

APPLICATION FORM
(TO BE FILLED IN CAPITALS)

Paste one
Self-attested
Passport size
photograph

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 **(Attach copy of class 10th mark sheet and class 10th Passing Certificate)**

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 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 _____

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)

(Name of Candidate)

(Mobile no. of candidate)

Date:

Signature of Parent/ Legal Guardian _____

Name of Parent/ Legal Guardian _____

Relation with the candidate _____

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 :

Place :

Chief Administrative Officer / Senior Administrative Officer

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.
6. Date of Written / PFT / Stream Suitability Test
7. Time of Reporting
8. Venue of Written/ PFT/ Stream Suitability Test:
.....
.....

Unit Stamp

Presiding Officer