assistance payable</u>
1.					
2.					

(To be filled by the cadet in own hand writing)**Section II**

5. My membership in the Welfare Society and this Nomination Form will be valid only till such time I remain a cadet in the Division or Wing of the NCC to which I have been enrolled.

Place: _____

Date: _____ Full Signature of the Cadet

Place: _____

Date: _____ Signature of PTO/Head of Institution)

Section III

I am willing to allow my son/daughter/ward (name)_____ to become a member of the NCC Cadets Welfare Society under the terms & conditions and rules in force of the Society. I also approve of the nomination made in Section I (4).

Place: _____ (Full signature of Father/Mother/Guardian)
Date: _____ Complete Address _____

Witness

Witness

1. Signature _____

2. Signature _____

(Full Name and address or office seal of the witness)
Note: The witnesses should be either gazetted officer, head of Institution/NCC Part time Officer/Sarpanch/Village Head.

Section IV

Received a sum of Rs_____ (Rupees_____ only) as one time subscription and enrolled as a member of the NCC Cadets Welfare Society during the cadetship in the Junior/Senior Division/Wing.

Place:

Date:

(Signature of the OC Unit with office seal)

Section V

(To be filled in by the NCC Unit)

Date of dispatch of the Nomination Form to NCC Group HQ _____

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CERTIFICATE

1. I CADET No._____ Name _____
of_____ School/College have read the policy
letter and understand that I shall take part in events conducted by NCC authorities or
nominated by NCC authorities to participate in events where NCC sponsors cdts to participate.
2. I shall not use my Cdt No.and name of my Unit/Group HQ/NCC Dte/DG NCC in events
where I participate in my individual capacity for which I am not eligible for the NCC quota (1%
reservation in higher education).
3. I understand that use of my Cdt No/Name of the Unit/Group HQ/NCC Dte/DG NCC is
restricted to the NCC authorities only.

Signature of Parent

Signature of Cadet

Signature of ANO/CTO

Signature & Seal of Principal
(only) of School/College

COUNTERSIGNED

CO/OC UNIT

DETAILS REQD FOR ENROLMENT OF CDTs

1. NAME -
2. NATIONALITY -
3. DATE OF BIRTH -
4. FATHER'S /GUARDIAN'S NAME -
5. MOTHER'S NAME -
6. BLOOD GROUP -
7. SEX -
8. IDENTIFICATION MARKS -

(a)

(b)

ADDRESS

9. VILLAGE -
10. LAND MARK -
11. TALUKA /TEHSIL -
12. DISTRICT -
13. STATE -
14. PIN CODE -
15. NEAREST RAILWAY STATION -
16. NEAREST POLICE STATION -

**NEXT OF KIN WITH ADDRESS (WITH RELATIONSHIP TELEPHONE NUMBER (O) ,(R)
(AS APPLICABLE)**

17. NAME OF KIN - _____
18. ADDRESS OF KIN - _____
19. KIN RELATIONSHIP - _____
20. TELE PHONE NUMBER - _____ Off: _____ Resi : _____

EDUCATIONAL DETAILS

- 1. EDUCATIONAL QUALIFICATION -
- 2. MARKS (%) -
- 3. SCHOOL/ COLLEGE NAME -
- 4. OTHER SCHOOL / COLLEGE NAME -
- 5. STREAM
- 6. BOARD -
- 7. SECTOR -
- 8. AREA -

- 9. HEAD QUARTERS NAME -
- 10. NAME OF UNIT -
- 11. CATEGORY -
- 13. WILLINGESS -
- 14. ENROLL NCC PREVIOUSLY -
- 15. DISMISSED FROM NCC -
- 16. **BANK DETAILS ***
 - (a) ACCOUNT NUMBER * -
 - (b) BRANCH DETAILS * -

 - (C) IFSC CODE * -
- 17. AADHAAR NUMBER* -
- 18. PAN CARD NUMBER * (Cdt / Parents) -
- 19. MOBILE NUMBER * -
- 20. E MAIL ID * (Cdt / Parents) -
- 21. APPLICATION CREATED DATE -

*** MANDATORY TO BE PROVIDED FOR ENROLMENT**

SIGN OF	_____	_____
	CDT	PARENT / GUARDIAN
	_____	_____
	ANO	PRINCIPAL