



# LAKHIMPUR GIRLS' COLLEGE

Affiliated to Dibrugarh University

# NCC

## 72 ASSAM GIRLS(I) COY

# JOIN NATIONAL CADET CORPS UNITY AND DISCIPLINE



## ELIGIBILITY:

- \*Age: 17 to 25 Years.
- \*Medical Fitness
- \*Passion to serve Nation



## BENIFITS:-

- ✔ SPECIAL ENTRY FOR NCC CADETS IN DEFENCE
- ✔ CADETS ARE DIRECTLY ELIGIBLE FOR SSB INTERVIEW
- ✔ RELAXATION IN COLLEGE ADMISSION AND JOBS
- ✔ MANY OTHER CAREER OPPORTUNITIES

## WHY WITH US?

- \* Leadership Development
- \* Special Entry in Defence
- \* Career Opportunities



SUO-Nilu Mishra  
9365457167



ST-Sangita Chetry  
9394055748



CPI- Monalisha Gorh  
9394200307



**DECLARATION ON ACCEPTANCE FOR ENROLMENT**

1. I solemnly declare that the answers I have given to the questions in this form are true and that no part of them is false, and that I am willing to fulfill the engagement made.
2. I \_\_\_\_\_ promise that I will honestly and faithfully serve my country and abide by the Rules & Regulations of the National Cadet Corps and that I will, to the best of my ability, attend all parades and camps as may be required by the Commanding Officer from time to time.
3. I, \_\_\_\_\_ further promise that after enrolment, I will have no claim on authorities for any compensation in the event of injury or death due to accident during training camps, courses, traveling and while on YEP or any other such NCC events like RDC, SNIC/NIC, TSC/VSC/NSC and Adventure Activities.

Place:

\_\_\_\_\_  
(Signature of the applicant)

Date:

**DECLARATION BY PARENT/GUARDIAN**

1. I solemnly declare that the answers given in this form are true and that no part of them is false and that my son/daughter/ward is willing to fulfill the engagement made.
2. I \_\_\_\_\_ promise that after the enrolment of my son/daughter/ward, I will have no claim on authorities for any compensation in the event of any injury or death due to accident during training camps, course, traveling and while on YEP or any other such NCC events like RDC and IDC.
3. I understand my son/daughter/ward has no service liability.
4. I \_\_\_\_\_ promise to make good the prorata residual cost of clothing items issued if my son/ward does not complete two years of NCC training.

Place:

\_\_\_\_\_  
(Signature of the Parent/Guardian)

Date:

**CERTIFICATE**

1. Certified that the applicant understands and agrees to the conditions of enrolment.
2. Certified that the applicant and his parent/guardian understand and agree to the condition of enrolment.

Place:

Date of Enrolment:

\_\_\_\_\_  
(Signature of Enrolling Officer/ANO/CT)

**TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT**

1. I have examined (Name) \_\_\_\_\_ on \_\_\_\_\_ (date) as per medical standards laid down vide GOI letter No. \_\_\_\_\_ dated \_\_\_\_\_ (see • below) and consider him/her Fit/Unfit for enrolment as a Cadet in the National Cadet Corps.
2. His/her blood group is \_\_\_\_\_.

Place:

Date :

Signature \_\_\_\_\_  
Designation \_\_\_\_\_  
(Medical Officer)

MCI Registration No. \_\_\_\_\_

- No. 0162/49/NCC dated 19 Mar 1949 [for SD (Army) & (Air)]
- No. 0162/49/NCC dated 19 Mar 1949 [for JD]
- No. 0384/50/NCC dated 10 Mar 1950 [for SW]
- No. 0630/52/NCC/1255-B/D (IS&MED) dated 29 Mar 1952 [for SD Naval Wing]

**CERTIFICATE**

1. Certified that the above applicant agrees to the terms/conditions of Enrolment voluntarily.
2. Certified that this school/college/Institution agrees to fulfill the terms and conditions of engagement of NCC unit under the NCC Act in the school/college/Institution.

\_\_\_\_\_  
(Signature of Principal/Head of School)

**CONFIRMED**

Place :

Date:

\_\_\_\_\_  
(Signature of the OC Unit with office seal)

