FORM II NATIONAL CADET CORPS

	JUNIOR DIVISION/WING ENRO	LMENT FORM (See Rules 7 and 11of NCC Act, 1948)	ATTESTED
	None Whi Brook i seems		PP SIZE COLOR PHOTO
1.	Name (IN BLOCK LETTERS)		
2.	Nationality & Date of Birth (DD/MM/YYYY)		_
3.	Father's/Guardian's Name	FIRST MIDDLE LAST	
4.	Mother's Name	FIRST MIDDLE LAST	
5.	Permanent Address		
6.	Mobile/Land Line Telephone		
7.	Number e-mail id		
8.	Blood Group		
9.	Sex		
10.	Nearest Railway Station		
11.	Nearest Police Station		
12.	Educational qualifications & Marks in (%)		
13.	dentification 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.			
13.	Name of School/College and Stream (Arts/Science/ Commerce)		
16.	Willing to be enrolled and undergo training under the		
	National Cadet Corps Act, 1948		
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		
	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 :		
22.	Bank Acct No of Cadet/Parent		
23.	Aadhaar/UID No. (If allotted)		
24.	PAN Card No. (If allotted)		
Place:			
		(Signature of th	e applicant)

DECLARATION ON ACCEPTANCE FOR ENROLMENT

1. is false	I solemnly declare that the answers I have given to the questions in this form are true and that no piese, and that I am willing to fulfill the engagement made.	art of them
2. the Rul camps	promise that I will honestly and faithfully serve my country an Rules & Regulations of the National Cadet Corps and that I will, to the best of my ability, attend all pass as may be required by the Commanding Officer from time to time.	d abide by trades and
3. any cor YEP or	I, further promise that after enrolment, I will have no claim on autompensation in the event of injury or death due to accident during training camps, courses, traveling around or any other such NCC events like RDC, SNIC/NIC, TSC/VSC/NSC and Adventure Activities.	thorities for ad while on
Place:	Signature of the app	-licont\
Date:	DECLARATION BY PARENT/GUARDIAN	лканц
1. son/dat	I solemnly declare that the answers given in this form are true and that no part of them is false a laughter/ward is willing to fulfill the engagement made.	nd that my
2. authorit traveling	I promise that after the enrolment of my son/daughter/ward, I will have norities for any compensation in the event of any injury or death due to accident during training campling and while on YEP or any other such NCC events like RDC and IDC.	o claim on s, course,
3.	t understand my son/daughter/ward has no service liability.	
4. son/wai	I promise to make good the prorata residual cost of clothing items is vard does not complete two years of NCC training.	sued if my
Place:	(Signature of the Parent/Gua	ardian)
	CERTIFICATE	
1.	Certified that the applicant understands and agrees to the conditions of enrolment.	
2.	Certified that the applicant and his parent/guardian understand and agree to the condition of enrolme	nt.
Place:	:	
Date of	of Enrolment: (Signature of Enrolling Officer	/ANO/CT)
	TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT	
	I have examined (Name) on (date) as per medical standards GOI letter No dated (see • below) and consider him/her F ment as a Cadet in the National Cadet Corps.	laid down it/Unfit for
2.	His/her blood group is	
Place: Date :		_
	MCI Registration No	
•	No. 0162/49/NCC dated 19 Mar 1949 [for SD (Army) & (Air) No. 0162/49/NCC dated 19 Mar 1949 [for JD] No. 0384/50/NCC dated 10 Mar 1950 [for SW] No. 0630/52/NCC/1255-B/D (IS&MED) dated 29 Mar 1952 [for SD Naval Wing]	
•	CERTIFICATE	
1.	Certified that the above applicant agrees to the terms/conditions of Enrolment voluntarily.	
2. under th	Certified that this school/college/Institution agrees to fulfill the terms and conditions of engagement of the NCC Act in the school/college/Institution.	f NCC unit
	(Signature of Principal/Head of School)
Place :	<u>.</u>	
Date:	(Signature of the OC Unit with office s	eal)

INDEMNITY BOND

To The President of India

In consideration of my being nominated either by the NCC authorities or at my own request as participant in any NCC Camp (which includes Republic Day camp and Independence Day camp in Delhi), Course, Adventure Training (including Army, Navy & Air Wing activities, as the case may be) and while traveling (in domestic/international surface, air and water transport) and attending Youth Exchange Programme abroad, I undertake and agree that neither I, nor my executors of 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 Govt 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 representative indemnify the Govt or NCC authorities including Officers JCOs/NCOs or their equivalents from Navy and Air Force Civilians 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 white 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.

