

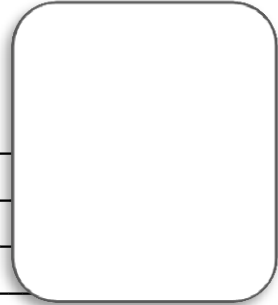


NATIONAL BLACK BERETS COMMANDO INDIA

Special Force Close Combat - Office of Strategy & Tactics for Military Affairs



APPLICATION FORM



NAME OF APPLICANT _____

GENDER - (MALE / FEMALE) _____

NAME OF FATHER OR HUSBAND _____

NAME OF MOTHER _____

ADDRESS _____

_____ PIN _____ CONTACT _____

DATE OF BIRTH (DD/MM/YYYY) _____ AGE _____

OCCUPATION - PROFESSION / SERVICE _____

QUOTA / GENERAL _____

EMAIL ID _____

PLEASE ATTACH FOLLOWING :

- AADHAAR COPY WITH
- SCHOOL OR COLLEGE - LEAVING OR BONAFIED
- MEDICAL FITNESS CERTIFICATE
- INDEMNITY BOND IF MINOR
- (NOA) NO OBJECTION AGREEMENT

NOTE :

- ATTACH CLEAR COPY OF ALL DOCUMENTS & PASSPORT PHOTO WITH ENTRY FORM
- NO ENTRY WILL BE ACCEPTED WITHOUT INDEMNITY BOND (IF MINOR).
- NO ENTRY WILL BE ACCEPTED WITHOUT MEDICAL FITNESS CERTIFICATE (BEFORE 1 DAY) WITH MBBS/MD/MS PHYSICIAN ONLY. _____

CONTINUE TO 2ND PAGE

PARENTS SIGNATURE
(In Case of Minors)

CANDIDATE SIGNATURE



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➤ ALL FORMS SHOULD BE SENT BY SPEED/REGISTERED POST & SHOULD BE REACH BY BEFORE 20 DAYS OF ADMISSION OR CAMP ON THE FOLLOWING ADDRESS:

BBC BRANCH HEAD : _____

EMAIL ID : directoratebbc@gmail.com (BRANCH) CONTACT NO. : +91 _____

- CANDIDATE WILL NOT BE PERMITTED TO PARTICIPATE IN THE CAMP IF FOUND TO BE MEDICALLY UNFIT DURING THE FINAL MEDICAL CHECKUP AT THE VENUE.
- CANDIDATE WITH ANY TYPE OF DISABILITY WILL NOT BE PERMITTED FOR CAMP OR JOINING ANY GROUP.

.....

SELF DECLARATION :

I HEREBY DECLARE THAT ALL ABOVE PROVIDED INFORMATION IS TRUE TO MY KNOWLEDGE, IF ANY PHYSICAL OR MORAL INJURY OCCURS OR PROBLEM ARISES WITH RESPECT TO ME DURING TRAINING PERIOD, I WILL BE RESPONSIBLE FOR THE SAME.

.....

PARENTS SIGNATURE
(In Case of Minors)

CANDIDATE SIGNATURE

DATE : / /

PLACE : _____

FOR OFFICE USE ONLY

APPROVING AUTHORITY

NATIONAL ZONAL INCHARGE

Standard terms and Condition Apply



NATIONAL BLACK BERETS COMMANDO INDIA

Special Force Close Combat - Office of Strategy & Tactics for Military Affairs



INDEMNITY BOND

I (Name of Candidate): _____ I Am Taking Part in National Black Berets Commando Group, At My Request, I Undertake and Agree that Neither I, Nor My Executors or Administrators or Other Legal Representatives and Senior Instructors and Group will Make any Claim Against BBC or Against any Officers or Employees and Against any Person in the Service in this Group in Respect of any Loss or Injury to Property and Person Including Resulting in Death Which I/the Said Minor's (Name of Minor's) _____ (Strike off if Not Applicable) May Suffer, While Involving the National Black Berets commando Group & Units any Type of Activities and I Understand and Agree that No Compensation will be Made by, My Heirs, May Executors and Administrators to Indemnity for you or any Officer or Employee and any Person in the Service of BBC Against any Claim Which Made by Third Party Against you or them or any of them Arising Out of any Act or Default On My/the Said Minor's (Strike Off if Not Applicable) Part During or in Connection with National Black Berets Commando Group and any Type of Units in India.