**Annexure to Form I**  
**(Application for enrolment)**

**INDEMNITY BOND**

To  
The President of India

In consideration of my being nominated either by the NCC authorities or at my own request as participant in any NCC Camp (which includes Republic Day camp and Independence Day camp in Delhi), Course, Adventure Training (including Army, Navy & Air Wing activities, as the case may be) and while traveling (in domestic/international surface, air and water transport) and attending Youth Exchange Programme abroad, I undertake and agree that neither I, nor my executors or administrators or other legal representatives will make any claim against the Government or against NCC authorities including officers, JCO's/NCO's or their equivalents from Navy and Air Force/Civilians, MT Drivers or against any other such person in the service of the Govt in respect of any loss or injury to the Property or person, including injury resulting in death, due to any reasons whatsoever which I may suffer, while or in consequence of my participation in the above activities and I understand that no compensation will be paid by the Government or NCC authorities including officers, JCO's/NCO's or their equivalents from Navy and Air Force or Civilian MT Drivers in respect of any such loss or injury and I agree as to bind myself, my executors and administrators and other legal representative indemnify the Govt or NCC authorities including Officers JCOs/NCOs or their equivalents from Navy and Air Force Civilians or any person in the service of Government against any claim which may be from any third party against them or any of them arising out of any act of default on my part during or in connection with the said camps, courses, Adventure Training, traveling and while on Youth Exchange Programme or any other such NCC activities as may be organized from time to time within or outside the Union of India.

\_\_\_\_\_  
(Signature of Applicant)  
No \_\_\_\_\_

**Witness**

(1) Signature \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Unit/Group \_\_\_\_\_  
Address \_\_\_\_\_

(2) Signature \_\_\_\_\_ Signature of Parent/Guardian  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Place:

Date:

**(Note: In case of SD Applicants being a minor, Indemnity Bond applicable to Minor will be used)**

**TO BE USED FOR EXTENSION OF ENROLMENT**  
(See Rule 13 of NCC Act)

**A.** I agree to extend the enrolment for one year and am willing to fulfill the engagement made.

Place:

Date:

\_\_\_\_\_  
(Signature of Cadet)

**B**

**TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT**

1. I have examined (Name) \_\_\_\_\_ on \_\_\_\_\_ (date) as per medical standard laid down vide GOI letter No. \_\_\_\_\_ dated \_\_\_\_\_ (see • below) and considered him/her Fit/Unfit for enrolment as a Cadet in the National Cadet Corps.

2. His/her blood group is \_\_\_\_\_.

Place:

Date :

Signature \_\_\_\_\_

Designation \_\_\_\_\_  
(Medical Officer)

MCI Registration No. \_\_\_\_\_

- No. 0162/49/NCC dated 19 Mar 1949 [for SD (Army) & (Air)]
- No. 0162/49/NCC dated 19 Mar 1949 [for JD]
- No. 0384/50/NCC dated 10 Mar 1950 [for SW]
- No. 0630/52/NCC/1255-B/D (IS&MED) dated 29 Mar 1952 [for SD Naval Wing]

**AGREED**

**C.** I agree to further extension of one year for enrolment into II<sup>nd</sup> year.

Place:

Date:

\_\_\_\_\_  
(Signature of Enrolling Officer/ANO/CT)

**CONFIRMED**

\_\_\_\_\_  
(Signature of Commanding Officer)

**Note:** This form will be filled in duplicate under the supervision of the Commanding Officer. Photo will be pasted only on original and duplicate. Original form will be maintained at the Unit, while the duplicate will be forwarded to Gp HQ.

**NOMINATION FORM**

**FOR MEMBERSHIP OF THE CADETS WELFARE SOCIETY**

**(To be retained at NCC Group HQ)**

**Section – I**

1. I, Cadet (name in block letters) \_\_\_\_\_ son/daughter of Shri (name in block letters) \_\_\_\_\_ a student of class \_\_\_\_\_ of (name of college/school) \_\_\_\_\_ on my enrolment with the NCC on (date) \_\_\_\_\_ with (name of the unit) \_\_\_\_\_, apply for membership of the **NCC Cadets Welfare Society** and hereby subscribe a sum Rs \_\_\_\_\_ (Rupees \_\_\_\_\_ only) towards its membership fee.

2. My father/Mother/Guardian's occupation is \_\_\_\_\_ and the annual income of my family from all sources is Rs \_\_\_\_\_ Per annum.

3. I understand that I shall be entitled to financial relief as determined by the Governing Body/Managing Committee of the above society in the event of partial or permanent disablement sustained by me while participating in an organized NCC activity. I hereby accept that the decision of the Governing Body/Managing Committee with regard to the quantum of relief to be paid to me in the event of my partial/permanent disablement will be final and binding on me.

4. I hereby nominate the following person/persons who will receive financial assistance as per the share indicated and as determined by the Governing Body/Managing Committee of the above Society, which will be final and binding on the following person(s) in the event of my death while participating the an organized NCC activity:-

<b><u>Ser No.</u></b>	<b><u>Name of the nominee(s) (In Block Letters)</u></b>	<b><u>Age</u></b>	<b><u>Relationship with the Cadet</u></b>	<b><u>Permanent address of the nominee</u></b>	<b><u>Percentage of financial Assistance payable</u></b>
1.					
2.					
3.					

