

APPLICATION FORM FOR COMMISSION IN THE TERRITORIAL ARMY

*Warning : Concealment of any information or furnishing of false particulars will result in the cancellation of the candidature
Please read the instructions carefully before filling this application form*

1. Certify you have read the instructions for filling this application form Answer in Yes or No <input type="text"/>												
2. Candidate's Name	First Name											
	Middle Name											
	Surname											
As given in Matriculation Certificate, in case of variation in name attach Gazette Notification												
3. Father's Name	First Name											
	Middle Name											
	Surname											
4. Candidate's Permanent Address	House No						Block/Pkt					
	Village/Town						Post Office					
	Tehsil						District					
	State						Pin Code					
5. Candidate's Present Address	House No						Block/Pkt					
	Village/Town						Post Office					
	Tehsil						District					
	State						Pin Code					
6. Candidate's Contact Details :												
a) Mobile No.				c) E-mail Address				e) Nearest Police Station with Pin code No.				
b) Land line No with STD Code				d) Adhar Card No.				f) Nearest Railway Station				
7. (a) Next of Kin Code : Father-01, Mother-02, Husband-03 Wife-04, Son-05, Daughter-06, Other-07			(b) Name of the Next of Kin Name									
			(c) Contact Details of the Next of Kin Mobile No									
			Land Line No									
			E-mail ID									
8. (a) Date of Birth (As given in Matriculation Certificate)						(b) Gender			(c) Marital Status :			
Day Month Year						M F			Code : Unmarried - 01 Married (with one living spouse) - 02 Widower - 03 Divorcee - 04 Married (with more than one living spouse) - 05			
9. (a) Educational Qualification :				(b) Educational Stream at Graduation :				(c) Educational Stream at Post Graduation :				
Code : Graduation-01 Post Graduation -02				Code : Arts - 01, Science - 02, Commerce - 03 Engineering - 04, Medical - 05, Others - 06				Code : Arts - 01, Science - 02, Commerce - 03 Engineering - 04, Medical - 05, MBA- 06, Others - 07				
10. (a) Are you gainfully employed Yes / No				(b) Nature of Employment with Code :				(c) Annual Income (in Rupees)				
<input type="text"/>				Code : Central Govt/ Union Territory - 01, State Govt/ Semi Govt -02, Pvt Sector - 03, Self Employed - 04				PAN No. <input type="text"/>				
(d) Name of Department / Firm :												
(e) Address of the Dept/ Firm :												

Self attested recent
coloured Photograph
of the candidate size
4.5 x 3.5 cm (To be
pasted)

