APPLICATION FORM (TO BE FILLED IN CAPITALS)

Paste one Self-attested Passport size photograph

Roll No.		(То	be filled by ASC /		
Registration No.			Stream applie		
1.	(a) Name of	the applicant		(As pe	r Matriculation Certificate)
		Card No.			
	`	should enter Aad are exempted for the		ndidates from J	&K, Assam and
2.	(a) Fathe	r's Name		(As per Matricula	ation Certificate)
	(b) Fathe	r's Profession			
	(c) Mothe	er's Name			
3. Age	Date of Birth	(Years and mo	(As per	Matriculation Certif	icate)
4.		(10010 0110 1110		, 0. 7	initiation of proof,
5.	-		ied / Unmarried		
6.	Body Tattoo (any parts of body): (Yes / No)				
7.	Address for	correspondence:			
	(with Pin-Co	ode & Post Office)			
			Email ID		
			Mob No		
8.	Permanent	Address:			
	(with Pin-Co	ode & Post Office)			
	Police Station	on			
9.	Educational	Qualification			
	Class	Board / L	Jniversity	Certificate	No.
		I		i	

XII

10.	Lang	uage(s) you can read and write	(a)	
			(b)	
11.	Deta	ils of past service		_
12.	Pres	ent Occupation : (if any)		_
13. enclos		ur father deceased / retired / servi by of certificate from Adjt / O I/C Civ		
14. month		erience, if any, in the stream app etach the copy of certificate as p		(Year and
Date:			Signature of	applicant
Cartif	iad th		BY APPLICANT	
<u>Certif</u>	(a)	The information given above is t	rue to the hest of my knowle	edae
	(b)	I am willing to be posted to any ed to me.	·	· ·
	(c)	I am willing/unwilling to change	my stream for which I have	applied for.
	(d) nece	I am aware that if the certificates ssary disciplinary action for fraudu		
Date :			Signature of	f applicant
Note:	Fill in	capital letters		
	<u>_</u>	DETAILS OF CERTIFICATES AT	TACHED (To be filled by a	pplicant)
	(a)	Certificate of date of birth X pass	s certificate	Yes / No
	(b)	Certificate of experience		Yes / No
	(c)	Character Certificate (Not older	than six months)	Yes / No

CONSENT CERTIFICATE BY PARENT / LEGAL GUARDIAN (FOR CANDIDATES BELOW 18 YEARS OF AGE)

l,	hereby give my open consent for my son / dependent						
to undergo the physical test for selection of Agnive							
Non Combatant at his own ris	k. In case my son / dependent sustains any type of injury during						
the process of test, I shall not	he process of test, I shall not claim any damages or treatment from the IAF.						
Sign of Candidate	Signature of applicant's Parent /						
	Legal Guardian						
Date:	Date:						
001	OFNIT OFDITIONITE DV ONNDIDNITE						
	SENT CERTIFICATE BY CANDIDATE						
(FOR CA	ANDIDATES ABOVE 18 YEARS OF AGE)						
1.	hereby give my open consent to undergo the physical test						
	Non Combatant at my own risk. In case I sustain any type of						
	st, I shall not claim any damage or treatment from the IAF.						
myany aanmig me process on to							
Date:	Signature of Candidate						
	eignature er earraidate						
CERTIFICATE BY CHIE	F ADMINISTRATIVE OFFICER / SENIOR ADMINISTRATIVE						
	OFFICER(OPTIONAL)						
It is cortified that	Shri						
	Stn / Unit Registration No is						
	starty error registration res is series years						
and months as _							
Date :	Chief Administrative Officer / Senior Administrative Officer						
Place :	Unit						

ADMIT CARD

Paste a selfattested photograph

Strear	am applied for :					_	
1.	Name	(A:	s per M	atricul	ation Cer	tificate)	
2.	Aadhaar Card No.						
	(Candidate should enter Aadhaar number. Ca Meghalaya are exempted for the same)						
3.	Father's Name(As per Matriculation Certificate)						
	Mother's Name(As per Matriculation Certificate)						
4.	Address for correspondence (to be filled same as per column 7 of application form)						
	House No						
	Street/Village						
	Police Station						
	Post Office Distt	Post Office Distt					
	State Pin Code	State Pin Code					
5.	Registration No	Date an	ıd time	of W	ritten / F	PFT /	
Strear	am Suitability Test						
6.	Venue of Written / PFT / Stream Suitability						
Unit S	Stamp	Ī	Presidi	ng Off	icer		