

APPLICATION FORM FOR COMMISSION IN THE TERRITORIAL ARMY

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 read the instructions for filling this application form Answer in Yes or No <input type="text"/>																					
2. Candidate's Name	First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
	Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
As given in Matriculation Certificate, in case of variation in name attach Gazette Notification																					
3. Father's Name	First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
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4. Candidate's Permanent Address	House No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
	Village/Town	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
	Tehsil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
5. Candidate's Present Address	House No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
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6. Candidate's Contact Details :																					
a) Mobile No. <input type="text"/>				c) E-mail Address <input type="text"/>				e) Nearest Police Station with Pin code No. <input type="text"/>													
b) Land line No with STD Code <input type="text"/>				d) Adhar Card No. <input type="text"/>				f) Nearest Railway Station <input type="text"/>													
7. (a) Next of Kin <input type="text"/> Code : Father-01, Mother-02, Husband-03 Wife-04, Son-05, Daughter-06, Other-07		(b) Name of the Next of Kin Name <input type="text"/>																			
		(c) Contact Details of the Next of Kin Mobile No <input type="text"/> Land Line No <input type="text"/> E-mail ID <input type="text"/>																			
8. (a) Date of Birth (As given in Matriculation Certificate) <table border="1" style="width:100%;"><tr><th>Day</th><th>Month</th><th>Year</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>				Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	(b) Gender <table border="1" style="width:100%;"><tr><td>M</td><td>F</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>		M	F	<input type="text"/>	<input type="text"/>	(c) Marital Status : <input type="text"/> Code : Unmarried - 01 Married (with one living spouse) - 02 Widower - 03 Divorcee - 04 Married (with more than one living spouse) - 05					
Day	Month	Year																			
<input type="text"/>	<input type="text"/>	<input type="text"/>																			
M	F																				
<input type="text"/>	<input type="text"/>																				
9. (a) Educational Qualification : <input type="text"/> Code : Graduation-01 Post Graduation -02			(b) Educational Stream at Graduation : <input type="text"/> Code : Arts - 01, Science - 02, Commerce - 03 Engineering - 04, Medical - 05, Others - 06			(c) Educational Stream at Post Graduation : <input type="text"/> Code : Arts - 01, Science - 02, Commerce - 03 Engineering - 04, Medical - 05, MBA- 06, Others - 07															
10. (a) Are you gainfully employed Yes / No <input type="text"/>			(b) Nature of Employment with Code : <input type="text"/> Code : Central Govt/ Union Territory - 01, State Govt/ Semi Govt -02, Pvt Sector - 03, Self Employed - 04				(c) Annual Income (in Rupees) <input type="text"/> PAN No. <input type="text"/>														
(d) Name of Department / Firm : <input type="text"/>																					
(e) Address of the Dept/ Firm : <input type="text"/>																					

Self attested recent
coloured Photograph
of the candidate size
4.5 x 3.5 cm (To be
pasted)

Signature of Candidate

Signature of Candidate

11. (a) Nationality <input type="text"/>	(b) Citizenship <input type="text"/>	(c) Religion <input type="text"/>								
12. Have you ever served in the Army/ Navy/ Air Force / Territorial Army or NCC in any capacity (Yes / No) : <input type="text"/>										
13. Details of Service in the Armed Forces										
(a) Service : <input type="text"/> Code : Army - 01, Air Force - 02, Navy - 03, TA - 04, NCC - 05	(b) Arm / Service <input type="text"/>	(c) Unit <input type="text"/>								
(d) Service No <input type="text"/>	(e) Date of Enrolment <input type="text"/>	(f) Date of Commission <input type="text"/>								
(g) Date of Retirement / Release <input type="text"/>	(h) Substantive Rank held <input type="text"/>	(j) Medical Categories at the time of retirement / release <input type="text"/>								
(k) Reasons for Discharge / release from service : <input type="text"/> Code : Released – 01, Medical invalidated – 02, Premature Retirement – 03, Superannuation – 04, Removed/ Dismissed – 05, Resigned – 06, Others – 07										
14. (a) Number of attempt already made in PIB for commission in TA. <input type="text"/>	(b) Number of attempt already made in SSB <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NDA</td> <td style="width:25%;">CDSE</td> <td style="width:25%;">TA</td> <td style="width:25%;">OTHER</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	NDA	CDSE	TA	OTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15. Choice of written exam centre : <input type="text"/> Code : Chandigarh - 01, Lucknow - 02, Patna - 03, Kolkata - 04, Shillong - 05, Pune - 06, Bangaluru - 07, Jaipur - 08, Hyderabad - 09, Udhampur - 10, Srinagar - 11
NDA	CDSE	TA	OTHER							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
16. Please answer in Yes / No										
a) Have you ever been involved in any criminal case ? <input type="text"/>	d) Is any case pending against you in any Court ? <input type="text"/>									
b) Have you ever been arrested/ prosecuted ? <input type="text"/>	e) Is any case pending against you in any Police Station ? <input type="text"/>									
c) Have you ever been convicted by any court ? <input type="text"/>	f) Have you been debarred from appearing at any Examination by Union Public Service Commission/ Government of India/ State Government/ University/ Board or any other Educational Institution ? <input type="text"/>									
g) If the answer to any of the above mentioned question is 'yes' give full details of the case/ duration of arrest / detention / conviction / nature of case pending / punishment awarded etc and reason being debarred by Centre or State Service Commission / University / Educational Authority etc at the time of filling up of this form Copy of Court orders if any may also be enclosed.										
17. <u>DECLARATION</u>										
(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. (b) I also certify that I shall attend Preliminary Interview Board and Service Selection Board on my free will and 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 I may suffer in the course of or as a result of any of the tests given to me at the said Interview / Selection Board due to any reason. (c) I understand that my selection at Service Selection Board and Medical Examination does not necessarily mean that I have been selected for grant of commission. (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 TA commission and thereafter during my service to the CO 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 clearly understand that if at any time during the period of probation I am not found suitable, I shall have to resign my commission in accordance with the rules and orders in force from time to time and in case I decline to do so I am liable to be discharged / removed from the Territorial Army. (g) 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. (h) 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

(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

1. Certify you have read the instructions for filling this application form <input type="text"/>											
Answer in Yes or No											
2. (a) Candidate's Name	First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
As given in Matriculation Certificate, in case of variation in name attach Gazette Notification.											
b) Have you applied Earlier for PIB for TA Commission (Yes/ No) <input type="text"/>											
c) If yes then please give month and year of last attempt. <input type="text"/> <input type="text"/>											
d) If yes then please give the exact name as given in previous application.											
First Name <input type="text"/>											
Middle Name <input type="text"/>											
Surname <input type="text"/>											
e) Is there any difference in the names in 'a' and 'd' above (Yes / No). <input type="text"/>											
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 to the application form with supporting documents otherwise candidature will be cancelled.											
3. (a) Father's Name	First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
										(b) Occupation <input type="text"/>	
										Code : a) Service-01 c) Professional-03 b)Business-02, d) Others - 04	
(c) Present Address (if dead state his last address)	House No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Village/Town	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tehsil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
										Block/Pkt <input type="text"/>	
										Post Office <input type="text"/>	
										District <input type="text"/>	
										Pin Code <input type="text"/>	
(d) Mother's Name	First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Candidate's Permanent Address	House No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Village/Town	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Tehsil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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										District <input type="text"/>	
										Pin Code <input type="text"/>	
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b) Land line No with STD Code <input type="text"/>				d) Adhar Card No. <input type="text"/>				f) Nearest Railway Station <input type="text"/>			

Self attested recent coloured Photograph of the candidate size 4.5 x 3.5 cm (To be pasted)

Signature of Candidate

Signature of Candidate

<p>7. (a) Next of Kin <input type="text"/></p> <p>Code : Father-01, Mother-02, Husband-03 Wife-04, Son-05, Daughter-06, Other-07</p>	<p>(b) Name of the Next of Kin</p> <p>Name <input type="text"/></p> <p>(c) Contact Details of the Next of Kin</p> <p>Mobile No <input type="text"/></p> <p>Land Line No <input type="text"/></p> <p>E-mail ID <input type="text"/></p>																										
<p>(d) Occupation of Next of Kin <input type="text"/></p> <p>Code : a) Service-01 c) Professional-03 b) Business-02, d) Others - 04</p>	<p>(e) Address of Next of Kin</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">House No</td> <td style="width:40%;"><input type="text"/></td> <td style="width:15%;">Block/Pkt</td> <td style="width:30%;"><input type="text"/></td> </tr> <tr> <td>Village/Town</td> <td><input type="text"/></td> <td>Post Office</td> <td><input type="text"/></td> </tr> <tr> <td>Tehsil</td> <td><input type="text"/></td> <td>District</td> <td><input type="text"/></td> </tr> <tr> <td>State</td> <td><input type="text"/></td> <td>Pin Code</td> <td><input type="text"/></td> </tr> </table>	House No	<input type="text"/>	Block/Pkt	<input type="text"/>	Village/Town	<input type="text"/>	Post Office	<input type="text"/>	Tehsil	<input type="text"/>	District	<input type="text"/>	State	<input type="text"/>	Pin Code	<input type="text"/>										
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Tehsil	<input type="text"/>	State	<input type="text"/>																								
District	<input type="text"/>	State	<input type="text"/>																								
<p>(f) Give below particular of place(s) where you have resided for more than one year during the preceding five years :-</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Place (including district of residence)</th> <th style="width:40%;">Residential address in full</th> <th style="width:30%;">Period of residence with dates</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Place (including district of residence)	Residential address in full	Period of residence with dates																					
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<p>(d) Name in order with dates of entering and leaving the places of education you have attended in the following table :-</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">Name and Place of Institutions in which educated</th> <th style="width:15%;">Class upto which Studied</th> <th style="width:15%;">Month & Year of Entry</th> <th style="width:25%;">Month & Year of Leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name and Place of Institutions in which educated	Class upto which Studied	Month & Year of Entry	Month & Year of Leaving																				
Name and Place of Institutions in which educated	Class upto which Studied	Month & Year of Entry	Month & Year of Leaving																								
<p>(e) Give particulars of all examination passed commencing with Matriculation or equivalent Examination (enclosed attested copies of certificates) :-</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">Examination Passed (Matriculation and upwards including technical examinations)</th> <th style="width:15%;">Class or Division</th> <th style="width:10%;">Year</th> <th style="width:30%;">Name of the University/ Institute / Board</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Examination Passed (Matriculation and upwards including technical examinations)	Class or Division	Year	Name of the University/ Institute / Board																				
Examination Passed (Matriculation and upwards including technical examinations)	Class or Division	Year	Name of the University/ Institute / Board																								