PARENTS SIGNATURE

(In Case of Minors)

DATE : / /

CANDIDATE SIGNATURE

PLACE : _____

FOR OFFICE USE ONLY

ACCEPTED/REJECTED

DATE : / /

NATIONAL ZONAL INCHARGE

Standard terms and Condition Apply



NATIONAL BLACK BERETS COMMANDO INDIA

Special Force Close Combat - Office of Strategy & Tactics for Military Affairs



अनापत्ति अनुबंध | NO OBJECTION AGREEMENT

प्रति/TO,

विभागीय कमान अधिकारी / THE ZONAL COMMAND OFFICER,

उत्तरी विभाग / NORTH ZONE (BBCF)

नईदिल्ली - ११००११ / NEW DELHI - 110011

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डी.आर.नं.

ब्लैक बेरेट्स कमांडो शिविर में मेरी इच्छा से सहेभागि हो रहा/रही हूँ, इस शिविर में जितनी भी बहरी - पहाड़ी घटी और हिमाच्छादित प्रदेशों में साहसी क्रीडा प्रकार तथा गतिविधियों के जोखिम की जिम्मेदारी अपने आप पर स्वयं पर रहेगी, और अगर ऐसी दुर्घटना घटित भी होती है तो भी इसकी जिम्मेदारी मेरे स्वयं पर रहेगी, जिसमें मेरी जान भी जा सकती है, इसके लिए मैं समूह के किसी भी सदस्य या अस्थिकारी वर्ग या फिर समूह को दोष नहीं दूंगा/दूंगी, मैं अपना खयाल-देखभाल खुद रख सकता/सकती हूँ तथा इसकी पूरी जिम्मेदारी मेरी रहेगी।

समूह से जो भी आदेश, नियम तथा विनियमन का पूरी निष्ठा और ईमानदारी से वहन करूंगा/करूंगी तथा इसके उल्लंघन पर वरिष्ठ अधिकारी द्वारा नियमबाह्य सजा का/की पात्र रहूंगा/रहूंगी या फिर समूह से निष्कासित भी होना मेरी नियति रहेगी यह विश्वास दिलाता/दिलाती हूँ।

टिपणी : शिविर संबंधित आवास हेतु लिया जाने वाला शुल्क वापस नहीं होगा और यह सभी प्रकार का अनापत्ती अनुबंध/करारनामा मुझे मान्य है तथा इसपर मेरी पुर्णतः सहमति है।

आपका विश्वस्थ,

प्रत्याशी (हस्ताक्षर)

I AM

DR.NO.

PROBATIONARY INSTRUCTOR IN BBCF & I AM WILLING TO PARTICIPATE IN BBC CAMP, I HELD MY SELF RESPONSIBLE FOR ANY ADVERSITIES AND RISK DURING ALL ADVENTURES AND ACTIVITIES IN OUTDOOR, MOUNTAINS AND SNOW CLADED REGIONS, EVEN IN ANY UNFORTUNATE ADVESITIES I HELD MY SELF RESPONSIBLE FOR LOSS OF LIFE, I WILL NOT BLAME ANY OF THE PARTICIPANTS, COLLEGUES OR BBCF FOR ANY RISK, I HELD MY SELF RESPONSIBLE FOR PARTICIPATION AND ACTIVITIES AND THEIR RESULTS. I WILL FOLLOW ALL THE INSTRUCTION, RULES AND REGULATIONS WITH DEDICATION AND SINCIERITY, AND INCASE IF I MISBEHEAVE OR BREAK ANY RULE I WILL BE GUILTY AND WILL BE READY TO ACCEPT ANY PUNISHMENT OR EVEN TERMINATION AS DIRECTED BY OFFICERS.

I AGREE THAT ALL FEES PAID FOR ACCOMMODATION PURPOSE WILL BE NON REFUNDABLE UNDER ANY CONDITION,

I AGREE TO ALL TERMS AND CONDITIONS IN THE ABOVE AGREEMENT SINCIERLY !

YOURS FAITHFULLY !

DATE :

PLACE :

SIGNATURE OF CANDIDATE