# <u>APPLICATION FORM FOR COMMISSION IN THE TERRITORIAL ARMY</u> THROUGH ASB (ARMY HEADQUARTERS SELECTION BOARD)

Warning : Concealment of any information or furnishing of false particulars will result in the cancellation of the candidature Please read the instructions carefully before filling this application form

| 1. Certify you have<br>Answer in Yes o |                               | ns for fi   | lling t       | his ap             | plicat  | tion for   | m                 |           |       |        |        |           |                | [     |               |         |       |       |          |         |                   |                     |          |
|--|-------------------------------|-------------|---------------|--------------------|---------|------------|-------------------|-----------|-------|--------|--------|-----------|----------------|-------|---------------|---------|-------|-------|----------|---------|-------------------|---------------------|----------|
|  | First Name                    |             |               |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          | Self at | ttested           | recent              |          |
| 2. Candidate's Name                    | Middle Name                   | e           |               |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       | c        | oloure  | ed Phot           | tograph<br>ate size |          |
| Traine                                 | Surname                       |             |               |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          | 4.5 x 3 | 3.5 cm<br>pasted) | (To be              |          |
| As given in Matriculation              | Certificate, in case of varia | ation in na | me attac      | h Gazet            | te Noti | fication   |                   |           |       |        |        |           | _              |       |               |         |       |       |          |         | pasted            |                     |          |
|  | First Name                    |             |               |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
| 3. Father's Name                       | Middle Name                   | e           |               |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       | Sig      | natur   | e of Ca           | ndidate             |          |
|  | Surname                       |             |               |                    |         |            |                   |           |       | 1      |        |           |                |       |               |         | 1     |       | -1       |         |                   |                     |          |
|  | House No                      |             |               |                    |         |            |                   |           |       | Blo    | ock/P  | Pkt       |                |       |               |         |       |       |          |         |                   |                     |          |
| 4. Candidate's<br>Permanent            | Village/Town                  |             |               |                    |         |            |                   |           |       | Pos    | st Of  | fice      |                |       |               |         |       |       |          |         |                   |                     |          |
| Address                                | Tehsil                        |             |               |                    |         |            |                   |           |       | Dis    | strict |           |                |       |               |         |       |       |          | _       |                   |                     |          |
|  | State                         |             |               |                    |         |            |                   |           |       | Pin    | l Cod  | le        |                |       |               |         |       |       |          |         |                   |                     |          |
| 5. Candidate's                         | House No                      |             |               |                    |         |            |                   |           |       | Blo    | ock/P  | Pkt       |                |       |               |         |       |       |          |         |                   |                     |          |
| Present Address                        | Village/Town                  |             |               |                    |         |            |                   |           |       | Pos    | st Of  | fice      |                |       |               |         |       |       |          |         |                   |                     |          |
|  | Tehsil                        |             |               |                    |         |            |                   |           |       | Dis    | strict |           |                |       |               |         |       |       |          |         |                   |                     |          |
|  | State                         |             |               |                    |         |            |                   |           |       | Pin    | Cod    | le        |                |       |               |         |       |       |          |         |                   |                     |          |
| 6. Candidate's Cor                     | ntact Details :               |             |               |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
| a) Mobile No.                          |                               |             |               | c)                 | E-ma    | ail Ado    | lress             |           |       |        |        |           |                | e)    | Neare         | st Pol  | ice S | tatio | 1 with   | n Pin   | code              | No.                 |          |
|  |                               |             |               |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
|  |                               |             |               |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
| b) Land line No wi                     | th STD Code                   |             |               | d)                 | Adh     | ar Caro    | l No              |           |       |        |        |           |                | Ð     | Nooro         | st Rai  | Iway  | Stati | 01       |         |                   |                     |          |
| b) Land line No wi                     |                               |             | 1             | и)<br>Г            |         |            |                   |           |       |        |        |           |                |       |               |         |       | Stati |          |         |                   |                     | 1        |
| + + + + +                              |                               |             |               |                    | -       |            | $\left  \right $  | $\square$ | _     |        | +      | $\square$ |                |       |               | +       | _     | -     | $\vdash$ | _       | +                 | +                   | +        |
|  |                               |             |               |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
| 7. (a) Next of Kin                     |                               | (b) N       | lame c        | of the l           | Next    | of Kin     |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
| Code :                                 | Lathan 02                     | Nar         | ne            |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
|  | Mother-02,<br>Wife-04,        | (c) (       | Contac        | t Deta             | ils of  | the N      | ext of I          | Kin       |       |        | _      |           |                |       |               |         |       |       |          |         |                   |                     |          |
|  | Daughter-06,                  | Mo          | bile No       | 0                  |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
| Other-07                               | -                             |             | d Line        | •                  |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
|  |                               | No          |               |                    |         | _          |                   |           |       |        |        |           |                |       | _             |         |       | _     |          |         |                   | _                   |          |
|  |                               | E-m         | nail ID       |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
| 8. (a) Date of Birth                   | h (As given in Matriculat     | ion Certifi | cate)         |                    | (b)     | Gende      | er                |           | (c) l | Aarita | l Sta  | tus :     |                |       |               |         |       |       |          |         |                   |                     |          |
| Day Mo                                 | onth                          | Year        |               |                    |         | Μ          | F                 |           | Code  | :      | Unm    | narrie    | d - 0          | 1     | Ma            | rried   | with  | one   | living   | sdo     | ouse)             | - 02                |          |
|  |                               |             |               |                    |         |            |                   |           |       |        |        | ows -     |                |       |               | idowe   |       |       | -        | -       | cee -             |                     |          |
|  |                               |             |               |                    |         |            |                   |           |       |        | Marı   | ried (    | with           | more  | than          | one liv | /ing  | spous | e) - (   | 6       |                   |                     |          |
| 9. (a) Educational                     | Qualification :               |             | (b)           | Educ               | ationa  | al Strea   | am at C           | Gradua    | ation | :      |        |           | (c) l          | Educa | tiona         | Strea   | ım at | Post  | Grad     | uatio   | on:               |                     |          |
| Code:                                  |                               |             | Coo           |                    |         | <b>a</b> . |                   | 0.0       | C     |        |        |           | <u>Code</u>    | -     |               | а ·     |       | 0.2   | G        |         |                   |                     |          |
| Graduation-01<br>Post Graduation -02   |                               |             |               | s - 01,<br>vineeri |         |            | ence -<br>dical - |           |       |        |        |           | Arts ·<br>Engi |       | σ <b>-</b> 04 |         |       |       |          |         | erce - $06  01$   | 03<br>thers -       | - 07     |
| 10. (a) Are you gai                    |                               | 0           | -             |                    | -       |            | ent with          |           | _     |        | ,<br>  |           | Engi           | 1     | -             | ual Ii  |       |       |          |         | , 0,              |                     | 07       |
|  |                               |             | <u>code</u> : | iture o            | 1 2111  | pioyin     |                   | 1 000     |       |        |        |           |                | (0)   |               |         |       |       | Itape    |         |                   |                     |          |
| Yes / No                               |                               |             | entral        | Govt/              | Unic    | on Terr    | ritory -          |           |       |        |        |           | t -            | PAN   | I No.         |         | +     | +     |          |         |                   |                     | Т        |
|  |                               | 0           | 2, Pvt        | Secto              | or - 03 | 3,         |                   | S         | elf E | mploy  | ved -  | 04        |                |       |               |         |       |       | 1        |         |                   |                     | <u> </u> |
| (d) Name of Dep                        | artment / Firm :              |             |               |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |
| (e) Address of the                     |                               |             |               |                    |         |            |                   |           |       |        |        | 1         |                |       |               |         | 1     |       |          |         |                   | $\neg$              |          |
|  |                               |             | 1             |                    |         |            |                   |           |       |        |        |           |                |       |               |         |       |       |          |         |                   |                     |          |

