

Dr. Durlav Sarkar Registrar



P.O. RAIGANJ DIST. UTTAR DINAJPUR WEST BENGAL PIN - 733134 INDIA Tel. No. : 03523 - 244039 Fax No. : 03523 - 242580

OFFICE OF THE REGISTRAR

Ref. No. K-1061/2022

Date 22109-2022

NOTIFICATION

Interested students (Boys & Girls) of U.G. 1st Semester (Honours and Programme Course) of Raiganj University for the enrolment in NCC (offline) in the Academic session 2022-2023 are hereby directed to download the NCC Enrolment Form from the University website https://raiganjuniversity.ac.in/ and submit the filled in form along with a Challan of Rs. 100/- (payable at Raiganj University Bank Account bearing SBI Account no. 34901673834, IFS Code: SBIN0000162 or University Cash counter) and the following documents (Hardcopy) to be submitted to the Office of the NCC Company, Raiganj University on or before 22.09.2022 - 28.09.2022 (in between 10:30 a.m. - 04:00 p.m.) excepting Holiday & Sunday.

The date of Enrolment may be held on 29.09.2022 at 08:30 a.m. onwards at University Campus.

- 1. M.P. Admit Card (Xerox copy)
- 2. Higher Secondary Mark sheet (Xerox copy)
- 3. University Admission receipt copy (Xerox copy)
- 4. Copy of Challan paid to the University Account (Rs. 100/-)
- 5. Caste Certificate (if any) (Xerox copy)
- 6. Blood Group Report (Xerox copy)
- 7. Bank Passbook/Bank account details (Xerox copy).
- 8. Adhaar Card (Xerox copy)
- 9. PAN Card (Xerox copy)
- 10. Stamp size photo (3 copies)

11. NCC 'A' Certificate (if any) (Xerox copy).

For further contact, students may call -

Lt. Dr. Debjoy Bhattacharjya

Associate NCC Officer

Raiganj University

Phone no.: 9775385192

N.B.: - The applicant should have the following criteria -

1. Physical Fitness Certificate from a registered Medical Officer or any Govt. Hospital.

a) Height for Boy's- Minimum 170 cm or more (preferable)
 b) Height for Girl's- Minimum 152 cm or more (preferable)

DURLAV SARKAR

Registrar Raiganj University

Raiganj, Uttar Dinajpur

West Bengal, Pin-733134

Copy forwarded for information to -

- 1. The Secretary to the Hon'ble Vice Chancellor, Raiganj University.
- 2. The Finance Officer, Raiganj University for necessary action.
- 3. All other concerned of this University
- 4. Dr. Debjoy Bhattacharjya, Associate NCC Officer, Raiganj University with a request to take necessary action.
 5. The University website.
- 6. Guard File.

End: Atticution Form

THE DURLAN SARKAR Ralgani University nanon Utar Dinalnu Idani dal Pin-7331

	<u>FORM-I</u> NATIONAL CADET CORPS	ATTESTED
SENIOR DIVISION / WING ENROLM	ENT FORM (See Rules 7 and 11 of NCC Act, 1948)	STAMP SIZE COLOR PHOTO
1.Name (IN BLOCK LETTER)		
2.Nationality & Date of Birth (DD/MM/YYYY)		
3. Father's/Guardian's Name	F I R S T M I D D L E L A S	T
4. Mother's Name	FIRST MIDDLELAST	
5. Residential Address (Landmark, State, Distt, Taluka, City/Vill., Pin Code)		
6. Mobile No.		
7. E-mail Id		
8. Blood Group		
9. Sex		
 Nearest Railway Station Nearest Police Station 		
12. Education Qualification		
& Marks in (%)	C L A S S - M A R K S	
13. Identification Marks (at least two)		
14. Have you ever been convicted by a criminal court & if so, in what circumstances and what was the sentence? Attach relevant documents.		

 Name of School/College and Stream(Arts/Science/Comm erce) 	ì		
16. Willing to be enrolled and undergo training under the National Cadet Corps Act,1948		YN	
17.NCC Unit to be enrolled in			
18. Have you been enrolled in NCC earlier? If yes, your Enrolment No.		Y N	
19. Have you been dismissed from NCC/the Territorial Army/the Indian Armed Force; Please Provide details:-			
20. Next of kin with address (with relationship)Telephone No.(O)/(R)(as applicable)			
21. Banker' detail/IFSC Code:			-
22. Bank Acct No of Cadet/Parent			
23. Aadhar / UID NO. (If allotted)			
24. PAN Card No. (If allotted)			

Diana			
Place		_	

Date_____

(Signature of the applicant)

Annexure to Form II (Application for Enrolment)

INDEMITY BOND (FOR MINOR APPLICATION ONLY)

To

The President of India

Being nominated either by the NCC authorities or at my own request as a participant in any NCC camp (which includes Republic Day Camp and Independence Day Camp in Delhi), Course, Adventure Training(includes Army, Navy and Air Force Wing activities, as the case may be) and while traveling(in domestic/international surface, air and water transport) and attending Youth Exchange Programme (YEP) abroad, I undertake and agree that neither I, nor my executors or administrators or other legal representatives will make any claim against the Government or against NCC authorities including officers', JCO's/NCO's or their equivalents from Navy and Air Force, civilians, MT drivers or against any other such person in the service of the Government, in respect of any loss or injury -to the property or person, including injury resulting in death, due to any reasons whatsoever which I may suffer, while or in consequence of my participation in the above activities and I understand that no compensation will be paid by the Government or NCC authorities including officers, JCO's/NCO's or their equivalents from Navy and Air Force or Civilian MT drivers in respect of any such loss or injury and I agree as to bind myself, my executors and administrators and other legal representatives to indemnify the Government or NCC authorities including officers, CO's/ NCO's or their equivalent from Navy and Air Force, Civilian MT drivers or any person in the service of Government against any claim which may be from any third party against them or any of them arising out of any act of default on my part during or in connection with the said camps, courses, adventure training, and while on Youth Exchange Programme or any other such NCC activities as may be organized from time to time within or outside the Union of India.

