

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 MCC/the Territorial Army/the Indian Armed Forces. Please Provide details :-

20. Next of Kin with address

21. Banker's Details/IFSC Code

22. Bank A/c. No. of Cadet/Parents

23. Aadhaar/UID No. (If allotted)

24. PAN Card No. (If allotted)

Place :
Date :

.....
Signature of The Applicant

DECLARATION ON ACCEPTANCE FOR ENROLMENT

1. I Solemnly declare that the answer 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 them.
2. I.....promise that I will honestly and faithfully serve my country and abide by the Rules and Regulations of the National Cadet Corps that I will do not best of my ability 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 to claim on authorities for any compensation in the event of unjury or death due to accident during training camps, travelling and white YEP or any other such NCC events like RDC and IDC. I understand, I have no service liability

Place :
Date :

.....
Signature of The Applicant

DECLARATION BY PARENTS/GUARDIAN

1. I solemnly declare that answer given in this form are true and that no part of them is false and that my son/daughter/ward is willing to fulfil the engagement them.
2. I.....promise that after enrolment of my son/daughter/ward. I will have no claim on authorities for any compensation in the event of injury or death due to accident during training camps, Courses travelling and while YEP or any other such NCC events like RDC and IDC.

Place :

.....

Date :

Signature of Parents/Guardian

CERTIFICATE

Certified that the applicant and his parents/guardian understand and agree to the conditions of enrolment.

.....
Signature of Enrolment Officer

Place :

Date of Enrolment.....

(Unit Seal)

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)

TO BE USED FOR EXTENSION OF ENROLMENT

See Rule 3

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

Place :

.....

Date :

Signature of The Applicant

Confirmed

Place :

.....

Date :

Signature of Commanding Officer

B. I agree to extend the enrolment of my son/daughter/ward for one year and am willing to fulfil the engagement them.

Place :

.....

Date :

Signature of Parents/Guardian

Confirmed

.....

Signature of Headmaster

Date from which extension starts.....

NOTE : This for will he retained in the school in which the unit is located.