NOTE: This form will be retained in the school in which 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 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 NCC Cadets Welfare Society and hereby subscribe a sum of Rs.15/-(Rupees Fifteen 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 relief as determined by the Governing Baby/management committee of the above society in event of partial or permanent disablement sustained by me while participating in an organized NCC activity hereby accept that the decision of the Governing Body/managing committee with regard to quantum of be paid to paid in event of my partial/permanent disablement will be final and binding on me.

4. I hereby nominate the following person/persons who will receive finical assistance as the share indicate and as determined by Governing Body/managing committee of the above society, which will be final and binding on the following persons (S) In the event of my death while participant in an organized NCC activity-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl No | Name of the Nominee  (In block letters) | Age | Relationship  With the cadet | Permanent  address of the  Nominee | Percentage of  financial  assistance  payable |
|  |  |  |  |  |  |

**(To be filled by the Cadet in own hand writing)**

5. My membership in the Welfare Society and the Nomination Form will be valid only till such time I have been enrolled.

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_ (Full Signature of the 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 Cadets Welfare Society under the terms & condition and rules in force of the Society I also approve of the nomination made Section 1 (4).

Date: \_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_ Full signature of the father/mother/guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Witness

1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature (Signature)

Full name and address or office Full 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)**

Date of dispatch of the Nomination form to Group HQ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: The Nomination form will be printed on both sides of a single leaf.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section-V**

Received a sum of Rs.15/- (Rupees Fifteen Only) as one time subscriber and enrolled as a member of the NCC Cadets Welfare Society during the cadetship in the Junior/Senior Davison/Wing.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Place:

**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: 2.Signature:

Name: Name:

Address: Address:

Date:

Place: