RAIGANJ UNIVERSITY

Dr. Durlav Sarkar Registrar



OFFICE OF THE REGISTRAR

P.O. RAIGANJ DIST. UTTAR DINAJPUR WEST BENGAL PIN - 733134

Tel. No.: 03523 - 244039 Fax No.: 03523 - 242580

INDIA

Ref. No. R-1061/2022

Date 22 09-2022

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

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: Application form

DR DORLAY SARKAR

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Registrat

Registrat

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Raigani university

DR. DURLAV SARKAR Registrar

Raiganj University

Raiganj, Uttar Dinajpur

West Bengal, Pin-733134

<u>FORM-I</u> <u>NATIONAL CADET CORPS</u>

SENIOR DIVISION / WING ENROLMENT FORM (See Rules 7 and 11 of NCC Act, 1948)

ATTESTED
STAMP SIZE
COLOR
PHOTO

Name (IN BLOCK LETTER) 2.Nationality & Date of Birth (DD/MM/YYYY)	
3. Father's/Guardian's Name	FIRST MIDDLE LAST
4. Mother's Name	FIRST MIDDLE LAST
5.Residential Address (Landmark, State, Distt, Taluka, City/Vill., Pin Code)	
6.Mobile No.	
7. E-mail Id	
8. Blood Group	
9. Sex	
10. Nearest Railway Station	
11. 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/Co	
mmerce)	*
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.	YN
Emolineit No.	
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)	
Dlace	
Place	r ·
Date	(Signature of the applicant)

AnnexuretoFormII (ApplicationforEnrolment)

INDEMITYBOND (FORMINORAPPLICATIONONLY)

The President of India

In consideration of my ward No	Name	

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 authorit6iesincluding 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 examined (Name) have on(date) And consider him/her fit/unfit for enrolment as a Cadet in National Cadet Corps. Place: Signature Designation (Medical Officer) Date: Stamp **DECLARATION BY PARENT/GUARDIAN** I so lemnly declare that the answers I have given to the question 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. further promise that after enrolment of my son/ daughter/ward, I will have no claim on authorities for any compensation in the event of injury or death due to accident during training camps, courses, traveling and while on YEP or any other such NCC events like RDC and IDC. Place: Signature parent/Guardian Date: CERTIFICATE 1. Certified that the applicant understands and agree to the conditions of enrolment. *2. Certified that the applicant and his parent/guardian understand and agree to the conditions of enrolment. Signature of Enrolling Officer Place: Date of Enrolment: (Unit Seal) *For Minors only. Score out in applicable portion.

TO BE KEPT IN SAFE CUSTODY ALONG WITH THE ENROLMENT FORM

MEMBERSHIP IN THE NCC CADETS WELFARE SOCIETY NOMINATION FORM

1			\$/0.1	Section		
Nocash paya		my enro	Rank olment as add	remit a	a sum o	of Rs. 6.00 (Rupees Six only) in ibution towards my membership
/Managir by me w Governin	ng Committee of t hile participatin	he above g in Or ng Comr	e Society in th ganized NCC nittee with re	e event of part activities. I he gard to quantu	ial or pereby a ereby a of co	etermined by the Governing Body ermanent disablement sustained accept that the decision of the empensation to be paid to me in on me.
determin	ed by the Govern n the following p	ing Body	/Managing Co	ommittee of the	e above	ceive financial assistance, as Society, which will be final and ticipating in the Organized NCC
Sl. No.	Name	Age	Relation- ship	Permanent Address nominee(s)	of	Percentage of Financial assistance
				nonnice(s)		Payable.
1			i.		4	
2						
3						
(To be fil	led by the candid	ate in hi	s own handwr	riting)		

	the Welfare Society and this Nomir in the Division or Wing of the NCC	to which I belong/seek enrolment.
Date	_	
Place		Signature of the Cadet
Witness		
Place		(Signature)
Tace	FullName	(Signature)
	Address	
I am willing to allo	Sect	cion II of Minors only)
-to become a member o	f the National Cadet Corps Cadenforce of this Society. I also app	lets Welfare Society under the terms, prove the nominations made in Section
Place		Signature of
Father/Mother/Guardian		
Paid Rs. 6-00 (Rupe National Cadet Corps Cade	es Six only) as one time contribution	ion III on and enrolled as a member of the ship in the Junior/Senior Division.
Date		Counter-Signature
	Signature of the Cadet	Commanding Officer
		Date
	(To be detached and ha	ion IV anded over to the Cadet)
Rank	Name	
Junior/Senior Division.	n the NCC Cadets Welfare Society f	for the period of his/her cadetship in the
Date		
Place Important: The Cadet shou	Id keep this receipt in safe custody	Commanding Officer Unit

Appx 'B'

(Ref HQ DG NCC letter No-19608/ DBT Dress Allce / 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)

CMP FILE STRUCTURE

Serl No	Field Name	Details	Remarks
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 Beneficiary		2
6.	Account Number		
7.	IFSC Code		To be filled by each beneficiary
8.	MICR Code		cadet.
9.	Account Type		Medical Magazina pip spin
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		
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 Beneficiary		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.

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)