## INDIAN AIRFORCE AGNIVEERVAYU NON-COMBATANT

## **APPLICATION FORM**

[TO BE FILLED IN CAPITALS]

|   |  | STREAM APPLIED FOR   |              |   |  |  |
|---|--|--|--------------|---|--|--|
| Registration NoRoll No                                  |  |  |              |   |  |  |
| [To be filled by ASC/CASB]                              |  |  |              |   |  |  |
| 1.  | [a] Name of the Applicant  |  |              | Passport Size<br>Photograph Paste<br>Here |  |  |
|   | [b]  | Aadhar Card No [Candidate should enter Aadhar number. Candidates from J&l Mehhalaya are exempted for the same] | K, Assam and | [Self Attested]                           |  |  |
| 2. [a] Father]s Name [As per Matriculation Certificate] |  |  |              |   |  |  |
|   | [b]  | Father's Profession  |              |   |  |  |
|   | [c]  | Mother's Name  |              |   |  |  |
| 3.  | Age as on Years andMonths  [Attach copy of Xth Pass Certificate for proof] |  |              |   |  |  |
|   |  |  |              |   |  |  |
| 4.  | Nationality  |  |              |   |  |  |
| 5.  | Marital Status : Married / Unmarried                                       |  |              |   |  |  |
| 6.  | Body   | Body Tattoo [Any part of body][Yes / No]   |              |   |  |  |
| 7.  | Address for Correspondence   |  |              |   |  |  |
|   | Email IdMobile No  |  |              |   |  |  |
| 8.  | Pern   | Permanent Address  |              |   |  |  |
| 9.  | Educational Qualification :  |  |              |   |  |  |
|   | Board / University   |  | Certif       | Certificate No.                           |  |  |
|   | X  |  |              |   |  |  |
|   | X  | 1  |              |   |  |  |
| 10.   | Lang   | guage[s] you can read and write : [a]  | [b]          |   |  |  |
| 11.   | Datails of past service  |  |              |   |  |  |
| 12.   | 2. Present Occupation [if any]   |  |              |   |  |  |

|                         |  | F Person? [Airman / NC(E) / Civilian) / OI/C Civil Admin / Discharge Certificate / Pension orders. |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|
| _                       |  | [Years and months]   |  |  |  |  |  |
| [Ati                    | ach the copy of certificate as proof]  |  |  |  |  |  |  |
| Date :                  |  | Signature of Applicant   |  |  |  |  |  |
|                         | CERTIFICATE BY APPLICANT   |  |  |  |  |  |  |
|                         | Certified that:  |  |  |  |  |  |  |
| [a]<br>[b]              | <ul><li>[a] The information given above is true to the best of my knowledge.</li><li>[b] I am willing to be posted to anywhere in India to perform duties as per stream alloted to me.</li></ul> |  |  |  |  |  |  |
| [c]                     | I am willing / unwilling to change m   | *  |  |  |  |  |  |
| [d]                     |  |  |  |  |  |  |  |
| Date :                  |  | Signature of Applicant   |  |  |  |  |  |
|                         | ll in CAPITAL LETTERS  |  |  |  |  |  |  |
|                         | DETAILS OF CERTIFICATE   | S ATTACHED (To be filled by applicant)   |  |  |  |  |  |
| [a]                     | Certificate of date of birth X pass ce   | rtificate Yes / No   |  |  |  |  |  |
| [b]                     | Certificate of Experience  | Yes / No   |  |  |  |  |  |
| [c]                     | Character Certificate [Not older than  | six months] Yes / No   |  |  |  |  |  |
|                         | CONSENT CERTIFICATE BY PARENTS / LEGAL GUARDIAN [FOR CANDIDATES BELOW 18 YEARS OF AGE]   |  |  |  |  |  |  |
| I,                      |  | hereby give me open consent for my son /dependent  |  |  |  |  |  |
|                         |  | to undergo the physical test for selection of Agniveervayu Non                                     |  |  |  |  |  |
|                         | nt at his own risk. In case my son / deponent any damages or treatement from the I   | endent sustains any type of injury during the process of test. I shall AF                          |  |  |  |  |  |
| Sign of C               | Candidate  | Signature of Applicant's Parent / Legal Guardian   |  |  |  |  |  |
| Date :                  |  | Date :   |  |  |  |  |  |
|                         |  | TIFICATE BY CANDIDATE TE ABOVE 18 YEARS OF AGE]  |  |  |  |  |  |
| I                       |  | hereby give my open consent to undergo the physical test   |  |  |  |  |  |
|                         | tion of Agniveervayu Non Combatqan of test, I shall not claim any damage or  | t at my own risk. In case I sustain any type of injury during the treatment from the IAF           |  |  |  |  |  |
| Date : _                |  | Signature of Candidate   |  |  |  |  |  |
|                         |  |  |  |  |  |  |  |
|                         |  | EF ADMINISTRATIVE OFFICER/<br>RATIVE OFFICER [OPTIONAL]  |  |  |  |  |  |
| It is certify that Shri |  | S/o Shri   |  |  |  |  |  |
|                         |  | is working in  |  |  |  |  |  |
|                         |  | yearsmonths as   |  |  |  |  |  |
| Date :                  | Place :  | Chief Administrative Officer / Senior Administrative Officer                                       |  |  |  |  |  |

## INDIAN AIRFORCE AGNIVEERVAYU NON-COMBATANT

## **ADMIT CARD**

| STR  | REAM APPLIED FOR   |   |  |  |  |  |
|------|--|---|--|--|--|--|
| 1.   | Name   |   |  |  |  |  |
| 2.   | Aadhar Card No [Candiate should enter Aadhar number. Candidates from J&K, Assam and Meghalaya are exempted for the same] | Passport Size Photograph Paste Here [Self Attested] |  |  |  |  |
| 3.   | Father's Name  |   |  |  |  |  |
| 4.   | Address for correspondence [To be filled same as per column 7 of application form]                                       |   |  |  |  |  |
|      | House No Street / Village  |   |  |  |  |  |
|      | Post OfficeDistt   |   |  |  |  |  |
|      | StatePin Code  |   |  |  |  |  |
| 5.   | Registration No  |   |  |  |  |  |
|      | Date and time of Written / PFT / Stream Profeciency Test   |   |  |  |  |  |
| 6.   | . Venue of Written / PFT / Stream Profeciency Test   |   |  |  |  |  |
|      |  |   |  |  |  |  |
| Unit | t Stamp  |   |  |  |  |  |
| Date | e:Signature of Pr  | residing Officer of the BOO                         |  |  |  |  |
|      |  |   |  |  |  |  |
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