Signature of Candidate

Application No. :

| 11. Details of Service in the Armed Forces   |                       |                  |         |         |           |           |          |         |         |          |        |          |        |
|--|-----------------------|------------------|---------|---------|-----------|-----------|----------|---------|---------|----------|--------|----------|--------|
| (a) Service :  | (b) Arm / Servio      | ce               |         |         |           | (c) L     | Jnit     |         |         |          |        |          |        |
| <u>Code</u> : Army - 01, Air Force - 02,   |                       |                  |         |         |           |           |          |         |         |          |        |          |        |
| Navy - 03, TA - 04, NCC - 05   |                       |                  |         |         |           |           |          |         |         |          |        |          |        |
| (d) Service No   | (e) Date of Enro      | lment            |         |         |           | (f) D     | ate of   | Comm    | nission | -        |        |          |        |
|  |                       |                  |         |         |           |           |          |         |         |          |        |          |        |
| (g) Date of Retirement / Release   | (h) Substantive I     | Rank held        |         |         |           |           |          | Catego  | ories a | t the ti | me of  | retirem  | ent /  |
|  |                       |                  |         |         |           | releas    | e        | 1       | 1       | l        |        |          |        |
|  |                       |                  |         |         |           |           |          |         |         |          |        |          |        |
| (k) Reasons for Discharge / release from service :   |                       |                  |         |         |           |           |          |         |         |          |        |          |        |
|  | invalidated – 02,     | Prematu          |         | iremei  | nt – 03,  | Su        | perann   | uation  | -04,    |          |        |          |        |
| Removed/ Dismissed – 05, Resigne   | d – 06,               | Others -         | - 07    |         |           |           |          |         |         |          |        |          |        |
| 12. Please answer in Yes / No  |                       |                  |         |         |           |           |          |         |         |          |        |          |        |
| a) Have you ever been involved in any criminal cas   | e?                    | d) Is any ca     | se peno | ding a  | gainst ye | ou in an  | y Cour   | t ?     |         |          |        |          |        |
| b) Have you ever been arrested/ prosecuted ?   |                       | e) Is any case   | e pendi | ng ag   | ainst you | ı in any  | Police   | Statio  | n ?     |          |        |          |        |
| c) Have you ever been convicted by any court ?   |                       | f) Have you      | been d  | lebarre | ed from   | appearir  | ng at ar | ny Exa  | minat   | on by    | Union  |          |        |
|  |                       | Public Service   |         |         |           |           |          |         |         | vernme   | ent/   |          |        |
|  |                       | University/ I    |         | or any  | other Ec  | lucation  | al Insti | itution | ?       |          |        |          |        |
| g) If the answer to any of the above mentioned ques case/ duration of arrest / detention / conviction / nat  |                       |                  |         |         |           |           |          |         |         |          |        |          |        |
| awarded etc and reason being debarred by Centre  | or State Service      | Commission       | /       |         |           |           |          |         |         |          |        |          |        |
| University / Educational Authority etc at the time of Court orders if any may also be enlcosed.  | of filling up of this | s form Copy of   | t       |         |           |           |          |         |         |          |        |          |        |
| 13. DECLARATION  |                       |                  |         |         |           |           |          |         |         |          |        |          |        |
| (a) I hereby declare that information provided by m  | e in this application | n form is true a | nd corr | ect to  | the best  | of my l   | knowle   | dge ar  | nd beli | ef.      |        |          |        |
| (b) I also certify that I shall attend Preliminary Inte<br>shall NOT claim any compensation or other relief fro  | m the Government      | of India in res  |         |         |           |           |          |         |         |          |        |          |        |
| of the tests given to me at the said Interview / Selecti<br>(c) I understand that my selection at Service Sele   |                       | •                | nation  | does 1  | not nece  | ssarilv 1 | nean t   | hat I ł | nave b  | een se   | lected | for gra  | ant of |
| commission.  |                       |                  |         |         |           |           |          |         |         |          |        | 81       |        |
| (d) I undertake to inform the additional Director Ge<br>employment during the period of my candidature for<br>No Objection Certificate (NOC) from my employer. |                       |                  |         |         |           |           |          |         |         |          |        |          |        |
| (e) In the event of my selection for commission in the rules and orders in force from time to time.  | he Territorial Arm    | y, I am willing  | to serv | ve any  | where in  | n India v | whenev   | er req  | uired   | for any  | durat  | ion or a | as per |
| (f) I am fully aware that if it is found at any stage the or I fail to comply with the above undertakings, my removed from the Territorial Army.               |                       |                  |         |         |           |           |          |         |         |          |        |          |        |

