M.K. SABOO P.G. COLLEGE OF COMMERCE, PILANI

APPLICATION FORM FOR NEW ENROLMENT IN NCC-2020-21

COI	LEGE NO						
1.	NAME OF STUD	DENT					
2.	FATHER'S NAME						
3.	. MOTHER'S NAME						
4.	4. DATE OF BIRTH						РНОТО
5.	5. CLASS						
6.	6. PERMANENT ADDRESS						
7.	MOBILE NO.						
8.	. E-MAIL ID						
9.	9. AADHAR NUMBER						
10.	10. BANK ACCOUNT NO.						
	WITH IFSC CO	DE					
11.	Whether candidate If Yes, Attach a co	e is having 'A' opy of Certific	Certificate ate				
12.	Whether candidate If Yes, Attach a co	e is having Gar opy of Certific	mes Certific ate	eate			
13.	Whether candidate If Yes, Attach a co		x-service Ma	an			
14	DETAILS OF FEI	E DEPOSITEI					
A.	1 st Installment	Receipt No.		Date		Amount	Rs
В.	2 nd Installment	Receipt No.		Date		Amount	Rs
C.	3 rd Installment	Receipt No.		Date		Amount	Rs
D.	4 th Installment	Receipt No.		Date		Amount	Rs

Date :

(Full Signature of Candidate)

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

भर्ती से पहले चिकित्सा अधिकारी द्वारा भरा जाए

I have examined (Name)	
On date national cadet corps.	and consider him/her fit/unfit for enrolment as a cadet in the
मैने	(नाम)
दिनांक को जांच की और मेरे विचार से यह राष्ट्री	य कैडट कोर में भर्ती के योग्य/अयोग्य है।
Place (स्थान)ः	signature (हस्ताक्षर)
Date (दिनांक)ः	designation (पदनाम)
	Medical officer(चिकित्सा अधिकारी)