Witnes	<u>38</u>	(Signature of Applicant) No
(1)	Signature	NameUnit/Group
(2)	Signature Name Address	Signature of Parent/Guardian Name
Place: Date:		
	(Note: In case of SD Applicants being a mi	nor, Indemnity Bond applicable to Minor will be used)

Page - 3 of 5

TO BE USED FOR EXTENSION OF ENROLMENT (See Rule 13 of NCC Act, 1948)

A.	I agree to extend the enrolment for one year and am willing to fulfill the engagement made.	
Place:	(Signature of Cadet)	
Date:		
В.	TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT	
GOI let	I have examined (Name) on (date) as per medical standard laid down vide ter No dated (see • below) and considered him/her Fit/Unfit for not as a Cadet in the National Cadet Corps.	₽ F
	His/her blood group is	
Place: Date :	Signature Designation (Medical Officer)	
	MCI Registration No	
•	No. 0162/49/NCC dated 19 Mar 1949 [for SD (Army) & (Air) No. 0162/49/NCC dated 19 Mar 1949 [for JD] No. 0384/50/NCC dated 10 Mar 1950 [for SW] No. 0630/52/NCC/1255-B/D (IS&MED) dated 29 Mar 1952 [for SD Naval Wing]	
	AGREED	
C.	I agree to further extension of one year for enrolment into IInd year.	
Place	(Signature of Enrolling Officer/ANO/CT)	
Date:	CONFIRMED	
Place	(Signature of Commanding Officer)	
Date	Caboat Principal Photo will be pasted only	10

Note: This form will be filled in duplicate under the supervision of the School Principal. Photo will be pasted only on original and duplicate. Original form will be maintained at the School, while the duplicate will be forwarded to Gp HQ.

NOMINANTION FORM FOR MEMBERSHIP OF THE CADETS WELFARE SOCIETY (To be retained at NCC Group HQ)

Section - 1

1. letters)	I, Cadet (name in block let	ters)	a student of c	son/da	aughter of Shri (name in block _ of (name of college/school)
On my for me	enrolment with the NCC on mbership of the NCC Ca	(date) _ idets W _ only) t	Welfare Society and I towards its membershi	rith (name of the unit) nereby subscribe a sur o fee.	n Rs(Rupees
2. family f	My_father/Mother/Guardia	n's occ	cupation isPer annum.	an	nd the annual income of my
an orga	ttee of the above society in inized NCC activity. I hereb	the eve y accep	nt of partial or perman it that the decision of th	ent disablement sustaine e Governing Body/Manag	e Governing Body/Managing of by me while participating in ging Committee with regard to be final and binding on me.
	I hereby nominate the ad and as determined by the on the following person(s) in	Gover	ning Body/Managing C	ommittee of the above S	assistance as per the share cociety, which will be final and ized NCC activity:-
<u>Şer</u> <u>No.</u> 1.	Name of the nominee(s) (In Block Letters)	<u>Age</u>	Relationship with the Cadet	Permanent address of the nominee	Percentage of financial Assistance payable
2					
3					
		(To be	filled by the cadet in		
			Section II		
4. cadet i	My membership in the n the Division or wing of the	e Welfa NCC to	re Society and this Nor which I have been end	mination Form will be vali colled.	id only till such time I remain a
Place: Date:				(Full Si	ignature of the Cadet)
				Signatur	e of PTO/Head of Institution)
Place: Date			Section I		
	_				to became a
memb appro	I am willing to allow in ers of the NCC Cadets We ve of the nomination made in	ny son/ elfare Son n Sectio	daughterward (name) ociety under the terms on 1(4).	7 conditions and rules i	to became a in force of the Society. I also
Place	:		()	Full signature of Father/N	lother/Guardian)
Date:			-	1174	
Witne 1. Sig	ess nature			<u>Witness</u> 2. Signature	<u>-</u>
		NO	—– ne and add ress or off	ice seal of the witness)	
Note	The witnesses should be e	ither ga	zetted officer, head of h	nstitution/NCC Part time	Officer/Sarpanch/Village Head.
			Section	_	
enrol	Received a sum of Rs led as a member of the NCC	Cadet	(Rupees s Welfare Society durin	only g the cadetship in the Jur	 as one time subscription and nior/Senior Division/Wing.
Place Date				(Signature of the	e OC Unit with office seal)
Date	•		Section	<u>v</u>	
			(to be filled in by th	 ,	
Date	of dispatch of the Nomination	on Form	to Group HQ		



CERTIFICATE

1. I Cadet No.	Name
of	School/College have read the policy
letter and understand that I shall take	e part in events conducted by NCC authorities or rticipate in events where NCC sponsors cdts to
 I shall not use my Cdt No. and events where I participate in my individ quota (1% reservation in higher education) 	d name of my Unit/GroupHQ/NCC Dte/DGNCC in dual capacity for which I am not eligible for the NCC ation)
3. I understand that use of my cdt is restricted to the NCC authorities on	No/Name of the Unit/GroupHQ/NCC Dte/DGNCC
Signature of Parent	Signature of Cadet
Signature of ANO/CT	Signature & Seal of Principal (only) of School/College