(g) I certify that I have filled the application form after reading all the instructions.

| Date | : . | • • |  | • |  |  |  |  |  |
|------|-----|-----|--|---|--|--|--|--|--|
|------|-----|-----|--|---|--|--|--|--|--|

Signature of Candidate

# APPLICATION FORM FOR COMMISSION IN THE TERRITORIAL ARMY THROUGH ASB (ARMY HEADOUARTERS SELECTION BOARD)

(TO BE COMPLETED BY THE CANDIDATE IN HIS OWN HANDWRITING IN BLOCK CAPITAL LETTERS BY BLUE / BLACK BALL PEN) Warning : Concealment of any information or furnishing of false particulars will result in the cancellation of the candidature and may also debar a candidate from applying for any type of commission for a period of atleast one year Please read the instructions carefully before filling this application form

| Answer in Yes or No  |                                   |
|--|-----------------------------------|
| 2. First Name Self   | attested recent                   |
| (a) Candidate's North Line coloure the can   | d Photograph of didate size 4.5 x |
| Name Surname 3.5 cm  | (To be pasted)                    |
| As given in Matriculation Certificate, in case of variation in name attach Gazette Notification.   |                                   |
|  | re of Candidate                   |
| c) If yes then please give month and year of last attempt.   |                                   |
| d) If yes then please give the exact name as given in previous application.  |                                   |
| First Name   |                                   |
| Middle Name     Image: Constraint of the second secon |                                   |
| Surname  |                                   |
| <ul> <li>e) Is there any difference in the names in 'a' and 'd' above (Yes / No).</li> <li>f) A difference in the name at 'a' and 'd' above will be explained by giving detailed reasons, if necessary, on a separate sheet of paper attached application form with supporting documents otherwise candidature will be cancelled.</li> </ul>   | to the                            |
| 3. First Name (b) Occupation   |                                   |
| (a) Father's Name Middle Name Code :   | ]                                 |
|  | ofessional-03<br>thers - 04       |
| (c) Present House No Block/Pkt   |                                   |
| Address<br>(if dead state his last   |                                   |
| address) Tehsil District   |                                   |
| State   Pin Code   |                                   |
| (d) Mother's First Name (b) Occupation   |                                   |
| Name     Code :       Middle Name     a) Service-01  | ofessional-03                     |
|  | thers - 04                        |
| House No Block/Pkt   |                                   |
| 4. Candidate's Village/Town Post Office  |                                   |
| Permanent<br>Address Tehsil District   |                                   |
| State   Pin Code   |                                   |
| 5. Candidate's House No Block/Pkt  |                                   |
| Present Address Village/Town Post Office Post Office   |                                   |
| Tehsil District  |                                   |
| State     Pin Code   |                                   |
| 6. Candidate's Contact Details :   |                                   |
| a) Mobile No. c) E-mail Address e) Nearest Police Station with Pi  | 1 code No.                        |
|  | ++++                              |
| b) Land line No with STD Code d) Adhar Card No. f) Nearest Railway Station   |                                   |
|  |                                   |
| │  | ++++                              |
|  |                                   |

