## APPLICATION FORM (TO BE FILLED IN CAPITALS)

Paste one Self-attested Passport size photograph

KOII I	NO		(10	be filled by AS	SC/CASB)	•		
Registration No.			Stream applied for					
1.	(a) N	Name of	the applicant			(As per	Matric	ulation Certificate)
	(b) A	Aadhaar	Card No.					
	`		should enter Aad re exempted for the		Candidates	from J	&K, <i>A</i>	Assam and
2.	(a)	Fathe	r's Name		(As per	Matricula	ation Ce	ertificate)
	(b)	Fathe	r's Profession			_		
	(c)	Mothe	er's Name			_		
3.	Date	of Birth		`	per Matricula		,	- favorus of)
Age <sub>1</sub>			(Years and mo	-	copy of Ath i	ass Cer	tificat	e tor proot)
4. 5.			s : Marri		l			
5. 6.			(any parts of body):			0)		
7.	-		correspondence:		(103710	•		
<i>,</i> .			ode & Post Office)					
	(1114)		, 40 61 7 601 6 60,					
				Email ID				
				Mob No				
8.	Perr	manent.	Address:					
	(with Pin-Code & Post Office)							
	Poli	ce Statio	on					
9.	Educ	ational	Qualification					
		Class	Board / L	Iniversity	С	ertificate	Nο	

X XII

10.	Lang	uage(s) you can read and write	(a)	
			(b)	
11.	Deta	ils of past service	· · · · · · · · · · · · · · · · · · ·	
12.		ent Occupation : (if any)		
13. enclos		ur father deceased / retired / serv by of certificate from Adjt / O I/C Civ		
14. month		erience, if any, in the stream app etach the copy of certificate as p		(Year and
Date:			Signature	of applicant
0!!	"l 4l-		BY APPLICANT	
Certii	ied th		rue to the best of my kno	owlodgo
	(a) (b) allotte	The information given above is t  I am willing to be posted to any ed to me.	•	•
	(c)	I am willing/unwilling to change	my stream for which I ha	ve applied for.
	(d) nece	I am aware that if the certificates ssary disciplinary action for fraudu		
Date :	:		Signature	e of applicant
Note:	Fill in	capital letters		
	[	DETAILS OF CERTIFICATES AT	TACHED (To be filled b	y 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 FORM FOR PHYSICAL FITNESS TEST (PFT) AND MEDICAL TEST BY CANDIDATE (FOR CANDIDATES ABOVE 18 YEARS OF AGE)

Ι,	(candidate's name) son of				
	(name of father/ mother/ legal guardian) date of				
birth do hereby give my consent to appear in the physic					
•	ction in the Indian Air Force as Agniveervayu Non-Combatant, at				
-	nat no compensation in any form shall be claimed, in respect of				
injuries/ casualties sustained	I, if any.				
	Signature of Candidate				
	Name of the candidate				
Date:	Mobile no. of candidate				
Date:	widdie Hd. Of Carididate				
	PR PHYSICAL FITNESS TEST (PFT) AND MEDICAL TEST JARDIAN (FOR CANDIDATES BELOW 18 YEARS OF AGE)				
	,				
	(name of father/ mother/ legal guardian) of				
in do l					
	nereby give my consent for my son/ dependent to appear in the				
	rescribed for selection in the Indian Air Force as Agniveervayu				
	risk. I am aware that no compensation in any form shall be				
ciaimed, in respect of injuries	s/ casualties sustained, if any.				
(Sign of Candidate)	Signature of Parent/ Legal Guardian				
(Sign of Sandidate)	Name of Parent/ Legal Guardian				
(Name of Candidate)	Relation with the candidate				
(Name of Gandidate)	Mobile no. of Parent/ Legal Guardian				
(Mobile no. of candidate)	Date:				
Date:					
	ATE BY CHIEF ADMINISTRATIVE OFFICER/ R ADMINISTRATIVE OFFICER(OPTIONAL)				
It is certified that	t 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:				
<del>-</del> -					

## **ADMIT CARD**

Paste a selfattested photograph

Strear	ım applied for :					_	
1.	Name	(A	s per M	atricul	ation Cer	tificate)	
2.	Aadhaar Card No.						
	(Candidate should enter Aadhaar number. (Meghalaya are exempted for the same)						
3.	Father's Name	(As pe	r Matric	culation	n Certifica	ate)	
	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 Distt						
	State Pin Code						
5.	Registration No	Date ar	nd time	of W	ritten / F	PFT /	
Strear	ım Suitability Test						
6.	Venue of Written / PFT / Stream Suitabilit						
Unit S	Stamp		Presidi	ing Of	ficer		