**(To be filled by the cadet in own hand writing)**

**Section II**

5. My membership in the Welfare Society and this Nomination Form will be valid only till such time I remain a cadet in the Division or Wing of the NCC to which I have been enrolled.

Place: \_\_\_\_\_

Date: \_\_\_\_\_ Full Signature of the Cadet

Place: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of PTO/Head of Institution)

**Section III**

I am willing to allow my son/daughter/ward (name) \_\_\_\_\_ to become a member of the NCC Cadets Welfare Society under the terms & conditions and rules in force of the Society. I also approve of the nomination made in Section I (4).

Place: \_\_\_\_\_ (Full signature of Father/Mother/Guardian)

Date: \_\_\_\_\_ Complete Address \_\_\_\_\_

**Witness**

**Witness**

1. Signature \_\_\_\_\_

2. Signature \_\_\_\_\_

**(Full Name and address or office seal of the witness)**

**Note:** The witnesses should be either gazetted officer, head of Institution/NCC Part time Officer/Sarpanch/Village Head.

**Section IV**

Received a sum of Rs \_\_\_\_\_ (Rupees \_\_\_\_\_ only) as one time subscription and enrolled as a member of the NCC Cadets Welfare Society during the cadetship in the Junior/Senior Division/Wing.

Place:

Date:

\_\_\_\_\_  
(Signature of the OC Unit with office seal)

**Section V**

(To be filled in by the NCC Unit)

Date of dispatch of the Nomination Form to NCC Group HQ \_\_\_\_\_

**NOMINATION FORM**  
**FOR MEMBERSHIP OF THE CADETS WELFARE SOCIETY**  
**(To be retained at NCC Group HQ)**

**Section – 1**

1. I, Cadet (name in block letters) \_\_\_\_\_ son/daughter of Shri (name in block letters) \_\_\_\_\_ a student of class \_\_\_\_\_ of (name of college/school) \_\_\_\_\_

On my enrolment with the NCC on (date) \_\_\_\_\_ with (name of the unit) \_\_\_\_\_ I apply for membership of the NCC Cadets Welfare Society and hereby subscribe a sum Rs \_\_\_\_\_ (Rupees \_\_\_\_\_ only) towards its membership fee.

2. My father/Mother/Guardian's occupation is \_\_\_\_\_ and the annual income of my family from all sources is Rs \_\_\_\_\_ Per annum.

3. I understand that I shall be entitled to financial relief as determined by the Governing Body/Managing Committee of the above society in the event of partial or permanent disablement sustained by me while participating in an organized NCC activity. I hereby accept that the decision of the Governing Body/Managing Committee with regard to the quantum of relief to be paid to me in the event of my partial/permanent disablement will be final and binding on me.

3. I hereby nominate the following person/persons who will receive financial assistance as per the share indicated and as determined by the Governing Body/Managing Committee of the above Society, which will be final and binding on the following person(s) in the event of my death while participating the an organized NCC activity:-

<b><u>Ser No.</u></b>	<b><u>Name of the nominee(s) (In Block Letters)</u></b>	<b><u>Age</u></b>	<b><u>Relationship with the Cadet</u></b>	<b><u>Permanent address of the nominee</u></b>	<b><u>Percentage of financial Assistance payable</u></b>
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1.

2

3

**(To be filled by the cadet in own hand writing)**

**Section II**

4. My membership in the Welfare Society and this Nomination Form will be valid only till such time I remain a cadet in the Division or wing of the NCC to which I have been enrolled.

Place:

(Full Signature of the Cadet)

Date:

Signature of PTO/Head of Institution)

Place:

Date

**Section III**

I am willing to allow my son/daughter/ward (name) \_\_\_\_\_ to become a members of the NCC Cadets Welfare Society under the terms 7 conditions and rules in force of the Society. I also approve of the nomination made in Section 1(4).

Place:

(Full signature of Father/Mother/Guardian)

Date:

Complete Address \_\_\_\_\_

**Witness**

1. Signature \_\_\_\_\_

**Witness**

2. Signature \_\_\_\_\_

**(Full Name and address or office seal of the witness)**

**Note:** The witnesses should be either gazetted officer, head of Institution/NCC Part time Officer/Sarpanch/Village Head.



**Section IV**

Received a sum of Rs \_\_\_\_\_ (Rupees \_\_\_\_\_ only) as one time subscription and enrolled as a member of the NCC Cadets Welfare Society during the cadetship in the Junior/Senior Division/Wing.

Place:  
Date:

(Signature of the OC Unit with office seal)

**Section V**

(to be filled in by the NCC Unit)

Date of dispatch of the Nomination Form to Group HQ

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