

NOMINATION FORM
FOR MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY

SECTION – I to III

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 National Cadet Corps cadets welfare Society and hereby subscribe a sum of Rs.15/- (Rupees fifteen only) towards its membership fee.

2. My Father/Mother/Guardian's occupation isand the annual income of my family from all sources is Rs.....per annum.

3. I understand that I shall be entitled to financial assistance 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 assistance to be paid to me in the event of permanent/partial disablement will be final and binding on me.

4. I hereby nominate the following person(S) who will receive financial assistance, 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 in an organized NCC activity:-

Sr. No	Name of Nominee/ Nominees (in block letter)	Age	Relationship with cadet	Permanent Address of nominee	Percentage Financial Assistance payable

(TO BE FILLED BY THE CADET IN HIS OWN HANDWRITING)

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.

Date:

Place:

.....
(Full Signature of the Cadet)

SECTION - II

Date:

Place:

.....
(Signature of PTO/ Head of Institution)

SECTION - III

I am willing to allow my son/daughter/ward Name to become a member of the National Cadet Corps Cadet Welfare Society under the terms & conditions and the rules in force of the Society. I also approve the nomination(s) made in Section 1 (4).

Date:

Place:

.....
(Full Signature of the Father/Mother/Guardian)

Witness

1.....

.....

(Signature)

(Full Name & Address or Office Seal of the Witness)

Witness

2.....

.....

(Signature)

(Full Name & Address or Office Seal of the Witness)

Note: The witnesses should be either gazette officer/head of institution /Associated NCC Officer/Sarpanch/Village Head.