



**APPLICATION FORM  
(TO BE FILLED IN CAPITALS)**

Registration No. \_\_\_\_\_ Roll No. \_\_\_\_\_ Stream applied for \_\_\_\_\_  
(To be filled by CASB/AFND/AFRO/AFCAO/AFCE)

Paste one  
Self-attested  
Passport size  
photograph

1. (a) Name of the applicant \_\_\_\_\_ (As per Matriculation Certificate)  
(b) Aadhar Card No. \_\_\_\_\_  
(Candidate should enter Aadhar 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 as on date of application \_\_\_\_\_ (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 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email ID \_\_\_\_\_  
Mob No. \_\_\_\_\_
8. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Educational Qualification

	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 certificates submitted by me are 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 Xth pass certificate | Yes / No |
| (b) Certificate of experience                         | Yes / No |
| (c) Character Certificate (Not older than six months) | Yes / No |

**CONSENT CERTIFICATE BY PARENT / LEGAL GUARDIAN  
(FOR CANDIDATES BELOW 18 YEARS OF AGE)**

I, \_\_\_\_\_ hereby give my open consent for my son/dependent \_\_\_\_\_ to undergo the physical test for selection of Agniveervayu Non-Combatant at his own risk. In case my son/dependent sustains any type of injury during the process of test, I shall not claim any damages or treatment from the IAF.

Sign of Candidate \_\_\_\_\_

Signature of applicant's  
Parent/Legal Guardian  
Date: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT CERTIFICATE BY CANDIDATE  
(FOR CANDIDATES ABOVE 18 YEARS OF AGE)**

I, \_\_\_\_\_ hereby give my open consent to undergo the physical test for selection of Agniveervayu Non-Combatant at my own risk. In case I sustain any type of injury during the process of test, I shall not claim any damage or treatment from the IAF.

Date: \_\_\_\_\_

Signature of Candidate \_\_\_\_\_

**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**

Stream applied for : \_\_\_\_\_

1. Name \_\_\_\_\_
2. Aadhar Card No. \_\_\_\_\_  
(Candidate should enter Aadhar number. Candidates from J&K, Assam and Meghalaya are exempted for the same)
3. Father's Name \_\_\_\_\_
4. Address for correspondence (to be filled same as per column 7 of application form)  
House No. \_\_\_\_\_  
Street/Village \_\_\_\_\_  
Post Office \_\_\_\_\_ Dist \_\_\_\_\_  
State \_\_\_\_\_ PIN Code \_\_\_\_\_
5. Registration No. \_\_\_\_\_ Date and time of Written / PFT / Stream Proficiency Test \_\_\_\_\_
6. Venue of Written / PFT / Stream Proficiency Test \_\_\_\_\_

Unit Stamp \_\_\_\_\_

Date : \_\_\_\_\_ Signature of Presiding Officer of the BOO \_\_\_\_\_

**IAF RESERVES THE RIGHT TO CANCEL ENTIRE SELECTION PROCESS AT ANY STAGE WITHOUT ASSIGNING ANY REASONS**

**DISCLAIMER**

The terms and conditions given in the advertisement are guidelines only and orders issued by the Government, as amended from time to time, will apply for the selected candidates.

**CANDIDATES FOUND INDULGING IN ANY TYPE OF MALPRACTICES / UNFAIR MEANS DURING THE EXAMINATION SHALL BE DEBARRED PERMANENTLY**

**THE DATA ENTERED IN APPLICATION FORM WILL BE TREATED AS FINAL AND NO CHANGES WILL BE PERMITTED LATER. ENTRY OF WRONG DATA WILL DISQUALIFY CANDIDATURE**

**BEWARE, IMPERSONATORS WILL BE PROSECUTED**

CBC-10803/11/0002/2223