COUNTERSIGNED CO/OC UNIT

FORM I NATIONAL CADET CORPS

		PARTITION OF THE PROPERTY OF THE PARTITION OF THE PARTITI	Control Section 1
SENIOR DIVISION/WING ENROLMENT FORM	ICan Dulan 7	7 and 11 of NICC Act 1	(QAQ)
SENIOD DIVISION/WING ENRULMENT FURM	tage Rules (and Hollie Act, I	3401

ATTESTED PP SIZE COLOR PHOTO

l.	Name (IN BLOCK LETTERS)	
2.	Nationality & Date of Birth (DD/MM/YYYY)	
3.	Father's/guardian's Name	
4.	Mother's Name	
5.	Residential Address (Landmark, State, Distt Taluka, City/Vill, Pin Code)	
6.	Mobile No.	
7.	e-mail id	
8.	Blood Group	
9.	Sex	
10.	Nearest Railway Station	
11.	Nearest Police Station	
12.	Educational qualifications & Marks in (%)	CI CS - SARKS
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	
17.	NCC Unit to be enrolled in	
18.	Have you been enrolled in NCC earlier.If yes, Your Enrolment No.	Y N
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 :	
22	. Bank Acct No of Cadet/Parent	
23	Aadhaar/UID No. (If allotte	d)
24	4. PAN Card No. (If allotted)	
	lace:	(Signature of the applicant)

DECLARATION ON ACCEPTANCE FOR ENROLMENT

1. is fals	I solemnly declare that the answers I have given to the questions in this form are true and that no part of them se, and that I am willing to fulfill the engagement made.
2. the R camp	I promise that I will honestly and faithfully serve my country and abide by ules & Regulations of the National Cadet Corps and that I will, to the best of my ability, attend all parades and s as may be required by the Commanding Officer from time to time.
3. any co YEP c	I, further promise that after enrolment, I will have no claim on authorities for ompensation in the event of injury or death due to accident during training camps, courses, traveling and while on or any other such NCC events like RDC, SNIC/NIC, TSC/VSC/NSC and Adventure Activities.
Place	
Date:	(Signature of the applicant)
	DECLARATION BY PARENT/GUARDIAN
1. son/da	I solemnly declare that the answers given in this form are true and that no part of them is false and that my aughter/ward is willing to fulfill the engagement made.
2. author travelii	I promise that after the enrolment of my son/daughter/ward, I will have no claim on ities for any compensation in the event of any injury or death due to accident during training camps, course, and while on YEP or any other such NCC events like RDC and IDC.
3.	I understand my son/daughter/ward has no service liability.
4. son/wa	I promise to make good the prorata residual cost of clothing items issued if my ard does not complete two years of NCC training.
Place:	
Date:	(Signature of the Parent/Guardian)
	CERTIFICATE
1.	Certified that the applicant understands and agrees to the conditions of enrolment.
2.	Certified that the applicant and his parent/guardian understand and agree to the condition of enrolment.
Place:	
Date of	Enrolment: (Signature of Enrolling Officer/ANO/CT)
	TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT
ide G(nrolme	I have examined (Name) on (date) as per medical standards laid down on as a Cadet in the National Cadet Corps. (see • below) and consider him/her Fit/Unfit for
	His/her blood group is
Place: Pate :	Signature Designation (Medical Officer)
	MCI Registration No
:	No. 0162/49/NCC dated 19 Mar 1949 [for SD (Army) & (Air) No. 0162/49/NCC dated 19 Mar 1949 [for JD] No. 0384/50/NCC dated 10 Mar 1950 [for SW] No. 0630/52/NCC/1255-B/D (IS&MED) dated 29 Mar 1952 [for SD Naval Wing]

NOMITANTION FORM

FOR MEMBERSHIP OF THE CADETS WELFARE SOCIETY (To be retained at NCC Group HQ)

Section - I 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 , apply for membership of the NCC Cadets Welfare Society and hereby subscribe the unit) only) towards its membership fee. a sum Rs and the annual income of my My father/Mother/Guardian's occupation is family from all sources is Rs Per annum. I understand that I shall be entitled to financial relief 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 organized NCC activity. I hereby accept that the decision of the Governing Body/Managing Committee with regard to the quantum of relief to be paid to me in the event of my partial/permanent disablement will be final and binding on me. I hereby nominate the following person/persons who will receive financial assistance as per the share indicated and 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 the an organized NCC activity:-Permanent address Percentage of financial Name of the nominee(s) Relationship with the of the nominee Assistance payable (In Block Letters) Cadet No. 1. 2. 3. (To be filled by the cadet in own hand writing) Section II 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. Place: Full Signature of the Cadet Date: Place: Signature of PTO/Head of Institution) Date: Section III I am willing to allow my son/daughter/ward (name) ______ to become a member of the NCC Cadets Welfare Society under the terms & conditions and rules in force of the Society. I also approve of the nomination made in Section 1 (4). (Full signature of Father/Mother/Guardian) Place: Complete Address _ Date: Witness Witness 2. Signature 1. Signature

Note: The witnesses should be either gazetted officer, head of Institution/NCC Part time Officer/Sarpanch/Village Head.

