



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 _____

FEES STRUCTURE :

➤ ADMISSION OR CAMP FEES - 18,000Rs. (NON REFUNDABLE) (CITY & STATE NAME.....)

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. _____

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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 : blackberetscommando24@gmail.com CONTACT NO. : +91 _____

REMITTANCE ADDRESS :

BANK NAME _____ ACCOUNT HOLDER _____

ACCOUNT NUMBER _____ IFSC CODE _____

BRANCH NAME _____ BRANCH CODE _____

PLEASE WRITE THE REMITTANCE OR CHEQUE " MR. _____ " COLLECTS.

➤ 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.

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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.

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PARENTS SIGNATURE

(In Case of Minors)

CANDIDATE SIGNATURE

DATE : / /

PLACE : _____

FOR OFFICE USE ONLY

APPROVING AUTHORITY

ZONAL INCHARGE



NATIONAL BLACK BERETS COMMANDO INDIA

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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