## Schedule I

#### (See rules 7, 11, 13, 17, 18 and 21) FORM I

# NATIONAL CADET CORPS SENIOR/JUNIOR DIVISION ENROLMENT (SEE RULES 7 AND 11)

#### APPLICATION FOR ENROLMENT

1.	What is your name?(in Block Capitals)	1.	
2.	Nationality & DOB	2.	
3.	Father's/guardian's name	3.	
4.	Mother Name	4.	
5.	Residential Address	5.	
	Residential Address	٥.	
,	Makitani	120	
6.	Mobile No.	6.	
7.	Email ID	7.	
8.	Blood Group	8.	
9.	Sex	9.	
10.	Nearest Railway Station	10.	
11.	Nearest Police Station	11.	
12.	Educational Qualification & Marks in %	12.	
13.	Identification Marks (At least Two)	13.	
14.	Have you ever been convicted by a criminal court and if so what circumstances, and what was the sentence? Attach relevant documents.	14.	
15.	Name of School/College and stream (Arts/Sci/Commerce)	15.	
16.	Willing to be enrolled under go training under the National Cadet Corps Act 1948	16.	
17.	NCC unit to be Enrolled in	17.	
18.	Have you been enrolled in NCC earlier? If yes your enrolment No.	18.	
19.	Have you been dismissed from the National Cadet Corps, the Territorial Army or the Indian Armed Forces?	19.	
20.	Next of kin Address (With relationship) and Telephone No.(O/R) as applicable)	20.	
21.	Bankers details/IFSE code.	21.	
22.	Bank Account No. of cadets/Parents	22.	
23.	Aadhar/UID No.( if allotted )	23.	
24.	Pan Card No. (if allotted)	24.	
Stat	ion : Amritsar		
Dat	e :		Signature of Applicant

## DECLARATION ON ACCEPTANCE FOR ENROLMENT

l 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 fulfil the engagement made.
,	
	promise that I will honestly and faithfully serve my country and
	gulations of the National Cadet Corps and that I will to the best of my ability, attend
all parades and camps whi	ch I may be required to attend by my Commanding Officer.
1	further promise that after enrolment I will have no claim on
authorities for any compe	nsation in the event of any injury of death due to accident during training
camps/courses and traveli	ing. I understand I have no service liability.
	Signature
	re that the answers given in this form are true and no part of them is false and that to fulfil the engagement made.
Ipromise	that after the enrolment of my "son/ward I will have no claim on authorities for any
compensation in the even	nt of an injury or death due to accident during training camps/ courses and traveling.
I understand my	"son/ward has no service liability.
	Signature of father/guardian
Certified that th	e applicant understands and agrees to the conditions of enrolment.
Certified that ap	plicant and his "father/guardian understand and agree to the conditions of enrolment.
	Signature of enrolling officer
For Minors only	
• FOI WITHOUT ONLY	

## TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

I have examined (name)	Cadet in the National Cadet Corps.
* Delete clause or word inapplicable.	Signature Designation (Medical Officer)
TO BE USED FOR EXT	ENSION OF ENROLMENT
A. I agree to extend my enrolment for one year a	(See rule 13) nd am willing to fulfil the engagement made.
	Signature of Applicant
	Signature of Commanding Officer
Confirmed Date from which extension	
B. I agree to extent my enrolment for one year and am v	
	Signature Parents/Guardian
Confirmed Date from which extension starts	Signature of Principal
Note- This form will be retained in the Unit Headquarters.	

#### APPENDIX 'B'

Annexure to Form I
(Application for Enrolment)

#### **INDENMITY BOND**

To,

The President of India

In consideration of my being nominated either by the NCC authorities or at my own request as a participant in any NCC camp (which includes Republic Day Camp and Independence Day Camp in Delhi), Course, Adventure Training (including Army, navy and Air Force Wing activities, as the case may be) and while traveling(in domestic/international surface, air and water transport) and attending Youth Exchange Programme(YEP) 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 Government, 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 representatives to indemnify the Government or NCC authorities including officers, JCOs/NCOs or their equivalent from Navy and Air Force, civilian MT drivers 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
	Name
	Unit/Group
Witness	
	Signature of Parent/Guardian
1. Signature	Nama
Name	A ddassa
Address	Address
2. Signature	
Name	••
Address	
Place:	
Date:	minor Indemnity Bond applicable to Minor will be used)
(NOTE: In case of SD applicant being	a minor, Indemnity Bond applicable to Minor will be used)

# Appendix 'A' to DG NCC NO. 19952/DG/NCC/CWS Dated 5 feb91FOR MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY (TO BE RDTAINED AT NCC GROUP HEADQUARTERS)

## NOMINATION FORM SECTION-I

1	.l, Cadet(name in block Letter	s)			Son/Daughter
of Shri (	Name in block letters)			a st	udent of class
				ith/Nama of the	on my
	nt With the NCC on (Date)	onal Cadet Com	ne cadete welfare Socie	ty and hereby subscribe	unit)a sum of Rs. 15/- (Rupees
	only) towards its membership		ps caucis werrare socie	ty and nereby subscribe	u sum of its. 15. (respects
2.	My Father/Mother/Guardian's	s occupation is			and the annual income of
	ily from all sources is Rs	•		er annum.	
3. above 9					/Managing committee of the in an organised NC activity.
					of assistance to be paid to me
	vent of permanent/partial disa				
4.	I hereby nominate the	following person	(S) who will receive f	inancial assistance as de	termined by the Governing
	Managing Committee of the al	ove Society, wh	nich will be final and bind	ing on the following perso	n(s) in the event of my death
	participating in an organised N				
-					<u> </u>
Srl.	Name of Nominee/	Age	Relationship	Permanent	Percentage of
No.	Nominees		with the	Address of the	Financial Assistance
	(In Block Letters)		Cadet	Nominee	payable
(To b	e filled by the cadet in his ow	n handwriting)			
5. Divis	My membership in the We ion or Wing of the NCC to whi	elfare Society and ich i have been enr	this Nomination Form will olled.	be valid only till such time I	remain a cadet in the
Date	:				
				(Full Sig	nature of the Cadet)
Plac	e:			( oig	and of the Cadet)

### SECTION-II

ace:	(Signature of PTO/ Head of Institution)
SI	ECTION-III
I am willing to allow my son/daughter/ward Name to become a member of the National Cadet Corps Cadet V the Society. I also approve the nomination(s) made in Secti	Welfare Society under the terms & conditions and the rules in force
Date:	
Place:	(Full Signature of the Father/Mother/Guardian)
Witness	Witness
1. (Signature)	2(Signature)
Full Name & Address or Office Seal of the Witness	Full Name & Address or Office Seal of the Witness
Note: - The witnesses should be either gazetted officer/head	of institution /Associated NCC Officer/Sarpanch/Village Head.
Note: The Willesses should be cliner gazette accommon	
s	ECTION-IV
Received a sum of Rs. 4/-(Rupees four only) as one time s Welfare Society During the Cadetship in the Junior/Senior	ubscription & enrolled as a member of the National Cadet Corps Division/Wing.
Date:	
Place:	(Signature of the OC Unit with Official Seal)
	TOTAL W.
	SECTION-IV be filled by the NCC unit)
	be filled by the NCC unit)

Name:	
Father Name:	
D.O.B	
Department:	
College Roll No. / University Roll No	
Class &Section	
Mobile No.	
Permanent Address with Parents Telephone No.:	
E-mail Id:	
ADHAAR CARD NUMBER	
BANK ACCOUNT NUMBER	
IFSC CODE	