

MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY
NOMINATION FORM

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 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:-

Ser. No	Name of Nominee(s)	Age	Relationship with the Cadet	Permanent Address of the Nominee(s)	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 I (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: (Signature of the OC Unit with Official Seal)

SECTION-V

(To be filled by the NCC unit)

Date of despatch of the Nomination form to Group HQ

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 IGC. I understand I have no service liability.

Place:
Date:
Signature of Applicant

DECLARATION BY PARENT/GUARDIAN

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/wars is willing to fulfil the engagement made.

2. Ipromise 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 IGC.

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:
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:

Signature.....

Date:

Designation.....

(Medical Officer)