

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

| | | |
|--|---|--------------------------|
| 1. Name (IN BLOCK LETTERS) | <input type="text"/> | Passport size photograph |
| 2. Nationality & Date of Birth (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 3. Father's/Guardian's Name | <input type="text"/> | |
| 4. Mother's Name | <input type="text"/> | |
| 5. Residential Address (Landmark, State, Distt Taluka, City/Vill, Pin Code) | <input type="text"/> <input type="text"/> <input type="text"/> PIN Code <input type="text"/> | |
| 6. Mobile No. | <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 (%) | <input type="text"/> | |
| 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) | S V G C G H U M A R W I N <input type="text"/> | |
| 16. Willing to be enrolled and undergo training under the National Cadet Corps Act, 1948 (Y/N) | <input type="text"/> | |
| 17. NCC Unit to be enrolled in | 1 H P B N BOYS NCC S O L A N <input type="text"/> | |
| 18. Have you been enrolled in NCC earlier? If yes, Your Enrolment No. | <input type="text"/> | |
| 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"/> | |

Place.....

Date.....

Signature of the applicant

DECLARATION ON ACCEPTANCE OF ENROLMENT

1. 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 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 that I will, to the best 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 and IDC. I understand I have no service liability.

Place:.....

Date:.....

Signature of the Applicant

DECLARATION BY PARENT/GUARDIAN

1. 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 my son/daughter/ward is willing to fulfill the engagement made.
2. I _____ further promise that after the enrolment 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, traveling and while on YEP or any other such NCC events like RDC and IDC.

Place:.....

Date:

Signature parent/Guardian

CERTIFICATE

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

Place:.....

Date of Enrolment.....

Signature of Enrolling Officer

(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:.....

Date :

Signature _____

Designation(Medical Officer) Stamp

TO BE USED FOR EXTENSION OF ENROLMENT

(See Rule 13)

My son/daughter/ward agree to extend the enrolment for one year and am willing to fulfill the engagement made.

Place:.....

Date:.....

Signature of applicant

Confirmed

Place:.....

Date :

Signature of Commanding Officer

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.....

Rank & Name.....

1HP BN BOYS Solan, Grp-- Shimla

In the Presence of

Signature & address of witness: 1.....

Signature & address of witness: 2.....

COUNTERSIGNED BY OC OF THE UNIT

Station:.....

Date :

MEDICAL CERTIFICATE

1. Certified that I have examined NameRank.....
No.....Father's Nameof **SVGC Ghumarwin,
1HP Boy's BN NCC, Solan(H.P.)** in accordance with the standard laid down in NCC Act & Rules and found him/her fit to undergo training of strenuous nature in thecamp course.
2. I also certify that the above mentioned cadet has been inoculated/ Vaccinated and that the cadet has been protected against smallpox, typhoid and cholera

Place
Date:

Signature of the Medical Officer
Name in Block Letters with Designation and Seal

VOLUNTEER/ RISK CERTIFICATE

This is to certify that I, No.Rank.....Name.....
Father's name Sri..... of **SVGC Ghumarwin, Unit 1HP BN Boys NCC Solan**
Volunteer to attend theCamp/Course being held at.....
from.....to.....at my own risk.

Date.....

Sign. Of Applicant

TO BE ATTESTED BY PRINCIPAL / HEADMASTER

College with office seal

Signature of principal

COUNTER SIGNED BY OC UNIT

Station

Dated

Signature of OC UNIT

PARENT'S CONSENT CERTIFICATE

This is to certify that I have no objection to spare my son/ward No.....Rank.....
Name **SVGC Ghumarwin, Unit 1HP BN Boys NCC Solan** to
attend the.....Camp/Course being held at
.....fromto

Station

Dated

(Sig. of Parent/Guardian)
Name and address

Countersigned

(head of the Institution)

(Stamp)

Countersigned

(CO Unit)

DROWNING/ACCIDENT CERTIFICATE

I know that there is deep water near the camp site or enroute and area of the water is OUT OF BOUND. If I shall go there, I shall do so at my own risk.

I have been explained the cadets regarding the precautions to be taken against drowning accident and have understood them. I have been told not to go near deep water in the vicinity by the incharge If I go to anyone of these OUT OF BOUND areas, I shall do so at my risk.

Name of Unit : **1HP BN Boys NCC Solan**
Name of Gp HQ : **Shimla**
Name of NCC Dte. : **Chandigarh (PHH&C)**

| SN | Regtl. No. | Rank | Name | Signature of Cadet |
|----|------------|------|------|--------------------|
| | | | | |

Certified that I have explained the orders regarding to be taken against drowning accident and shown to the Cadets "OUT OF BOND AREAS" The cadet have signed in my presence.

Station.....

Dated.....

Signature of CO Unit

ATTESTED BY THE PRNCIPAL / HEAD MASTER

Certified that the above named Officer/Cadets is on the roll of the College/School and can be spared for the above trekking/expedition Camp.

Station.....

Dated.....

Signature of Principal

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 Shri (Name in block letters)a student of classof (Name of 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 Rsper 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: -

| SN | Name of Nominee/ Nominees (In Block Letters) | Age | Relationship with the Cadet | Permanent Address of the Nominee | Percentage of Financial Assistance payable |
|----|--|-----|-----------------------------------|---|--|
| | | | | | |

(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.....to 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:.....

(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.

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:
Seal)

(Signature of the OC Unit with Official

SECTION-IV

(To be filled by the NCC unit)

Date of despatch of the Nomination form to Group HQ.....