DECLARATION ON ACCEPTANCE FOR ENROLMENT

•	rs I have given to the questions in this form are e, and that I am willing to fulfil the engagement
	promise that I will honestly and faithfully rules and Regulation of the National Cadet illity.
on authorities for any compensation	omise that after enrolment, I will have no claim in the event of injury due to accident during and while on YEP or any other such NCC and I have no service liability.
Place: Date:	Signature of Applicant
DECLARATION	BY PARENT/GUARDIAN
~	nswers given in this form are true and that no my son/daughter/wars is willing to fulfil the
son/daughter/ward, I will have no cla	promise that after enrolment of my aim on authorities for any compensation in the to accident during training camps, courses, ther such NCC events like RDC and IGC.
Place: Date:	Signature of Parent/Guardian
CE	ERTIFICATE
Certified that the applicant and his conditions of enrolment.	parent/guardian understand and agree to the
Place Date of Enrolment:	Signature of Enrolling Officer (Unit Seal)

TO BE USED FOR EXTENSION OF ENROLMENT (See Rules 13)

A. I agree to extend my enrolment engagement made.	for one year and am willing to fulfil the			
Place: Date:	Signature of Applicant			
Confirmed				
Place: Date of Enrolment:	Signature of Commanding Officer			
B. I agree to extend the enrolment of my son/daughter/ward for one year an am willing to fulfil the engagement made.				
Place: Date:	Signature of Parent/Guardian			
Place: Date from which Extension Starts:	Signature of Principal			

MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY NOMINATION FORM SECTION-I

Shri (Name in bloc (Name of College	k letters) /School)			of nent With the
apply for membersh	nip of the N	National Cadet	Corps Cadets Welfare Societowards its membership fee.	
-			tion ispei	
Governing Body/Ma permanent disablem hereby accept that the	naging con nent sustain the decision stance to b	nmittee of the ed by me whil of the Govern	o financial assistance as determinated above Society in the event e participating in an organised ing Body/Managing Committee in the event of permanent/parti	t of partial or d NC activity. I with regard to
determined by the G	Soverning Both	ody/Managing (n(s) who will receive financial Committee of the above Societ the event of my death while par	y, which will be
Ser. Name of No Nominee(s)	Age	Relationship with the Cadet	Permanent Address of the Nominee(s)	Percentage of Financial Assistance payable
(To be filled by the c	adet in his d	own handwriting	<u> </u>	

My membership in the Welfare Society and this Nomination Form will be valid only till

(Full Signature of the Cadet)

such time I remain a cadet in the Division or Wing of the NCC to which i have been enrolled

Date:

Place:

SECTION-II

	SECTION-II			
Date:				
Place:	(Signature of PTO/ Head of Institution)			
. 13.00.	(e.g.tatare et l'er l'eac et l'estatiel,			
	SECTION-III			
I am willing to allow my son/dau	ughter/ward (Name)			
to become a member of the National Cadet Corps Cadet Welfare Society under the terms				
& conditions and the rules in force	& 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	2			
(Signature)	(Signature)			
Full Name & Address or	Full Name & Address or			
Office Seal of the Witness	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				
Date of despator of the Mornination form to Group Hig				