

NATIONAL CADET CORPS

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

ATTESTED  
PP SIZE  
COLOR PHOTO

- 1 Name (IN BLOCK LETTERS) 

- 2 Nationality & Date of Birth (DD/MM/YYYY) 

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- 3 Father's Name 

FIRST						MIDDLE						LAST					
- 4 Mother's Name 

FIRST						MIDDLE						LAST					
- 5 Permanent Address 

- 6 Mobile/Land Line Telephone Number 

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- 7 e-mail id 

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- 8 Blood Group 

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- 9 Sex 

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- 10 Nearest Railway Station 

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- 11 Nearest Police Station 

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- 12 Educational qualifications & Marks in (%) 

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- 13 Identification Marks (at least two) 

- 14 Have you ever been convicted by a criminal court & if so in What circumstances and what Was the sentence? Attach relevant documents. 

- 15 Name of School/College and Stream (Arts/Science/ Commerce) 

- 16 Willing to be enrolled and undergo training under the National Cadet Corps Act, 1948 

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- 17 NCC Unit to be enrolled in 

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- 18 Have you been enrolled in NCC earlier. If yes, Your Enrolment No. 

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- 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 

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- 22 Bank Acci No of Cadet/Parent 

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- 23 Aadhaar/UID No (if allotted) 

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- 24 PAN Card No (if allotted) 

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Place \_\_\_\_\_

Date \_\_\_\_\_

(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 fulfil the engagement made
- 2 I ..... promise that I will honestly and faithfully serve my country and abide by the rules and Regulation of the National Cadet Corps that I will, to the best of my ability.
- 3 I ..... further promise that after enrolment, I will have no claim on authorities for any compensation in the event of injury due to accident during training camps, courses, travelling and while on YEP or any other such NCC events like RDC and IDC. I understand I have no service liability

Place:  
Date:

Signature of Applicant

### DECLARATION BY PARENT/GUARDIAN

- 1 I solemnly declare that the 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 made
- 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 any injury or death due to accident during training camps, courses, travelling and while on YPE or any other such NCC events like RDC and IDC

Place:  
Date:

Signature of Parent/Guardian

### CERTIFICATE

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

Place  
Date of Enrolment  
(Unit Seal)

Signature of Enrolling Officer

### 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  
Date:

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 am willing to fulfil the engagement made.

Place:  
Date:

Confirmed

Place  
Date of Enrolment

Signature of Applicant

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 made

Place  
Date:

Confirmed

Place  
Date from which Extension Starts:

Signature of Parent/Guardian

Signature of Principal

Note: This form will be retained in the school in which the unit is located

**Appendix 'A' to DG NCC NO. 19952/DG/NCC/CWS Dated 5 Feb 91  
FOR MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY  
(TO BE RETAINED AT NCC GROUP HEADQUARTERS)**

**NOMINATION FORM  
SECTION-I**

1. I, Cadet(name in block Letters)..... Son/Daughter  
of Sir: ( Name in block letters) ..... a student of class .....  
of (Name o College/School)..... on my  
enrolment With the NCC on (Date) ..... with(Name of the unit) .....  
Apply for membership of the National Cadet Corps cadets welfare Society and hereby subscribe a sum of Rs. 4/-  
(Rupees Four 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 assistance 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  
organised NC activity. I hereby accept that the decision of the Governing Body/Managing Committee with regard to the  
quantum of assistance to be paid to me in the event of permanent/partial disablement will be final and binding on me.
4. I hereby nominate the following person(s) who will receive financial assistance, 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 organised NCC activity. -

Srl. No.	Name of Nominee/ Nominees (In Block Letters)	Age	Relationship with the Cadet	Permanent Address of the Nominee	Percentage of Financial Assistance payable
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(To be filled by the cadet in his own handwriting)

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.

Date:

Place:

(Full Signature of the Cadet)

SECTION-II

Date:

Place:

(Signature of PTO/ Head of Institution)

SECTION-III

I am willing to allow my son/daughter/ward Name \_\_\_\_\_ become a member of the National Cadet Corps Cadet Welfare Society under the terms & conditions and the rules in force of the Society. I also approve the nomination(s) made in Section 1 (4)

Date:

Place: *Kharagpur*

(Full Signature of the Father/Mother/Guardian)

Witness

Witness

1 \_\_\_\_\_  
(Signature)  
Full Name & Address or Office Seal of the Witness

2 \_\_\_\_\_  
(Signature)  
Full Name & Address or Office Seal of the Witness  
*Kharagpur-II, Paschim Medinipur*

Note: - The witnesses should be either gazetted officer/head of institution /Associated NCC Officer/Sarpanch/Village Head

SECTION-IV

Received a sum of Rs. 4/- (Rupees four only) as one time subscription & enrolled as a member of the National Cadet Corps Welfare Society During the Cadetship in the Junior/Senior Division/Wing.

Date:

Place:

(Signature of the OC Unit with Official Seal)

SECTION-IV  
(To be filled by the NCC unit)

Date of despatch of the Nomination form to Group HQ \_\_\_\_\_

## FORM OF INDEMNITY BOND

*In consideration of my being nominated at my request to undergo all type of training and also participating in any Camp/Course/Adventure training, Cycling and Sailing Expedition and trekking, I under take and agree that neither I nor my executors nor administrators will make any claim against the Govt. of India or against any Officer/CO/OC Civilian Staff/MT Driver or against any person (including injury resulting in death) which may occur while or in consequence of my participation and I understand that no compensation will be paid by the Govt. of India or any Officer/JCO/NCO Civilian Staff/MT Driver in case of any such loss or injury. I agree to bind myself, executors and administrations with Indemnity to Govt. of India/any Officer/JCO/NCO/Civilian Driver or any person in the service of India against any claim which may be any third party against them or any of them arising out of any of default on my part during or in connection of said training and journey*

Signature of Applicant with date and full address

No. ....

Rank and Name .....

### **Witnesses :-**

1. Signature .....

(Name in Block Capital letter's address with date)

2. Signature .....

(Name in Block Capital letter's address with date)

Counter Signature of Father/Guardian with date  
(Name in Block Capital letter's)

Address .....

**COUNTER SIGNATURE BY OC**

Station Kharagpur

Date / / 20



Name: .....

Father Name: .....

D.O.B: .....

Department: .....

College Roll No. / University Roll No: .....

Class & Section: .....

Mobile No: .....

Permanent Address with Parents Telephone No.: .....

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E-mail Id: .....