**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)

1. 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:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ser No** | **Class** | **Unit** | **% age Marks** |
| 1. | A Cert |  |  |
| 2. | B Cert |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Ser No** | **Class** | **School/institution** | **%age Marks** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Ser No.** | **Type of Camp** | **School/Institution** | **%age Marks** |
| 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 injure or death, it shall 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**