AFCAT APPLICATION FORM





INDIAN AIR FORCE

PEOPLE FIRST MISSION ALWAYS

Application Details for Career Air Force

Registration No. **0220AA0048782**

Personal Information		
Candidate Name	NAVEENKUMARK	
Candidate's Father Name	KADALKANNANP	
Candidate's Mother Name	ANANTHIT	
E-mail ld	naveenbharath0212@gmail.com	
Mobile Number	9488541202	
Nationality	Indian	
Date of Birth(DD/MMM/YYYY)	02/Mar/2000	
Marital Status	Unmarried	
Gender	Male	
ldentification Mark	Scarce in left leg	
CPSS PABT Status	N_A	
Airmen	No	
valid CPL	No	
Carrana i antiana Addurana		

Communication Address

Correspondence Address:

S/okadalkannan,NO 10,CONTRACTOR PAZHANIYANDI STREET,CHINNAMANUR., Theni Allinagaram, Tamil Nadu, 625515

Nearest Railway Station

Madurai

Permanent Address:

S/okadalkannan,NO 10,CONTRACTOR PAZHANIYANDI STREET,CHINNAMANUR., Theni Allinagaram, Tamil Nadu, 625515

Nearest Railway Station

Madurai

Qualification Information

10+2(HSC)

Gross Percentage	50
Physics Percentage	41
Maths Percentage	0

Graduate (Degree Name - BSc)

College	Selvamm arts and science college	
University	Periyar university	
Maths Percentage	N/A	
Physics Percentage	N/A	
Discipline	Finance	
Passout Date(DD/MM/YYYY)	25/12/2020	
Percentage	62	
Backlogs	No	

Course Preferences

[1]209/21G/SSC/M&W Administration

[2]209/21G/PC/M Administration

AFCAT Exam State and corresponding City Choices

First Preference	Tamil Nadu -> Coimbatore
Second Preference	Tamil Nadu -> Madurai
Third Preference	Tamil Nadu -> Tirunelveli
Fourth Preference	Tamil Nadu -> Vellore
Fifth Preference	Tamil Nadu -> Puducherry

DECLARATION BY THE CANDIDATE

I hereby declare that all statements made in this application are correct. I understand that I am liable to be disqualified at any stage, if the information given is found to be incorrect/incomplete/false. I undertake to produce all original certificates and statement of marks at the time of appearing in the Selection test. I am willing to undergo physical and medical test, at my own risk and will not be entitled for compensation for injuries if any, sustained during such test.

J. (N)

Signature of the candidate

Place:**Theni**

Date:**2020-06-25**

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