Signature of Candidate

| Application No. :   |           |              |        | ]       |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|---|-----------|--------------|--------|---------|----------|--------|-------|-------|-------|------|----------|------|----------|---------|----------|----------|------|---------|--------|--------|-------|------|----------|--------|----------|------|--------|------|-------|----|
| 7. (a) Next of Ki   | n         |              |        | (b) Na  | ame      | of th  | e Ne  | ext o | of Ki | in   |          |      |          |         |          |          |      |         |        |        |       |      |          | 1 ar   | <u> </u> |      | 1 450  | 110  |       |    |
| <u>Code</u> :   |           |              |        | Nam     | e        |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
| Part - 2       Part - 2 <th< td=""><td></td><td></td><td></td><td></td></th<> |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
| 7. (a) Next of Kin       (b) Name of the Next of Kin       (c) Name of the Next of Kin         Code::       (c) Name of the Next of Kin       (c) Canada Database of the Next of Kin         Darghard-06. Oke-070       (c) Oke-070       (c) Oke-070         (c) Address of       Hease No       (c) Oke-070         (c) Markes of Binth (ay one hatomachease Calleron)       (c) Oke-070       Market Oke-070         (c) Market Oke-070       (c) Oke-070       (c) Oke-070       Market Oke-070         (c) Oke-070       Wilkey Oke-070       (c) Oke-070       Market Oke-070         (c) Market Oke-070       (c) Oke-070       (c) Oke-070       Market Oke-070         (c) Oke-070       Wilkey Oke-070       (c) Oke-070       Market Oke-070         (d) Date of Binth (ay one indemachesin Calleron) </td <td></td> <td></td> <td></td> <td></td> <td></td>                        |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
| Part - 2       Page No         7. (a) Nor of Kin       (b) Name of the Next of Kin         Cade:       (c) Cannet Densils of the Next of Kin         Daughter 06, Other 07       (c) Cannet Densils of the Next of Kin         Molifie No       (c) Cannet Densils of the Next of Kin         Molifie No       (c) Cannet Densils of the Next of Kin         Molifie No       (c) Cannet Densils of the Next of Kin         Molifie No       (c) Cannet Densils of the Next of Kin         Name       (c) Cannet Densils of the Next of Kin         No       (c) Cannet Densils of the Next of Kin         Name       (c) Address of         Village Town       (c) Address of         Name       (c) Address of         Next of Kin       (c) Marriel Status :         Date of Birth (aguene Manischarton Cannet)         (d) Place of       Village Town         (e) District       Village Town         (f) Give helow particular of place(s) where yon have resided for more fhan one year during the proceeding five years :         Place (including district of residence)       Residential address in full         9. (a) Educational Quuifification :       (b) Educational Stream at Graduation :         Cade:       (c) Educational Stream at Graduation :       (c) Educational Stream at Post Graduatin :         Cade: <td></td> <td></td>  |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|   | ) Profess | ional-03     |        |         |          |        | _     | _     | _     | _    | _        |      | _        |         | +        |          |      |         | _      |        |       |      |          |        |          |      |        |      |       | _  |
| · · ·   |           |              |        | E-ma    | ail IL   | )      |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
| (e) Address of  | House     | e No         |        |         |          |        |       |       |       |      |          |      |          |         | Bloc     | k/Pk     | ct   |         |        |        |       |      |          |        |          |      |        |      |       |    |
| Next of Kin   | Villag    | e/Town       |        |         |          |        |       |       |       |      |          |      |          |         | Post     | Offi     | ice  |         |        |        |       |      | T        |        |          |      |        | 1    |       |    |
| Part - 2       Page No 2         7. (a) Not of Kin       (b) Name of the Next of Kin         Part - 0.       Molder 0.2, Husband         (c) Constant Details of the Next of Kin         Dagitare-06, Ohe-07         (d) Compation OK stor Kin         (e) Context Details of the Next of Kin         Mohile No         (f) Compation OK stor Kin         (g) Address of         (h) Address of         (h) Address of         (h) Address of         (h) Place of Kin         (h) Place of Kin         (h) Address of         (h) Address of         (h) Place of Kin         (h) Address of         (h) Place of Kin   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|   | State     |              |        |         |          |        |       |       |       |      |          |      |          |         | Pin C    | Code     |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|   |           |              |        |         | ertifica | nte)   | (t    | ) (   | Gen   | der  |          |      | (        | c) M    | arital S | Stati    | us : | ſ       |        | 1      |       |      |          |        |          | 1    |        |      |       |    |
|   | -         | ce must be e |        |         |          |        |       |       | N     | Л    | F        | ٦    | <u>(</u> | Code :  |          |          |      |         |        |        |       |      |          | ne liv | ing      | spo  | use) - | 02   |       |    |
|   |           |              | 1      | eai     |          |        |       |       |       | VI   | 1.       |      |          |         |          |          |      |         | ore    |        |       |      |          | nice)  | - 04     | 5    |        |      |       |    |
| (d) Place of  | Villag    | e/Town       |        |         |          |        |       |       |       |      | <u> </u> |      |          |         |          |          |      |         |        |        |       |      | spc      | Juse)  | 0.       | Í    |        |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      | -        |      |          |         |          |          |      |         |        |        | -     | -    | -        |        |          |      |        | -    |       |    |
| (e) District & Sta  |           | -            | ow     |         | Di       | strict | t     |       |       |      |          |      |          |         | State    |          |      | S       | tate   |        | T     |      |          |        |          |      |        |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
| -   |           |              |        | -       | u hav    | ve re  | side  | d for |       |      |          |      | -        |         | -        | e pre    | eced | ing fiv | /e ye  |        | р ·   | 1 0  |          | • •    |          |      | 1.4    |      |       |    |
| Place (Inclu  | ung uist  | fict of fes  | siden  | ice)    |          |        |       |       | ĸ     | esic | Jentia   |      |          | ess m   | Iuli     |          |      |         |        |        | Perio |      | res      | luend  | ce w     |      | lates  |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
| 9. (a) Educationa   | l Qualifi | cation :     |        |         |          |        |       | iona  | l Stı | rear | n at (   | Grad | dua      | ation : |          |          | (    | (c) E   | duca   | tional | Stre  | am a | t Po     | ost G  | radu     | atio | n :    |      |       | 1  |
|   |           |              |        |         |          |        |       |       | S     | loia | nco      | 02   |          | Comp    | arca     | 03       |      |         |        |        | Sei   | onco | 0        | 2      | Corr     | ma   | ·ca 1  | )3   |       | -  |
|   | 02        |              |        |         |          |        |       | g - 0 |       |      |          |      |          |         |          | 05       |      |         |        | g - 04 |       |      |          | · ·    |          |      |        |      | s - C | )7 |
| (d) Name in orde  | r with da | tes of ent   | tering | g and l | eavir    | ng th  | e pla | aces  | of e  | educ | catio    | n yo | ou h     | nave a  | ttende   | d in     | the  | follow  | ving 1 | able   | -     |      |          |        |          |      |        |      |       |    |
| Name a  | and Place | e of Instit  | ution  | ns in w | hich     | educ   | cated | 1     |       |      |          | Cla  | ss u     | upto w  | hich S   | tudi     | ied  | Mo      | onth   | & Ye   | ar of | Entr | y        | Mo     | onth     | & Y  | ear o  | f Le | eavi  | ng |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
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| (a) Give perticula  | rs of all | avaminat     | ionr   | accod   | 0000     | mon    | aina  | with  | h M   | otri | aulat    | ion  | 0.5      | oanin   | lont F   | von      | inot | tion (c | nala   | nod at | tasta | daar | vias     | ofa    | ortif    | iont | va) •  |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          | ,xan     |      |         |        |        |       |      |          |        |          |      |        | Bo   | ard   |    |
|   |           |              |        |         |          |        | 2     | ,     |       |      |          |      |          |         |          |          |      | oui     |        | 1 (4.  |       |      |          |        | 1097     |      |        | 20   |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        |        |       |      |          |        |          |      |        |      |       | _  |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          | T        |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
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| L   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          | <u> </u> |      |         |        |        |       |      |          |        |          |      |        |      |       |    |
|   |           |              |        |         |          |        |       |       |       |      |          |      |          |         |          |          |      |         |        | Signa  | ture  | of C | andi     | idate  |          |      |        |      |       |    |

