

APPLICATION FORM
(TO BE FILLED IN CAPITALS ONLY IN ENGLISH)

Paste one
Self-attested
Passport size
photograph

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

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

1. 1.1. Name of the applicant _____ (As per Matriculation Certificate)

1.2. Aadhaar Card No. _____

(Candidate should enter Aadhaar number and attach self attested copy of it. Candidates from J&K, Assam and Meghalaya are exempted for the same)

2. 2.1. Father's Name _____ (As per Matriculation Certificate)

2.2. Father's Profession _____

2.3. Mother's Name _____

3. Date of Birth _____

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: House No _____ Street/ Village _____

(with Pin-Code & Post Office) Police Station _____

Post Office _____ Distt _____

State _____ Pin Code _____

Email ID _____

Mob No. _____

8. Permanent Address: House No _____ Street/ Village _____

(with Pin-Code & Post Office) Police Station _____

Post Office _____ Distt _____

State _____ Pin Code _____

9. Educational Qualification

Class	Board / University	Certificate No.
X		
XII		

10.2. _____

12. Present Occupation : (if any) _____

Signature of applicant

14. **Certified that:**

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

14.4. 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.

Signature of applicant

15. Certified that I have attached a copy of the following documents:-

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

**CONSENT FORM FOR PHYSICAL FITNESS TEST (PFT) AND MEDICAL TEST
BY CANDIDATE (FOR CANDIDATES ABOVE 18 YEARS OF AGE)**

I, _____ (candidate's name) son of _____ (name of father/ mother/ legal guardian) date of birth _____ do hereby give my consent to appear in the physical/ medical tests as prescribed for selection in the Indian Air Force as Agniveervayu Non-Combatant, at my own risk. I am aware that no compensation in any form shall be claimed, in respect of injuries/ casualties sustained, if any.

Signature of Candidate _____
Name of the candidate _____
Parent/ Legal Guardian _____
Mobile no. of candidate _____

Date:

**CONSENT FORM FOR PHYSICAL FITNESS TEST (PFT) AND MEDICAL TEST
BY PARENT/ LEGAL GUARDIAN (FOR CANDIDATES BELOW 18 YEARS OF AGE)**

I, _____ (name of father/ mother/ legal guardian) of _____ (name of candidate) whose date of birth is _____ do hereby give my consent for my son/ dependent to appear in the physical/ medical test as prescribed for selection in the Indian Air Force as Agniveervayu Non-Combatant, at his own risk. I am aware that no compensation in any form shall be claimed, in respect of injuries/ casualties sustained, if any.

_____ (Sign of Candidate)	Signature of Parent/ Legal Guardian _____
_____ (Name of Candidate)	Name of Parent/ Legal Guardian _____
_____ (Mobile no. of candidate)	Relation with the candidate _____
Date:	Mobile no. of Parent/ Legal Guardian _____
	Date:

**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

(Print separately)

Paste a self- attested photograph
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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.
6. Date of Written/ PFT/ Stream Suitability Test
7. Time of Reporting
8. Venue of Written/ PFT/ Stream Suitability Test:
.....
.....

Unit Stamp

Presiding Officer