Signature of Candidate

Signature of Candidate

11. (a) Nationality <input type="text"/>	(b) Citizenship <input type="text"/>	(c) Religion <input type="text"/>								
12. Have you ever served in the Army/ Navy/ Air Force / Territorial Army or NCC in any capacity (Yes / No) : <input type="text"/>										
13. Details of Service in the Armed Forces										
(a) Service : <input type="text"/> Code : Army - 01, Air Force - 02, Navy - 03, TA - 04, NCC - 05	(b) Arm / Service <input type="text"/>	(c) Unit <input type="text"/>								
(d) Service No <input type="text"/>	(e) Date of Enrolment <input type="text"/>	(f) Date of Commission <input type="text"/>								
(g) Date of Retirement / Release <input type="text"/>	(h) Substantive Rank held <input type="text"/>	(j) Medical Categories at the time of retirement / release <input type="text"/>								
(k) Reasons for Discharge / release from service : <input type="text"/> Code : Released – 01, Medical invalidated – 02, Premature Retirement – 03, Superannuation – 04, Removed/ Dismissed – 05, Resigned – 06, Others – 07										
14. (a) Number of attempt already made in PIB for commission in TA. <input type="text"/>	(b) Number of attempt already made in SSB <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NDA</td> <td style="width:25%;">CDSE</td> <td style="width:25%;">TA</td> <td style="width:25%;">OTHER</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	NDA	CDSE	TA	OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15. Choice of written exam centre : <input type="text"/> Code : Chandigarh - 01, Lucknow - 02, Patna - 03, Kolkata - 04, Shillong - 05, Pune - 06, Bangaluru - 07, Jaipur - 08, Hyderabad - 09, Udhampur - 10, Srinagar - 11
NDA	CDSE	TA	OTHER							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
16. Please answer in Yes / No										
a) Have you ever been involved in any criminal case ? <input type="text"/>	d) Is any case pending against you in any Court ? <input type="text"/>									
b) Have you ever been arrested/ prosecuted ? <input type="text"/>	e) Is any case pending against you in any Police Station ? <input type="text"/>									
c) Have you ever been convicted by any court ? <input type="text"/>	f) Have you been debarred from appearing at any Examination by Union Public Service Commission/ Government of India/ State Government/ University/ Board or any other Educational Institution ? <input type="text"/>									
g) If the answer to any of the above mentioned question is 'yes' give full details of the case/ duration of arrest / detention / conviction / nature of case pending / punishment awarded etc and reason being debarred by Centre or State Service Commission / University / Educational Authority etc at the time of filling up of this form Copy of Court orders if any may also be enclosed.										
17. <u>DECLARATION</u>										
(a) I hereby declare that information provided by me in this application form is true and correct to the best of my knowledge and belief. (b) I also certify that I shall attend Preliminary Interview Board and Service Selection Board on my free will and at my own risk and that I or my legal heirs shall NOT claim any compensation or other relief from the Government of India in respect of any injury which I may suffer in the course of or as a result of any of the tests given to me at the said Interview / Selection Board due to any reason. (c) I understand that my selection at Service Selection Board and Medical Examination does not necessarily mean that I have been selected for grant of commission. (d) I undertake to inform the additional Director General, Territorial Army, Army HQ, New Delhi immediately in the event of there being any change in my employment during the period of my candidature for TA commission and thereafter during my service to the CO of my unit / superior officer, together with the No Objection Certificate (NOC) from my employer. (e) In the event of my selection for commission in the Territorial Army, I am willing to serve anywhere in India whenever required for any duration or as per the rules and orders in force from time to time. (f) I clearly understand that if at any time during the period of probation I am not found suitable, I shall have to resign my commission in accordance with the rules and orders in force from time to time and in case I decline to do so I am liable to be discharged / removed from the Territorial Army. (g) I am fully aware that if it is found at any stage that I have knowingly furnished any particulars which is / are false or have suppressed material information or I fail to comply with the above undertakings, my candidature will be rejected summarily and if already commissioned, I shall be liable to be discharged / removed from the Territorial Army. (h) I certify that I have filled the application form after reading all the instructions.										

Date :

Signature of Candidate

APPLICATION FORM FOR COMMISSION IN THE TERRITORIAL ARMY

(TO BE COMPLETED BY THE CANDIDATE IN HIS OWN HANDWRITING IN BLOCK CAPITAL LETTERS BY BLUE / BLACK BALL PEN)

Warning : Concealment of any information or furnishing of false particulars will result in the cancellation of the candidature and may also debar a candidate from applying for any type of commission for a period of atleast one year

Please read the instructions carefully before filling this application form

1. Certify you have read the instructions for filling this application form <input type="text"/>											
Answer in Yes or No											
2. (a) Candidate's Name	First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
As given in Matriculation Certificate, in case of variation in name attach Gazette Notification.											
b) Have you applied Earlier for PIB for TA Commission (Yes/ No) <input type="text"/>											
c) If yes then please give month and year of last attempt. <input type="text"/> <input type="text"/>											
d) If yes then please give the exact name as given in previous application.											
First Name <input type="text"/>											
Middle Name <input type="text"/>											
Surname <input type="text"/>											
e) Is there any difference in the names in 'a' and 'd' above (Yes / No). <input type="text"/>											
f) A difference in the name at 'a' and 'd' above will be explained by giving detailed reasons, if necessary, on a separate sheet of paper attached to the application form with supporting documents otherwise candidature will be cancelled.											
3. (a) Father's Name	First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
										(b) Occupation <input type="text"/>	
										Code : a) Service-01 c) Professional-03 b)Business-02, d) Others - 04	
(c) Present Address <small>(if dead state his last address)</small>	House No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Village/Town	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tehsil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
										Block/Pkt <input type="text"/>	
										Post Office <input type="text"/>	
										District <input type="text"/>	
										Pin Code <input type="text"/>	
(d) Mother's Name	First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Candidate's Permanent Address	House No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Village/Town	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. Candidate's Present Address	House No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. Candidate's Contact Details :											
a) Mobile No. <input type="text"/>				c) E-mail Address <input type="text"/>				e) Nearest Police Station with Pin code No. <input type="text"/>			
b) Land line No with STD Code <input type="text"/>				d) Adhar Card No. <input type="text"/>				f) Nearest Railway Station <input type="text"/>			