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| Application No. | : |  |
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| (f) State Professional Qualification and Practical I   | Experien              | ce if any          | /:-   |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
|--|-----------------------|--------------------|-------|----------|-----------------|--------------------|------|---------|------------------|----------|----------------|---------|---------|------------------|-------------------|--------------|---------------|----------|------------------|
| Name of the Institutions   |                       |                    |       |          |                 | Date o             | f E  | ntry    |                  |          | Da             | te of L | eaving  | 3                | Pro               | ofessio<br>A | onal<br>ttain |          | dard             |
|  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
|  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
|  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
|  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
| (g) (i) Are you appearing in any university or tec   | hnical e              | xaminati           | ion c | luring   | next            | six mo             | onth | ns. (Ye | es / N           | 0)       | [              |         |         |                  |                   |              |               |          |                  |
| (ii) If yes please give date of such examination   | on                    |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
| (iii) If yes please give the details of examinat   | tion                  |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              | $\Box$        |          | ]                |
| Ves / No   |                       |                    | -     |          |                 |                    |      |         |                  |          | (c             | ) Ani   | nual In | come (           | in Rup            | ees)         |               |          |                  |
| Centr  | al Govt/<br>Pvt Secto | Union 7<br>r - 03, | Ferri | itory -  |                 | state G<br>Self Er |      |         |                  | t -      | PA             | AN No   |         |                  |                   |              |               |          |                  |
| (d) Name of Department / Firm :  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   | 1            |               | Τ        |                  |
| (e) Address of the Dept/ Firm :  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               | -        |                  |
|  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              | <u> </u>      |          |                  |
| (f) Give full particulars of all previous and presen   | t employ              | ments (            | State | e in ful | ll det          | ails the           | e na | ture o  | f emp            | oloyı    | ment           | and re  | sponsi  | bility)          |                   |              |               |          |                  |
| Name of Employer   |                       |                    |       |          | Date o<br>oinin |                    |      |         | of Lea<br>n Reas |          |                | Nati    |         | Employ<br>intmen | yments<br>it held | and          | 5             |          | ry Per<br>onth   |
|  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
|  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
|  |                       |                    |       |          |                 |                    | 1    |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
|  |                       |                    |       |          |                 |                    | 1    |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
| 11. (a) Nationality  | (b)                   | Citizens           | hip   |          |                 |                    |      |         |                  |          | (c)            | Religi  | ion     |                  |                   |              |               |          |                  |
|  |                       |                    | 1     |          |                 |                    |      |         |                  |          |                |         |         |                  |                   | Τ            |               |          |                  |
|  |                       |                    |       |          | (               | -) If              |      |         | :.               |          | - f T.         | 1:- 4-  |         | . 1              |                   | -1-:         |               | -1       |                  |
| (d) Are you citizen of India by birth and /or by do<br><u>Code</u> : By Birth-01, By Birth and Domicile-02, By |                       | Le – 03            |       |          |                 | e) II y            | ou   | are no  | a ch             | IZei     |                |         | what    | place u          | o you             | Jann         | 10 0          | eiong    | g                |
|  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              | <u> </u>      |          |                  |
| (f) Is certificate of eligibility for Indian citizenship<br>your case (Yes / No)                               | necessa               | ry in              |       |          | rtifica         |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          | subject<br>India |
|  |                       |                    |       |          |                 | ~.                 |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
| 12. Have you ever served in the Army/ Navy/ Air  |                       |                    |       | -        |                 |                    | -    | -       | -                |          |                |         |         |                  |                   |              |               |          |                  |
| 13. Details of Service in the Armed Forces (please   | enclosed              | relevant           | Gaze  | tte Not  | ificati         | on and             | othe | er supp | orting           | doci     |                |         |         |                  |                   |              |               |          |                  |
| (a) Service :  | (b)                   | Arm / Se           | ervic | ce       |                 | I                  |      | -       | 1                |          | (c)            | Unit    |         |                  |                   | <u> </u>     | <u> </u>      |          | T                |
| <u>Code</u> :<br>Army - 01, Air Force - 02, Navy - 03, TA - 04,<br>NCC - 05                                    |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
| (d) Service No   | (e) [                 | Date of E          | Enrol | lment    |                 |                    |      |         |                  |          | (f)            | Date o  | of Corr | missic           | m                 |              |               |          |                  |
|  |                       |                    |       |          |                 |                    |      |         |                  |          |                | Duie    |         |                  |                   |              | Т             |          |                  |
|  |                       |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
| (g) Date of Retirement / Release   | (h) S                 | Substanti          | ive F | Rank h   | neld            |                    |      |         |                  |          | (j) l<br>relea |         | al Cate | gories           | at the            | time c       | of ret        | irem     | ient /           |
|  |                       |                    |       |          |                 |                    |      |         |                  |          | Telea          | 130     |         |                  |                   |              | $\neg$        |          |                  |
| (b) Decomp for D' 1 / 1 f  |                       |                    | P     | 4        |                 | NT-                |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |
| <ul><li>(k) Reasons for Discharge / release from service :</li><li><u>Code</u> :</li></ul>                     |                       |                    | Pa    | y Acco   | ount            | 110.               |      |         |                  | 1        | 1              |         |         |                  |                   | <del></del>  |               | <u> </u> |                  |
| Released $-01$ , Medical invalidated $-02$ , Premate   | ire                   |                    |       |          |                 |                    |      |         |                  | <u> </u> |                |         |         | <u> </u>         |                   |              |               |          |                  |
| $\begin{array}{llllllllllllllllllllllllllllllllllll$   | ved/                  |                    |       |          |                 |                    |      |         |                  |          |                |         |         |                  |                   |              |               |          |                  |

