# **DECLARATION ON ACCEPTANCE FOR ENROLMENT**

no part of them is false, and that I am willing to	en to the questions in the form are true and that of fulfil the engagement made.
•	onestly and faithfully serve my Country and abide et Corps that I, will, do the best of my ability, attend he Commanding Officer from time to time.
for any compensation in the event of injury	after enrollment, I will have no claim on authorities or death due to accident during training camps, ner such NCC events like RDC & IGC. I understand I
Place: Date:	Signature of The Applicant
DECLARATION BY	PARENT/GURDIAN
I Solemnly declare that the answers giver false and that my son/ daughter/ ward is willing	n in this form are true and that no part of them is g to fulfill the engagement made.
no claim on authorities for any compensation	he enrolment of my son/daughter/ward, I will have in the event of any injury or death due to accident while on YEP or any other such NCC events like RDC
Place:	
Date:	Signature of Parent/Guardian
	(With Name)
CERTIF	FICATE
Certified that the applicant his Parent/Gua	rdian understand and agree to the
conditions of e	enrollment.
Place:	
Date of Enrollment	
(Unit seal)	Signature of Enrolling Officer
■	I

# TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

I have examined (Name)			
On (date) and consider him/her fit/unf	(date) and consider him/her fit/unfit for enrolment as a cadet in the National		
Cadet Corps.			
Place:	Signature		
Date:	Designation (MO)		
TO BE USED FOR EXTENS	SION OF ENROLMENT		
(See Rule	es 13)		
I agree to extend my enrolment for one year and	d I am willing to fulfill the engagement made.		
Place:			
Date:	Signature of Applicant		
Confirmed/No	t confirmed		
Confirmed/No	t confirmed		
Place:			
Date:	<del></del>		
	Signature of Commanding		
Officer			
I agree to extend my enrolment of my son/o	daughter/ward for one year and I am willing		
to fulfill the engagement made.			
Place:			
Date:	Signature of Parent /Guardian		
Confirmed/ No	et confirmed		
Place:			
Date from which extension starts	Signature of Head Master		
<b>NOTE:</b> This form will be retained in the school in wh	ich the unit is located.		

Appendix 'A' to DGNCC Letter No. 19952/DGNCC/CWS dated 05 Feb.91

#### **NOMINATION FORM**

#### FOR MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY

## (TO BE RETAINED AT NCC GROUP HQ)

## **SECTION-I**

1.	I CADET (Name in blo			son/ Daughter	
				(Name o	
				nt with the NCC on (date)	
				mbership of the NCC Cac	
Socie	ty and hereby subscribe	a sum of	Rs.15/-(Rupees Fif	teen only) towards its me	embership fee.
2.				and	the annual
Incon	ne of my family from all	sources i	s Rs	per annum.	
3.				lief as determined by the	=
•			·	ent of partial or permane	
	•		-	activity hereby accept that	
		_		quantum of be paid to p	aid in event of my
partia	al/permanent disableme	nt will be	e tinal and binding o	on me.	
4.	I hereby nominate th	e followi	ng person/persons	who will receive finical a	ssistance as the
	•		• .	naging committee of the	
				S) In the event of my dea	• • • • • • • • • • • • • • • • • • • •
partic	ripant in an organized No	CC activit	y-		
	No. of the		D. L. C. L. L. C.		D
L No	Name of the Nominee	Age	Relationship	Permanent address of the	Percentage of financial
	(In block letters)		With the cadet	Nominee	assistance
	(III block letters)			Nommee	payable
					payable
	-	1 (:11		1 1 \	
	(10	pe fille	d by the Cadet in ov	wn nana writing)	
5. My	membership in the We	lfare Soci	ety and the Nomina	ation Form will be valid o	only till such time I
have	been enrolled.				
Date:					
Place	:			(Full Signature of t	he Cadet)

Section-II					
Date:					
Place:	Signature of PTO/Head of the Institutions				
Section-III					
I am willing to allow my son/	/daughter/ward name _	to			
become a member of NCC Co		nder the terms & condition and rules in force of Section 1 (4).			
Date:					
Place:		Full signature of the father/mother/guardian			
Witness	Witness				
1	2				
(Signature)	(Signature)				
Full name and address or off	fice Fu	ıll name and address or office			
Seal of the witness		Seal of the witness			

Note: The witnesses should be either Gazetted officer, Head of institution/NCC part time Officer/Sopranos/Village Head.

## **Section-IV**

(To be filled in by the NCC Unit)

#### **INDEMNITY BOND**

To

The President of India

In consideration of my being nominated either by the NCC authorities or 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 & Air Wing activities, as the case may be) and while traveling (in domestic/international surface, air and water transport) and attending Youth Exchange Programmes 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/NCOs or their equivalents from Navy and Air Force civilians, MT drivers or against any other such person, including injury resulting in death, due to any reason 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/NCOs 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, JCO's / NCOs or their equivalents from Navy and Air Force, civilians 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 which 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	
	Regt No	
	Name	
	Unit/Group	
Witness  1. Signature: Name: Address:	2.Signature: Name: Address:	
Date:		
Place:		