Self attested recent coloured Photograph of the candidate size 4.5 x 3.5 cm (To be pasted)

Signature of Candidate

Signature of Candidate

<p>7. (a) Next of Kin <input style="width:20px; height:15px;" type="text"/></p> <p>Code : Father-01, Mother-02, Husband-03 Wife-04, Son-05, Daughter-06, Other-07</p>	<p>(b) Name of the Next of Kin</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Name</td> <td><input style="width:80%; height:15px;" type="text"/></td> </tr> </table> <p>(c) Contact Details of the Next of Kin</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Mobile No</td> <td><input style="width:90%; height:15px;" type="text"/></td> </tr> <tr> <td>Land Line No</td> <td><input style="width:90%; height:15px;" type="text"/></td> </tr> <tr> <td>E-mail ID</td> <td><input style="width:90%; height:15px;" type="text"/></td> </tr> </table>	Name	<input style="width:80%; height:15px;" type="text"/>	Mobile No	<input style="width:90%; height:15px;" type="text"/>	Land Line No	<input style="width:90%; height:15px;" type="text"/>	E-mail ID	<input style="width:90%; height:15px;" type="text"/>																		
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<p>8. (a) Date of Birth (As given in Matriculation Certificate) Documentary evidence must be enclosed</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Day</td> <td style="width:15%;">Month</td> <td style="width:70%;">Year</td> </tr> <tr> <td><input style="width:100%; height:15px;" type="text"/></td> <td><input style="width:100%; height:15px;" type="text"/></td> <td><input style="width:100%; height:15px;" type="text"/></td> </tr> </table>	Day	Month	Year	<input style="width:100%; height:15px;" type="text"/>	<input style="width:100%; height:15px;" type="text"/>	<input style="width:100%; height:15px;" type="text"/>	<p>(b) Gender</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">M</td> <td style="width:50%; text-align: center;">F</td> </tr> <tr> <td style="text-align: center;"><input style="width:100%; height:15px;" type="text"/></td> <td style="text-align: center;"><input style="width:100%; height:15px;" type="text"/></td> </tr> </table>	M	F	<input style="width:100%; height:15px;" type="text"/>	<input style="width:100%; height:15px;" type="text"/>	<p>(c) Marital Status : <input style="width:20px; height:15px;" type="text"/></p> <p>Code : Unmarried - 01 Married (with one living spouse) - 02 Widower - 03 Divorcee - 04 Married (with more than one living spouse) - 05</p>															
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<p>(e) District & State to which you now belong</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">District</td> <td><input style="width:70%; height:15px;" type="text"/></td> <td style="width:30%;">State</td> <td><input style="width:70%; height:15px;" type="text"/></td> </tr> </table>	District	<input style="width:70%; height:15px;" type="text"/>	State	<input style="width:70%; height:15px;" type="text"/>																							
District	<input style="width:70%; height:15px;" type="text"/>	State	<input style="width:70%; height:15px;" type="text"/>																								
<p>(f) Give below particular of place(s) where you have resided for more than one year during the preceding five years :-</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Place (including district of residence)</th> <th style="width:40%;">Residential address in full</th> <th style="width:30%;">Period of residence with dates</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Place (including district of residence)	Residential address in full	Period of residence with dates																					
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<p>9. (a) Educational Qualification : <input style="width:20px; height:15px;" type="text"/></p> <p>Code : Graduation-01 Post Graduation -02</p>	<p>(b) Educational Stream at Graduation : <input style="width:20px; height:15px;" type="text"/></p> <p>Code : Arts - 01, Science - 02, Commerce - 03 Engineering - 04, Medical - 05, Others - 06</p>	<p>(c) Educational Stream at Post Graduation : <input style="width:20px; height:15px;" type="text"/></p> <p>Code : Arts - 01, Science - 02, Commerce - 03 Engineering - 04, Medical - 05, MBA- 06, Others - 07</p>																									
<p>(d) Name in order with dates of entering and leaving the places of education you have attended in the following table :-</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">Name and Place of Institutions in which educated</th> <th style="width:15%;">Class upto which Studied</th> <th style="width:15%;">Month & Year of Entry</th> <th style="width:25%;">Month & Year of Leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name and Place of Institutions in which educated	Class upto which Studied	Month & Year of Entry	Month & Year of Leaving																				
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<p>(e) Give particulars of all examination passed commencing with Matriculation or equivalent Examination (enclosed attested copies of certificates) :-</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">Examination Passed (Matriculation and upwards including technical examinations)</th> <th style="width:15%;">Class or Division</th> <th style="width:10%;">Year</th> <th style="width:30%;">Name of the University/ Institute / Board</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Examination Passed (Matriculation and upwards including technical examinations)	Class or Division	Year	Name of the University/ Institute / Board																				
Examination Passed (Matriculation and upwards including technical examinations)	Class or Division	Year	Name of the University/ Institute / Board																								