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| (m) Record of service in Army/ Navy / Air For  | ce / T   | A/NC      | C and a  | appo             | ointmen  | t held w  | ith theate                          | r of war | in wh   | ich s  | erved  | with d   | ates :  | -     |          |       |        |       |
|--|----------|-----------|----------|------------------|----------|-----------|-------------------------------------|----------|---------|--------|--------|----------|---------|-------|----------|-------|--------|-------|
| Unit   |          |           |          |                  | Р        | eriod     |                                     |          | Ap      | point  | ment   | held     |         |       | I        | Rema  | rks    |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
| (n) Army/ Navy / Air Force / TA / NCC course   | es of in | struction | on if an | iy at            | ttended  | with pe   | riod of att                         | endance  | e and r | esult  | obtai  | ned :-   |         |       |          |       |        |       |
| Course   |          |           |          |                  | Pe       | eriod     |                                     |          |         | Res    | sult   |          |         |       | F        | Rema  | rks    |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
| 14. Please answer in Yes / No  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
| a) Have you ever been involved in any crimina  |          | , [       |          |                  | d) I     | any ca    | se pending                          | a againe | t vou   | in any |        | rt 9     |         |       |          |       |        |       |
|  | ai case  |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
| b) Have you ever been arrested/ prosecuted ?   |          |           |          |                  |          |           | pending                             |          |         |        |        |          |         |       |          |       |        |       |
| c) Have you ever been convicted by any court   | ?        |           |          |                  | Unio     | n Publi   | i been de<br>c Service<br>Universit | e Com    | missio  | n/ G   | overr  | nment    | of I    | ndia  | State    | e     |        |       |
| g) If the answer to any of the above mentioned   |          |           |          |                  | e full d | etails of |                                     |          |         | -      |        |          |         |       |          |       |        |       |
| the case/ duration of arrest / detention / conviction<br>awarded etc and reason being debarred by C<br>University / Educational Authority etc at the ti<br>Court orders if any may also be enclosed. | Centre   | or Sta    | te Serv  | vice             | Comm     | ission /  |                                     |          |         |        |        |          |         |       |          |       |        |       |
| 15. Are you Ex-Civilian Gazetted Officer. (Ye  | n / No   |           |          | ٦                | Enclos   | e Gazet   | ed Notifi                           | cation o | r Corti | ficat  | ad cor | ny Die   | hara    |       | rtificat |       |        |       |
|  |          |           | unt of d | laht             |          |           |                                     |          |         |        |        |          | margy   |       | linea    |       |        |       |
|  |          |           |          |                  | (in Ruj  | pees)     |                                     |          |         |        |        |          |         |       |          |       |        |       |
| 17. Are you under any liability to repay any lo  | oan / a  | dvance    | (Yes /   | No               | )        |           | If Yes                              | enclose  | e relev | ant d  | ocum   | ents wi  | th co   | mple  | ete deta | ails. |        |       |
| 18. Give a list of documents enclosed as per considered.   | Para     | 11 of tl  | ne Instr | ruct             | ions to  | Candida   | ates. In th                         | e absen  | ce of   | requi  | site c | ertifica | ites th | ne ap | plicati  | ion w | ill N  | OT be |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
|  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
| 19. Name and Address of two references for v   | erifica  | tion of   | facts a  | s ab             | ove      |           |                                     |          |         |        |        |          |         |       |          |       |        |       |
| a) Name of 1 <sup>st</sup> First Name  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         |       |          | T     |        |       |
| reference Middle Name  |          |           |          |                  |          |           |                                     |          |         |        |        |          |         | +     |          | -     | -      |       |
| Surname  |          |           | +        |                  |          |           |                                     |          |         |        |        |          |         | +     |          |       |        |       |
| Address of 1 <sup>st</sup> House No  |          |           |          |                  |          |           | Block                               | k/Pkt    |         | -      |        |          |         |       |          |       | $\neg$ |       |
| reference Village/Town   |          |           |          | $\left  \right $ |          |           | Post (                              | Office   |         |        |        |          |         |       |          |       |        |       |
| Tehsil   |          |           |          | T                |          |           | Distri                              | ict      |         |        |        |          |         |       |          |       |        |       |
|  |          |           |          | 1                |          |           | Pin C                               |          |         |        |        |          |         |       |          |       |        |       |

