APPLICATION FORM (TO BE FILLED IN CAPITALS)

Paste one Self-attested Passport size photograph

Roll No		be filled by ASC / CASB)
		Stream applied for
1.		haar number. Candidates from J&K, Assam and
2.	(b) Father's Profession	(As per Matriculation Certificate)
3. Age	Date of Birth (Years and mo	(As per Matriculation Certificate) onths) (Attach copy of Xth Pass Certificate for proof)
4.	Nationality:	
5. 6. 7.	Marital status : Marri Body Tattoo (any parts of body): Address for correspondence: (with Pin-Code & Post Office)	: (Yes / No)
		Email ID Mob No
8.	Permanent Address: (with Pin-Code & Post Office)	
9.	Police Station Educational Qualification	

Class	Board / University	Certificate No.
Х		
XII		

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

2

<u>CONSENT CERTIFICATE BY PARENT / LEGAL GUARDIAN</u> (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:

<u>CONSENT CERTIFICATE BY CANDIDATE</u> (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

<u>CERTIFICATE BY CHIEF ADMINISTRATIVE OFFICER / SENIOR ADMINISTRATIVE</u> <u>OFFICER(OPTIONAL)</u>

	lt	is	certified	that	Shri	
S/O	Shri				Stn / Unit Registration No	is
worki	ng i	n			(NPFs/Messes/Other AF Ventures) since yea	ars
and _			month	s as _		

Chief Administrative Officer / Senior Administrative Officer Unit

Date : Place :

ADMIT CARD

Paste a selfattested photograph

Strear	n 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			
	Mother's Name			
4.	Address for correspondence (to be filled same as per column 7 of application form)			
	House No			
	Street/Village			
	Police Station			
	Post Office			
	State Pin Code			
5.	Registration No PFT /			
Stream	n Suitability Test			
6.	Venue of Written / PFT / Stream Suitability Test:			

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Unit Stamp

Presiding Officer