Signature of Candidate

(f) State Professional Qualification and Practical Experience if any :-				
Name of the Institutions	Date of Entry	Date of Leaving	Professional Standard Attained	
(g) (i) Are you appearing in any university or technical examination during next six months. (Yes / No) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
(ii) If yes please give date of such examination <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
(iii) If yes please give the details of examination <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
10. (a) Are you gainfully employed Yes / No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(b) Nature of Employment with Code : <input type="checkbox"/> <input type="checkbox"/> Code : Central Govt/ Union Territory - 01, State Govt/ Semi Govt -02, Pvt Sector - 03, Self Employed - 04	(c) Annual Income (in Rupees) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PAN No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(d) Name of Department / Firm :	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(e) Address of the Dept/ Firm :	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(f) Give full particulars of all previous and present employments (State in full details the nature of employment and responsibility)				
Name of Employer	Date of Joining	Date of Leaving with Reasons	Nature of Employments and Appointment held	Salary Per Month
11. (a) Nationality <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(b) Citizenship <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(c) Religion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
(d) Are you citizen of India by birth and /or by domicile Code : By Birth-01, By Birth and Domicile-02, By Domicile – 03	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(e) If you are not a citizen of India to what place do you claim to belong <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
(f) Is certificate of eligibility for Indian citizenship necessary in your case (Yes / No) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(g) If answer to point (f) is yes, do you understand that your final selection will be subject to certificate of eligibility being given in your favour by Government of India (Yes / No) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12. Have you ever served in the Army/ Navy/ Air Force / Territorial Army or NCC in any capacity (Yes / No) : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
13. Details of Service in the Armed Forces (please enclosed relevant Gazette Notification and other supporting documents)				
(a) Service : <input type="checkbox"/> <input type="checkbox"/> Code : Army - 01, Air Force - 02, Navy - 03, TA - 04, NCC - 05	(b) Arm / Service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(c) Unit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
(d) Service No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(e) Date of Enrolment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(f) Date of Commission <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
(g) Date of Retirement / Release <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(h) Substantive Rank held <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(j) Medical Categories at the time of retirement / release <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
(k) Reasons for Discharge / release from service : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Code : Released – 01, Medical invalidated – 02, Premature Retirement – 03, Superannuation – 04, Removed/ Dismissed – 05, Resigned – 06, Others – 07	(l) Pay Account No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Signature of Candidate

Contd.....4

Application No. :

IAF (TA) - 9 (Revised)

(m) Record of service in Army/ Navy / Air Force / TA / NCC and appointment held with theater of war in which served with dates :-

Unit	Period	Appointment held	Remarks

(n) Army/ Navy / Air Force / TA / NCC courses of instruction if any attended with period of attendance and result obtained :-

Course	Period	Result	Remarks

14. (a) Number of attempt already made in PIB for commission in TA.

(b) Number of attempt already made in SSB

NDA	CDSE	TA	OTHER

(c) (i) Are you an applicant for any other type of commission in the Army, Navy, Air Force (Yes / No)

(ii) If yes give Type of Commission

(iii) Date of Application

15. Choice of written exam centre :

Code: Chandigarh - 01, Lucknow - 02, Patna - 03, Kolkata - 04, Shillong - 05, Pune - 06,
Bangaluru - 07, Jaipur - 08, Hyderabad - 09, Udhampur - 10, Srinagar - 11

16. Please answer in Yes / No

a) Have you ever been involved in any criminal case?

d) Is any case pending against you in any Court ?

b) Have you ever been arrested/prosecuted ?

e) Is any case pending against you in any Police Station ?

c) Have you ever been convicted by any court ?

f) Have you been debarred from appearing at any Examination by Union Public Service Commission/ Government of India/ State Government/ University/ Board or any other Educational Institution ?

g) If the answer to any of the above mentioned questions is 'Yes' give full details of the case/ duration of arrest / detention / conviction / nature of case pending / punishment awarded etc and reason being debarred by Centre or State Service Commission / University / Educational Authority etc at the time of filling up of this form. Copy of Court orders if any may also be enclosed.

