

**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

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

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### 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 \_\_\_\_\_

Date: .....

Mobile no. of candidate \_\_\_\_\_

**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)

Signature of Parent/ Legal Guardian \_\_\_\_\_

\_\_\_\_\_  
(Name of Candidate)

Name of Parent/ Legal Guardian \_\_\_\_\_

\_\_\_\_\_  
(Mobile no. of candidate)

Relation with the candidate \_\_\_\_\_

Mobile no. of Parent/ Legal Guardian \_\_\_\_\_

Date: .....

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 :

Chief Administrative Officer / Senior Administrative Officer

Place :

Unit :

**ADMIT CARD**

Paste a self- attested photograph
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Stream applied for : .....

1. Name ..... (As per Matriculation Certificate)

2. Aadhaar Card No. ....

(Candidate should enter Aadhaar number. Candidates from J&amp;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. .... Date and time of Written / PFT / Stream Suitability Test .....

6. Venue of Written / PFT / Stream Suitability Test:.....

Unit Stamp

Presiding Officer