APPLICATION FORM (TO BE FILLED IN CAPITALS)

Paste one Self-attested Passport size photograph

Roll No		(То	be filled by ASC /		
			Stream applie		
1.	(a) Name of	f the applicant		(As per	Matriculation Certificate)
		Card No			
	`	should enter Aad are exempted for the		ndidates from J&	kK, Assam and
2.	(a) Fathe	er's Name		(As per Matriculat	cion Certificate)
	(b) Fathe	er's Profession			
	(c) Mothe	er's Name			
3. Age	Date of Birth	ı (Years and mo	(As per	Matriculation Certific	cate)
4.		(* * * * * * * * * * * * * * * * *	, ,		,
5.	-	s : Marri			
6.	Body Tattoo	(any parts of body):		(Yes / No)	
7.	Address for	correspondence:			
	(with Pin-Co	ode & Post Office)			
					
			Mob No		
8.	Permanent	Address:			
	(with Pin-Co	ode & Post Office)			
	Police Stati	on			
9.	Educational	Qualification			
	Class	Board / L	Jniversity	Certificate I	No.
	I	1		İ	

XII

10.	Lang	uage(s) you can read and write	(a)		
			(b)		
11.	Detai	Is of past service			
12.	Prese	ent Occupation : (if any)			
13. enclos		ur father deceased / retired / serv y of certificate from Adjt / O I/C Ci			
14. month		rience, if any, in the stream app tach the copy of certificate as p		(Year and	
HOHU	15) (A t	tacif the copy of certificate as p	1001).		
Date:			Signat	ure of applicant	
			BY APPLICANT		
Certit	ied th				
	(a)	The information given above is	true to the best of my	knowledge.	
	(b) allotte	I am willing to be posted to any ed to me.	where in India to pe	rform duties as per stream	
	(c)	I am willing/unwilling to change	my stream for which	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 :	:		Signa	ature of applicant	
Note:	Fill in	capital letters			
	<u></u>	DETAILS OF CERTIFICATES AT	TACHED (To be fille	d by applicant)	
	(a)	Certificate of date of birth X pas	s 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)

l,	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 I	not claim any damages or treatment from the IAF.					
Sign of Candidate	Signature of applicant's Parent /					
	Legal Guardian					
Date:	Date:					
<u>C(</u>	ONSENT CERTIFICATE BY CANDIDATE					
(FOR	CANDIDATES ABOVE 18 YEARS OF AGE)					
I,	hereby give my open consent to undergo the physical test					
for selection of Agniveerva	ayu Non Combatant at my own risk. In case I sustain any type of					
injury during the process o	f test, I shall not claim any damage or treatment from the IAF.					
Date:	Signature of Candidate					
CERTIFICATE BY CH	IIEF ADMINISTRATIVE OFFICER / SENIOR ADMINISTRATIVE OFFICER(OPTIONAL)					
	OTTIOLINGI HONAL)					
It is certified th	nat Shri					
S/O Shri	Stn / Unit Registration No is					
working in	(NPFs/Messes/Other AF Ventures) since years					
and months a	S					
Date :	Chief Administrative Officer / Senior Administrative Officer					
Place:	Unit					

ADMIT CARD

Paste a selfattested photograph

Strear	m applied for :					_	
1.	Name	(A	s per	Matricu	lation Ce	rtificate)	
2.	Aadhaar Card No.						
	(Candidate should enter Aadhaar number. 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 a	nd tim	e of W	/ritten / F	PFT /	
Strear	m Suitability Test						
6.	Venue of Written / PFT / Stream Suitabil	ity Test:					
Unit S	Stamp		Presid	ding Of	ficer		