Paste one Self-attested Passport size photograph

APPLICATION FORM

(TO BE FILLED IN CAPITALS)

Roll No. _____ **(To be filled by ASC / CASB)**

Registration No. _____ **Stream applied for**_____

1. (a) Name of the applicant _____ (As per Matriculation Certificate)

   (b) Aadhaar Card No**.** _____

   (Candidate should enter Aadhaar number. Candidates from J&K, Assam and Meghalaya are exempted for the same)

2. (a) Father's Name _____ (As per Matriculation Certificate)

   (b) Father's Profession _____

   (c) Mother's Name_____

3. Date of Birth _____ (As per Matriculation Certificate)

Age _____ (Years and months) **(Attach copy of Xth Pass Certificate for proof)**

4. Nationality: _____
5. Marital status : Married / Unmarried
6. Body Tattoo (any parts of body): _____ (Yes / No)
7. Address for correspondence: _____

   (with Pin-Code & Post Office) _____

   _____

   Email ID_____

   Mob No. _____
8. Permanent Address: _____

   (with Pin-Code & Post Office) _____

   _____

   Police Station _____
9. Educational Qualification

Class	Board / University	Certificate No.
X		
XII		

10. Language(s) you can read and write (a) _____

(b)_____

11. Details of past service _____

12. Present Occupation : (if any) _____

13. Is your father deceased / retired / serving AF Person? (Airman / NC(E) / Civilian) If so, enclose copy of certificate from Adjt / O I/C Civil Admin / Discharge Certificate/ pension orders.

14. Experience, if any, in the stream applied for _____ (Year and months) **(Attach the copy of certificate as proof).**

Date: Signature of applicant

CERTIFICATE BY APPLICANT

Certified that:

(a) The information given above is true to the best of my knowledge.

(b) I am willing to be posted to anywhere in India to perform duties as per stream allotted to me.

(c) I am willing/unwilling to change my stream for which I have applied for.

(d) I am aware that if the certificate submitted by me is found to be fake, the necessary disciplinary action for fraudulent enrolment would be initiated against me.

Date : Signature of applicant

Note: Fill in capital letters

DETAILS OF CERTIFICATES ATTACHED (To be filled by applicant)

(a) Certificate of date of birth X pass certificate Yes / No

(b) Certificate of experience Yes / No

(c) Character Certificate (Not older than six months) Yes / No

CONSENT CERTIFICATE BY PARENT / LEGAL GUARDIAN
(FOR CANDIDATES BELOW 18 YEARS OF AGE)

I, _____ hereby give my open consent for my son / dependent _____ to undergo the physical test for selection of Agniveervayu Non Combatant at his own risk. In case my son / dependent sustains any type of injury during the process of test, I shall not claim any damages or treatment from the IAF.

Sign of Candidate

Signature of applicant's Parent / Legal Guardian

Date:

Date:

CONSENT CERTIFICATE BY CANDIDATE
(FOR CANDIDATES ABOVE 18 YEARS OF AGE)

I, _____ hereby give my open consent to undergo the physical test for selection of Agniveervayu Non Combatant at my own risk. In case I sustain any type of injury during the process of test, I shall not claim any damage or treatment from the IAF.

Date:

Signature of Candidate

CERTIFICATE BY CHIEF ADMINISTRATIVE OFFICER / SENIOR ADMINISTRATIVE OFFICER(OPTIONAL)

It is certified that Shri_____ S/O Shri _____ Stn / Unit Registration No. _____ is working in _____ (NPFs/Messes/Other AF Ventures) since _____ years and _____ months as _____

Date :

Chief Administrative Officer / Senior Administrative Officer

Place :

Unit

ADMIT CARD

Paste a self-attested photograph

Stream applied for : ……

1. Name ……(As per Matriculation Certificate)
2. Aadhaar Card No. _____

   (Candidate should enter Aadhaar number. Candidates from J&K, Assam and Meghalaya are exempted for the same)
3. Father's Name……(As per Matriculation Certificate)

   Mother's Name ……(As per Matriculation Certificate)
4. Address for correspondence (to be filled same as per column 7 of application form)

   House No.……

   Street/Village ……..

   Police Station……..…….

   Post Office …… Distt ……..……..

   State …… Pin Code ……..

5. Registration No. ……..…….. Date and time of Written / PFT / Stream Suitability Test ……
6. Venue of Written / PFT / Stream Suitability Test:…….……

……

Unit Stamp

Presiding Officer