Home (../registrationSteps/showRegistrationSteps?param=43ca80
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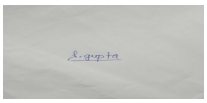
APPLICATION FORM FOR MALE CANDIDATES FOR SELECTION AS AIRMEN IN INDIAN AIR FORCE:FOR INTAKE 01/2022

Payment Status: Payment **Not Done**	**Registration No.** 21030396162	**Gender:** Male

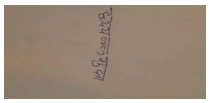
Candidate Name	**Sagar Gupta**	Parent Name	**Hriday Lal Gupta**	Nationality	**Indian**
Date Of Birth	**03-07-2003**	Marital Status	**UnMarried**	Qualification	**12th**
Aggregate %	**76**	Name Of Education Board/Diploma Institute	**Board of Secondary Education, Madhya Pradesh**	English % Maths %	**70** **68**
Physics %	**85**	Additional Marksheet	**No**		
Mobile No	**+917987477510**	EMail Id	**sguptaajuly3@gmail.com**	Aadhaar Card No	**580204074778**
Serving IAF NC(E)	**No**	NCC Certificate Holder	**No**	SOAFP	**No**
Discharged from Forces/Govt. Org.	**No**	Stream Applied	**Group X and Group Y Both**	Identification Mark Candidate Height	**No Mark** **166 cm**
Exam City preferences for phase I	**Jabalpur**	**Bhopal**	**Indore**	**Allahabad/Prayagraj**	**Delhi & NCR**
ASC preferences for phase II	**15 ASC, Bhopal (Madhya Pradesh)**		**2 ASC, New Delhi**	**3 ASC, Kanpur (Uttar Pradesh)**	
	1 ASC, Ambala Cantt (Haryana)		**10 ASC, Patna (Bihar)**		
Permanent Address	**Ward no. 12 Bara,Bara,Sirmour,Rewa,Madhya Pradesh,486441**		Communication Address	**Ward no. 12 Bara,Bara,Sirmour,Rewa,Madhya Pradesh,486441**	
Chest Size	**32 Inch**	Waist Size	**28 Inch**	Shoe Size	**8 No.**

DECLARATION BY THE CANDIDATE

I have read and understood all the instructions for filling this application form. Further, I declare that 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 will produce all original certificates and statement of marks and three photocopies of each, duly attested by me, at the time of appearing in the phase II. 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.I am aware that the decision by President, CASB will be final and binding on me.



Signature of the candidate



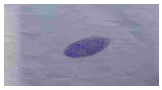
Signature of parent/guardian

(If candidate below 18 years on the day of filling application)

Place:**Rewa**

Date:**31-01-2021**

Thumb Impression



Paste your Photo

Preview/Print Application Form

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