17. (a) Have your parents or any other near relative served in the Armed Forces ? (Yes / No)

(b) If yes give full particulars regarding their name rank and Arm / Service together with your correct relationship with them.

18. (a) Is any relative / intimately known person serving in any of the selection Centers / Services Selection Board (Yes / No)

(b) If yes please give particulars.

19. Details of particulars in respect of attendance at Service Selection Board, Mobile Selection Board or Air force Selection Board Interview :-

Type of Commission / Course	Place of Interview	Date of Interview	Result	Roll No

Signature of Candidate

Application No. :

Contd.....5

IAF (TA) - 9 (Revised)

20. Are you Ex-Civilian Gazetted Officer. (Yes / No) Enclose Gazetted Notification or Certificated copy Discharge Certificate.

21. Are you under debt ? If so, state amount of debt (in Rupees)

22. Are you under any liability to repay any loan / advance (Yes / No) If Yes enclose relevant documents with complete details.

23. Details of NCC certificate A/ B / C passed (Yes / No)

24. (a) Have you ever been in the past to the Indian Military Academy, Dehradun or to an Officers Training School or any other Training Establishment with a view to be trained for an eventual grant of Commission in the Army, Navy or Air Force. (Yes / No)

(b) If yes, give all particulars regarding your resignation / removal / withdrawal from the training in the table shown below :-

Course No	Date of Joining Course	Cadet No	Date of resignation / Removal / Withdrawal	Reason of resignation / removal / withdrawal copy of discharge certificate is to be submitted

Warning : The concealment of this information will result in the cancellation of the candidature and may also debar a candidate either permanently or for specified period from applying all type of commission in the Armed Forces.

25. Give a list of documents enclosed as per Para 11 of the Instructions to Candidates. In the absence of requisite certificates the application will NOT be considered.

26. Name and Address of two references for verification of facts as above

a) Name of 1 st reference	First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Middle Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Surname	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address of 1 st reference	House No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Village/Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tehsil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Name of 2 nd reference	First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Middle Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Surname	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address of 2 nd reference	House No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Village/Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tehsil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Candidate

Contd.....6

Application No. :

29. DECLARATION BY THE CANDIDATE

- (a) I hereby declare that information provided by me in this application form is true and correct to the best of my knowledge and belief and I state that I am a :-
 - i) Citizen of India.
 - ii) Subject of Nepal and certificate of eligibility is / is not necessary in my case.
 - iii) Person from areas which now form part of Pakistan / Bangladesh and a certificate of eligibility is/is not necessary in my case.
 - iv) Person of Indian origin who has immigrated from Pakistan / Bangladesh, Burma, Sri Lanka, East African Countries of Kenya, Uganda and United Republic of Tanzania with the intention of permanently settling in India.

Strike out the clause not applicable.

- (b) I also certify that I fully understand that I shall attend a Preliminary Interview and Service Selection Board of my free will at my own risk and that I or my legal heirs shall NOT claim any compensation or other relief from the Government of India in respect of any injury which may be sustained by me in the course of or as result of any of the tests given to me at the said Interview / Selection Board due to any reason.
- (c) I understand that any medical examination conducted at any stage of the Selection procedure does not necessarily mean that I have been selected.
- (d) I undertake to inform the Additional Director General, Territorial Army, Army HQ, New Delhi immediately in the event of there being any change in my employment during the period of my candidature for Territorial Army Commission and thereafter during my service to the Commanding Officer of my unit / superior officer, together with the No Objection Certificate (NOC) from my employer.
- (e) In the event of my selection for commission in the Territorial Army, I am willing to serve anywhere in India whenever required for any duration or as per the rules and orders in force from time to time.
- (f) I clearly understand that if at any time during the period of probation I am not found suitable, I shall have to resign my commission in accordance with the rules and orders in force from time to time and in case I decline to do so I am liable to be discharged / removed from the Territorial Army.
- (g) I am fully aware that if it is found at any stage that I have knowingly furnished any particulars which is / are false or have suppressed material information or I fail to comply with the above undertakings, my candidature will be rejected summarily and if already commissioned, I shall be liable to be discharged / removed from the Territorial Army.
- (h) I further declare that:-
 - (i) I am unmarried.
 - (ii) I am widower/divorcee.
 - (iii) I am married and have more than one spouse living.
 - (iv) I am married and do not have more than one spouse living, and that I undertake not to contract another marriage without obtaining the prior permission of the Government of India, Ministry of Defence, through proper channel.