| Application No. :                    |              |  |  |  |  |       |        |  |  | IAI | F (TA | ) - 9 |      |      | 15 |
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|                                      |              |  |  |  |  |       |        |  |  |     | t – 2 |       | Page | No 5 | ;  |
| b) Name of 2 <sup>nd</sup> reference | First Name   |  |  |  |  |       |        |  |  |     |       |       |      |      |    |
| Terefence                            | Middle Name  |  |  |  |  |       |        |  |  |     |       |       |      |      |    |
|                                      | Surname      |  |  |  |  |       |        |  |  |     |       |       |      |      |    |
| Address of 2 <sup>nd</sup> reference | House No     |  |  |  |  | Bloc  | k/Pkt  |  |  |     |       |       |      |      |    |
| reference                            | Village/Town |  |  |  |  | Post  | Office |  |  |     |       |       |      |      |    |
|                                      | Tehsil       |  |  |  |  | Dist  | rict   |  |  |     |       |       |      |      |    |
|                                      | State        |  |  |  |  | Pin ( | Code   |  |  |     |       |       |      |      |    |

### 20. DECLARATION BY THE CANDIDATE

(a) I hereby declare that information provided by me in this application form is true and correct to the best of my knowledge and belief and I state that I am a :-

- i) Citizen of India.
- ii) Subject of Nepal and certificate of eligibility is / is not necessary in my case.
- iii) Person from areas which now form part of Pakistan / Bangladesh and a certificate of eligibility is/is not necessary in my case.

iv) Person of Indian origin who has immigrated from Pakistan / Bangladesh, Burma, Sri Lanka, East African Countries of Kenya, Uganda and United Republic of Tanzania with the intention of permanently settling in India.

#### Strike out the clause not applicable.

(b) I also certify that I fully understand that I shall attend a Preliminary Interview and Service Selection Board of my free will at my own risk and that I or my legal heirs shall NOT claim any compensation or other relief from the Government of India in respect of any injury which may be sustained by me in the course of or as result of any of the tests given to me at the said Interview / Selection Board due to any reason.

(c) I understand that any medical examination conducted at any stage of the Selection procedure does not necessarily mean that I have been selected.

(d) I undertake to inform the Additional Director General, Territorial Army, Army HQ, New Delhi immediately in the event of there being any change in my employment during the period of my candidature for Territorial Army Commission and thereafter during my service to the Commanding Officer of my unit / superior officer, together with the No Objection Certificate (NOC) from my employer.

(e) In the event of my selection for commission in the Territorial Army, I am willing to serve anywhere in India whenever required for any duration or as per the rules and orders in force from time to time.

(f) I am fully aware that if it is found at any stage that I have knowingly furnished any particulars which is / are false or have suppressed material information or I fail to comply with the above undertakings, my candidature will be rejected summarily and if already commissioned, I shall be liable to be discharged / removed from the Territorial Army.

(g) I further declare that:-

- (i) I am unmarried.
- (ii) I am widow/widower/divorcee.
- (iii) I am married and have more than one spouse living.

(iv) I am married and do not have more than one spouse living, and that I undertake not to contract another marriage without obtaining the prior permission of the Government of India, Ministry of Defence, through proper channel.

