

APPX B

(Ref Para 4(a) of HQ DGNCC letter no
4406/103/DGNCCITRGIYEP) dt ___ Dec
2020)

APPLICATION FROM CADETS FOR YEP SELECTION

PART - I

Personal Particulars

1. Name: _____
(in BLOCK Capitals)
2. No. _____ Rank: _____
3. Father's Name: _____
4. Occupation: _____
5. Mother's Name: _____
6. Occupation: _____
7. Postal Address: _____

State: _____ Pin Code: _____
8. Email ID: _____ Mob No: +91 _____
9. Passport No: _____ Expiry date: _____
10. Date of Birth: _____ Place of Birth: _____
(DD/MM/YYYY)
11. Religion: _____ Identification Marks: _____
12. Food Preference: (Non-Veg/ Halal/ Veg/ Vegan)

13. **NCC Certificates:**

<u>Ser No</u>	<u>Class</u>	<u>Unit</u>	<u>% age Marks</u>
1.	A Cert		
2.	B Cert		

14. **Educational Qualification:** (only from class X. Include presently studying including subjects)

<u>Ser No</u>	<u>Class</u>	<u>School/institution</u>	<u>%age Marks</u>
1.			
2.			
3.			

15. **Camps Attended:** (Do not include Pre-RDC trg Camps)

<u>Ser No.</u>	<u>Type of Camp</u>	<u>School/Institution</u>	<u>%age Marks</u>
1.	A Cert		
2.	B Cert		

16. Hobbies and interests: (include latest ok read)

17. Achievements in Games/Sports: (if any)

18. Medical:

(a) Any Allergies: _____ Blood Gp: _____

(b) Inoculation done/due: (please make efforts to carry out your immunization as per WHO/UIP and IAP schedule)

- | | |
|-------------------|--------------------|
| (i) TAB | (ii) BCG |
| (iii) OPV | (iv) DPT |
| (v) MMR | (vi) TYPHOID |
| (vii) HEPATITIS A | (viii) HEPATITIS B |
| (ix) CHICKEN POX | (x) MEASLES |
| (xi) TT | |

(c) Ht: _____ Wt: _____ Kgs

19. The information given above is true to the best of my knowledge and belief.

20. I, _____ daughter/Son of _____ hereby certify that should I be selected for Youth Exchange Programme to a foreign country in the year _____, I shall make myself available for such visit irrespective of its schedule/duration. In case I submit my unwillingness, I am fully aware that I shall forgo my chance for being detailed again. I am also aware that I shall not be given any leave of absence during the Programme and in case of any injury or death, it shall be at my own risk.

Place:

Signature:

Dated:

Name:

COUNTERSIGNED

I hereby consent to permit my daughter/son/ward _____ proceed on the NCC Youth Exchange Programme year _____

Place:

Signature and Full Address

Dated:

CERTIFICATE FROM THE HEAD OF THE INSTITUTION

1. It is certified that No. _____ Cadet _____
is a student of _____ (Name of Institution) studying in

2. The cadet is suitable for proceeding on Youth Exchange Programme with foreign countries.

Place:

Signature and Full Address

Dated:

(Institution Round Stamp)

PART II

1. Name of Unit: _____

2. Group: _____

3. Year of NCC Training: _____ Date of Enrolment: _____

4. Proficiency in Swimming: _____

5. Proficiency in Firing: _____

6. The cadet is eligible for proceeding on YEP as per instructions. The details filed above have been verified and found correct.

7. Recommended/Not Recommended

Station:

Signature of OC Unit

Dated:

RECOMMENDATION OF GROUP COMMANDER

RECOMMENDATIONS OF ADDITIONAL/DEPUTY DIRECTOR GENERAL