Strike out the portions not applicable.

- (j) I certify that I have read the complete instructions regarding filling of this application form and the application form has been filled accordingly.

Place :

Dated :

Signature of Candidate

Witness	First Name																			
	Middle Name																			
	Surname																			
Present Address	House No																			
	Village/Town																			
	Tehsil																			
	State																			
	Block/Pkt																			
	Post Office																			
	District																			
	Pin Code																			

Place :

Dated :

Signature of Witness

Contd.....7

Application No. :

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SECTION 'B' (1)
(For candidates who are employed)

(TO BE COMPLETED BY HEAD OF THE OFFICE/ DEPARTMENT/ INDUSTRIAL OR COMMERCIAL ESTABLISHMENT)

1. I certify that Shri/Smt/Kumaris/o/d/o/w/o..... is employed under me as for the last.....years and that his/her character, as far as known to me, is good. He/She is/is not recommended for the grant of commission in the Territorial Army.

2. It is also certified that Shri/Smt/Kumariwill be made available for training or embodiment for service in Territorial Army as and when required.

3. It is further certified that Shri/Smt/Kumaridoes not hold and/or is not likely to hold in the foreseeable future a key post in(department / organisation) which could affect the minimum essential, functions of the department/ organization. However, in the event of his/her becoming a keyperson subsequently the Additional Director General Territorial Army, New Delhi, shall be requested immediately to release or discharge him/her from the Territorial Army.

Place.....

Signature.....

Date.....

Designation.....

Stamp/Seal of Office.....

(Strike out the words not applicable)

SECTION "B" (2)
(For candidates who are running independent business)

CERTIFICATE TO BE RENDERED BY SELF EMPLOYED PERSONNEL
(SELF CERTIFIED BY THE CANDIDATE)

1. Is/o/d/o/w/o certify that I possess good moral character to the best of my belief and knowledge.

Place

Signature

Date

Name

2. Sample affidavit on Non-Judicial stamp paper of minimum value duly endorsed by notary.

I s/o/d/o/w/o resident of do hereby solemnly affirm and declare as follows:-

- (a) That I am a resident of above address.
(b) That I am self employed as
(c) That my annual income from all sources is approximately Rs

The above statement is true and correct to the best of my knowledge and belief.

Deponent

Verification :

Verified at _____ on this _____ day of _____ 201____ that the contents of above affidavit are true to my knowledge & belief and nothing has been concealed therein.

Deponent

SECTION "B" (3)
(For candidates who are employed in Private Sector)

CERTIFICATE TO BE RENDERED BY CANDIDATES EMPLOYED IN PRIVATE SECTOR
(TO BE AUTHENTICATED BY HEAD OF OFFICE)

Certified that:-

(a) Any difference between the civil and military pay and allowances of the applicant Name.....s/o/d/o/w/o an employee of this organization, will be paid by us for the period of his/her military duty in the Territorial Army.

(b) On return from military duty in the Territorial Army Shri/Smt/Kumari will be absorbed to the same or equivalent post which he/she would have held, if his/her service in the civil had not been so interrupted and that such military services would count for all benefits in his/her civil job, like seniority for promotion, increments of pay, bonus and provident fund etc. to which he/she would have otherwise been entitled.

Place.....

Signature.....

Date.....

Name.....

Designation.....

Stamp/Seal of Office.....

SECTION "C"

(To be completed by the President, Preliminary Interview Board)

RECOMMENDATION OF INTERVIEW BOARD AT COMMAND

*Recommended/ Not recommended for a Commission in the Territorial Army

Place.....

Signature.....

Date.....

(Stamp/ Seal of Office)

*(Strike out whichever is not applicable)

SECTION "D"

(To be completed by the President, Service Selection Board)

Name of candidate.....

Batch No.....

Marks awarded (both in words and figures)

Place.....

Date.....

Signature.....

President
Services Selection Board
(Stamp/ Seal of Office)

SECTION "E"

*Selected/ Not Selected for commission in the Territorial Army

Place.....

Signature.....

Date.....

Additional Director General, Territorial Army
Army Headquarter
(Stamp/ Seal of Office)

*(Strike out whichever is not applicable)