Γ

#### Strike out the portions not applicable.

(h) I certify that I have read the complete instructions regarding filling of this application form and the application form has been filled accordingly.

| Place :         |              |  |  |  |  |  |           | Signature of Candidate |          |  |   |  |  |  |  |  |  |  |
|-----------------|--------------|--|--|--|--|--|-----------|------------------------|----------|--|---|--|--|--|--|--|--|--|
| Witness         | First Name   |  |  |  |  |  |           |                        |          |  |   |  |  |  |  |  |  |  |
|                 | Middle Name  |  |  |  |  |  |           |                        |          |  |   |  |  |  |  |  |  |  |
|                 | Surname      |  |  |  |  |  |           |                        |          |  |   |  |  |  |  |  |  |  |
| Present Address | House No     |  |  |  |  |  | Block/Pkt |                        |          |  |   |  |  |  |  |  |  |  |
|                 | Village/Town |  |  |  |  |  |           | Post Office            |          |  |   |  |  |  |  |  |  |  |
|                 | Tehsil       |  |  |  |  |  |           | Dist                   | District |  |   |  |  |  |  |  |  |  |
|                 | State        |  |  |  |  |  |           | Pin                    | Pin Code |  |   |  |  |  |  |  |  |  |
| Diago           |              |  |  |  |  |  |           |                        |          |  | Γ |  |  |  |  |  |  |  |

Signature of Witness

Contd

|                   | <br> |  |  |
|-------------------|------|--|--|
| Application No. : |      |  |  |

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## SECTION 'B' (1)

(For candidates who are employed)

### (TO BE COMPLETED BY HEAD OF THE OFFICE/ DEPARTMENT/ INDUSTRIAL OR COMMERCIAL ESTABLISHMENT)

1. I certify that Shri/Smt/Kumari ......is employed under me as of commission in the Territorial Army.

2. It is also certified that Shri/Smt/Kumari ......will be made available for training or embodiment for service in Territorial Army as and when required.

3. It is further certified that Shri/Smt/Kumari ......does not hold and/or is not likely to hold in the foreseeable future a key post in ......(department / organisation) which could affect the minimum essential, functions of the department/ organization. However, in the event of his/her becoming a keyperson subsequently the Additional Director General Territorial Army, New Delhi, shall be requested immediately to release or discharge him/her from the Territorial Army.

| Place | Signature            |
|-------|----------------------|
| Date  | Designation          |
|       | Stamp/Seal of Office |

(Strike out the words not applicable)

SECTION "B" (2)

(For candidates who are running independent business)

#### CERTIFICATE TO BE RENDERED BY SELF EMPLOYED PERSONNEL (SELF CERTIFIED BY THE CANDIDATE)

| 1.        | Ι  |   | certify that I possess good moral character to the best of my belief and         |  |  |  |  |  |  |
|-----------|--|---|--|--|--|--|--|--|--|
| knowled   | lge.   |   |  |  |  |  |  |  |  |
| Place     |  |   | Signature  |  |  |  |  |  |  |
| Date      |  |   | Name   |  |  |  |  |  |  |
| 2.        | Sampl  | e affidavit on Non-Judicial stamp paper of minimum value dul    | y endorsed by notary.  |  |  |  |  |  |  |
|           | Ι  |   | resident of do hereby  |  |  |  |  |  |  |
| solemnly  | y affirm a   | nd declare as follows:-   |  |  |  |  |  |  |  |
|           | (a)  | That I am a resident of above address.                          |  |  |  |  |  |  |  |
|           | (b)  | That I am self employed as                                      |  |  |  |  |  |  |  |
|           | (c)  | That my annual income from all sources is approximately         | Rs   |  |  |  |  |  |  |
| The abo   | ve statem  | ent is true and correct to the best of my knowledge and belief. |  |  |  |  |  |  |  |
| Verifica  | tion .   |   | Deponent   |  |  |  |  |  |  |
|           |  | _ on this day of 201 that the contents of                       | above affidavit are true to my knowledge & belief and nothing has been concealed |  |  |  |  |  |  |
|           |  |   | Deponent   |  |  |  |  |  |  |
|           |  |   | <b>DN "B" (3)</b><br>employed in Private Sector)                                 |  |  |  |  |  |  |
|           |  |   | CANDIDATES EMPLOYED IN PRIVATE SECTOR<br>ED BY HEAD OF OFFICE)                   |  |  |  |  |  |  |
| Certified | l that:-   |   |  |  |  |  |  |  |  |
| (a)       | Any difference between the civil and military pay and allowances of the applicant Name   |   |  |  |  |  |  |  |  |
| (b)       | On return from military duty in the Territorial Army Shri/Smt/Kumari will be absorbed to the same or equivalent post<br>which he/she would have held, if his/her service in the civil had not been so interrupted and that such military services would count for all benefits in<br>his/her civil job, like seniority for promotion, increments of pay, bonus and provident fund etc. to which he/she would have otherwise been entitled. |   |  |  |  |  |  |  |  |
| Place     |  |   | Signature  |  |  |  |  |  |  |
| Date      |  |   | Name   |  |  |  |  |  |  |
|           |  |   | Designation  |  |  |  |  |  |  |
|           |  |   | Stamp/Seal of Office   |  |  |  |  |  |  |
|           |  |   |  |  |  |  |  |  |  |

| Application No. : |  |  |
|-------------------|--|--|
|                   |  |  |

### SECTION "C"

(To be completed by the President, Preliminary Interview Board)

### **RECOMMENDATION OF INTERVIEW BOARD AT COMMAND**

\*Recommended/ Not recommended for a Commission in the Territorial Army

Place.....

Date.....

\*(Strike out whichever is not applicable)

Signature.....

(Stamp/ Seal of Office)

## SECTION "D"

(To be completed by the President, Service Selection Board)

Name of candidate..... Batch No. Place..... Date.....

Marks awarded (both in words and figures)

Signature.....

President Services Selection Board (Stamp/ Seal of Office)

SECTION "E"

\*Selected/ Not Selected for commission in the Territorial Army

Place.....

Date.....

Signature.....

Additional Director General, Territorial Army Army Headquarter (Stamp/ Seal of Office)

\*(Strike out whichever is not applicable)