> Signature of Parent/Guardian Name Address

Witness

1. Signature Name Address

2. Signature Name Address

Place:

Date:

(NOTE: Incase of JD applicant being a minor. Indemnity Bond applicable to Minor will be used)

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

I have	examined	(Name)on
••••••		(Date) and consider him/her fit/unfit for enrolment as a
cadet i	n the Nationa	al Cadet Corps.

Place:

Date:

Signature..... Designation..... (Medical Officer)

DECLARATION ON ACCEPTANCE FOR ENROLMENT

1. I solemnly declare that the answers I have given to the questions in this form aretrue and that no part of them is false, and that I am willing to fulfill the engagement made.

2. I.....promise that I will honestly and faithfully serve my country and abide by the rules and Regulation of the National Cadet Corps that I will, to the best of my ability.

3. I.....further promise that after enrolment, I will have no claim on authorities for any compensation in the event of injury due to accident during training camps, courses, travelling and while on YEP or any other such NCC events like RDC and IGC. I understand I have no service liability.

Place:

Date:

.....

Signature of Applicant

DECLARATION BY PARENT/GUARDIAN

1. I solemnly declare that the answers given in this form are true and that no part of them is false, and that my son/daughter/ward is willing to fulfill the engagement made.

2. Ipromise that after enrolment of my son/daughter/ward, I will have no claim on authorities for any compensation in the event of any injury or death due to accident during training camps, courses, travelling and while on YEP or any other such NCC events like RDC and IGC.

Place:

Date:

.....

Signature of Parent/Guardian

CERTIFICATE

Certified that the applicant and his parent/guardian understand and agree to the conditions of enrolment.

Place Date of Enrolment:

.....

Signature of Enrolling Officer (Unit Seal)

MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY NOMINATION FORM SECTION-I

1. I, Cadet (name in block Letters)	Son/Daughter of
Shri (Name in block letters), a student 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 here by

subscribe a sum of Rs. 4/- (Rupees Four Only) towards its membership fee.

2. My Father/Mother/Guardian's occupation is.....and 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 organised 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 anorganized NCC activity:-

Ser. No	Name of Nominee(s)	Age	Relationship with the Cadet	Permanent Address of the Nominee(s)	Percentage of 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:

(Full Signature of the Cadet)

Place:

2 <u>SECTION- II</u>

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 Crops Welfare Society under the terms & conditions and the rules in force of the society. I also approve the nomination(s) made in section I (4).

Date: Place: Witness

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

1	 	 	
(Signature)			

2..... (Signature)

Full Name & Address or Office Seal of the Witness

Full Name & Address or Office Seal of the Witness

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

SECTION-IV

Received a sum of Rs. 4/- (Rupees four only) as one time subscription & enrolled as a member of the National Cadet Corps Welfare Society during the Cadetship in the Junior/Senior Division/Wing.

Date:

Place:

(Signature of the OC Unit with Official Seal)

SECTION-V

(To be filled by the NCC unit)

Date of dispatch of the Nomination form to Group HQ.....

Appx 'B'

(Ref HQ DG NCC letter No-19608/ DBT Dress Alice / Corres/2020-21/ DG NCC/Lgs (B-2) dt 01 Mar 2021)

MANDATE FORM NO. 11 BN 01 TO 00 (To be filled by NCC Unit)

Serl No	Field Name	Details	<u>Remarks</u>	
1.	CDA Code	00		
2.	Name of the CDA	CDA Patna		
3.	Sub Office Code	39	To be filled by NCC Unit.	
4.	Sub Office Name	Main Office		
5.	Name of the Beneficlary		2	
6,	Account Number			
7.	IFSC Code		To be filled by each beneficiary	
8.	MICR Code	and the second second	cadet.	
9.	Account Type			
10.	Amount			
11.	Payment Reference Number		To be filled by CDA.	
12.	Pay by Date			
13.	Vendor Code			
14.	Vendor Address			
15.	Bill Number		Not applicable.	
16.	Bill Date		2	
17.	Narration		To be filled by CDA.	
18.	E-mail ID of the Beneficiary		To be filled by each beneficiary cadet.	
19.	Cell Number of the Beneficlary		To be filled by each beneficiary cadet. In case cadet not having mobile number, parent's mobile number to be mentioned.	
20.	Additional Field		To be filled by CDA.	
21.	Signature of the Candidate		To be Signed by each freshly enrolled cadet getting DST.	

CMP FILE STRUCTURE

Note :- Ser Nos 1 to 4 to be filled by respective NCC Unit.

Ser Nos 5 to 10, 18, 19 and 21 to be filled by NCC cadet.

Ser Nos 11, 12, 17 and 20 to be filled by concerned PCDA/CDA.

Ser Nos 13 to 16 - not applicable to be left blank.

Check and verified by Bank Manager (Stamp & Signature of the Bank Manager)