(Full Name and address or office seal of the witness)

CERTIFICATE

1.	Certified that the above applicant agree	s to the terms/conditions of Enrolment voluntarily.
2. under t	Certified that this school/college/Institution NCC Act in the school/college/Institution	on agrees to fulfill the terms and conditions of engagement of NCC unit on.
		(Signature of Principal/Head of School) CONFIRMED
Place:	i	
Date:		(Signature of the OC Unit with office seal)
		Annexure to Form I (Application for enrolment)
		INDEMNITY BOND
To The F	President of India	
(incluair all exect auth any injur in the inclusion of the content	uding Army, Navy & Air Wing activities, as not water transport) and attending Youth Excutors of administrators or other legal represorties including officers, JCO's/NCO's or the other such person in the service of the Gy resulting in death, due to any reasons where above activities and I understand that uding officers, JCO's/NCO's or their equivalent loss or injury and I agree as to bind memnify the Govt or NCC authorities includations or any person in the service of Governorm.	amp and Independence Day camp in Delhi), Course, Adventure Training the case may be) and while traveling (in domestic/international surface, tchange Programme abroad, I undertake and agree that neither I, nor my esentatives will make any claim against the Government or against NCC heir equivalents from Navy and Air Force/Civilians, MT Drivers or against ovt in respect of any loss or injury to the Property or person, including that soever which I may suffer, while or in consequence of my participation and compensation will be paid by the Government or NCC authorities allents from Navy and Air Force or Civilian MT Drivers in respect of any lyself, my executors and administrators and other legal representative ing Officers JCOs/NCOs or their equivalents from Navy and Air Force ment against any claim which may be from any third party against them sult on my part during or in connection with the said camps, courses, with Exchange Programme or any other such NCC activities as may be a Union of India.
		(Signature of Applicant) No
Wit	ness	No.
(1)	Signature Name Address	Unit/Group
(2)	SignatureName	Name
	Address	Address

(Note: In case of SD Applicants being a minor, Indemnity Bond applicable to Minor will be used)

Address

Place: Date:

TO BE USED FOR EXTENSION OF ENROLMENT (See Rule 13 of NCC Act)

A.	I agree to extend the enrolment for one year and am willing to fulfill the engagement made.
Place:	
Date:	(Signature of Cadet)
В	TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT
1. GOI let enrolme	I have examined (Name) on(date) as per medical standard laid down videter No dated (see • below) and considered him/her Fit/Unfit for ent as a Cadet in the National Cadet Corps.
2.	His/her blood group is
Place:	Signature Designation (Medical Officer)
	MCI Registration No
:	No. 0162/49/NCC dated 19 Mar 1949 [for SD (Army) & (Air) No. 0162/49/NCC dated 19 Mar 1949 [for JD] No. 0384/50/NCC dated 10 Mar 1950 [for SW] No. 0630/52/NCC/1255-B/D (IS&MED) dated 29 Mar 1952 [for SD Naval Wing]
	AGREED
C.	I agree to further extension of one year for enrolment into IInd year.
Place:	(Signature of Enrolling Officer/ANO/CT)
	CONFIRMED
	(Signature of Commanding Officer)
Note: 7	This factoring a series of the property of the Armer Committee of the Comm

Note: This form will be filled in duplicate under the supervision of the Commanding Officer. Photo will be pasted only on original and duplicate. Original form will be maintained at the Unit, while the duplicate will be forwarded to Gp HQ.



CERTIFICATE

1. I Cadet No.	Name
of	School/College have read the policy
letter and understand that I shall take	e part in events conducted by NCC authorities or rticipate in events where NCC sponsors cdts to
 I shall not use my Cdt No. and events where I participate in my individ quota (1% reservation in higher education) 	d name of my Unit/GroupHQ/NCC Dte/DGNCC in dual capacity for which I am not eligible for the NCC ation)
3. I understand that use of my cdt is restricted to the NCC authorities on	No/Name of the Unit/GroupHQ/NCC Dte/DGNCC
Signature of Parent	Signature of Cadet
Signature of ANO/CT	Signature & Seal of Principal (only) of School/College

COUNTERSIGNED CO/OC UNIT