Signature of Candidate

(f) State Professional Qualification and Practical Experience if any :-			
Name of the Institutions	Date of Entry	Date of Leaving	Professional Standard Attained
(g) (i) Are you appearing in any university or technical examination during next six months. (Yes / No) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(ii) If yes please give date of such examination <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
(iii) If yes please give the details of examination <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
10. (a) Are you gainfully employed Yes / No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(b) Nature of Employment with Code : <input type="checkbox"/> <input type="checkbox"/> Code : Central Govt/ Union Territory - 01, State Govt/ Semi Govt -02, Pvt Sector - 03, Self Employed - 04	(c) Annual Income (in Rupees) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PAN No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(d) Name of Department / Firm :	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(e) Address of the Dept/ Firm :	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
(f) Give full particulars of all previous and present employments (State in full details the nature of employment and responsibility)			
Name of Employer	Date of Joining	Date of Leaving with Reasons	Nature of Employments and Appointment held
11. (a) Nationality <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(b) Citizenship <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(c) Religion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(d) Are you citizen of India by birth and /or by domicile Code : By Birth-01, By Birth and Domicile-02, By Domicile – 03	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(e) If you are not a citizen of India to what place do you claim to belong <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(f) Is certificate of eligibility for Indian citizenship necessary in your case (Yes / No) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(g) If answer to point (f) is yes, do you understand that your final selection will be subject to certificate of eligibility being given in your favour by Government of India (Yes / No) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
12. Have you ever served in the Army/ Navy/ Air Force / Territorial Army or NCC in any capacity (Yes / No) : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
13. Details of Service in the Armed Forces (please enclosed relevant Gazette Notification and other supporting documents)			
(a) Service : <input type="checkbox"/> <input type="checkbox"/> Code : Army - 01, Air Force - 02, Navy - 03, TA - 04, NCC - 05	(b) Arm / Service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(c) Unit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(d) Service No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(e) Date of Enrolment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(f) Date of Commission <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(g) Date of Retirement / Release <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(h) Substantive Rank held <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(j) Medical Categories at the time of retirement / release <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(k) Reasons for Discharge / release from service : <input type="checkbox"/> <input type="checkbox"/> Code : Released – 01, Medical invalidated – 02, Premature Retirement – 03, Superannuation – 04, Removed/ Dismissed – 05, Resigned – 06, Others – 07	(l) Pay Account No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Signature of Candidate

Application No. :

(m) Record of service in Army/ Navy / Air Force / TA / NCC and appointment held with theater of war in which served with dates :-

Unit	Period	Appointment held	Remarks

(n) Army/ Navy / Air Force / TA / NCC courses of instruction if any attended with period of attendance and result obtained :-

Course	Period	Result	Remarks

14. (a) Number of attempt already made in PIB for commission in TA.

(b) Number of attempt already made in SSB

NDA	CDSE	TA	OTHER

(c) (i) Are you an applicant for any other type of commission in the Army, Navy, Air Force (Yes / No)

(ii) If yes give Type of Commission

(iii) Date of Application

15. Choice of written exam centre :

Code: Chandigarh - 01, Lucknow - 02, Patna - 03, Kolkata - 04, Shillong - 05, Pune - 06,
Bangaluru - 07, Jaipur - 08, Hyderabad - 09, Udhampur - 10, Srinagar - 11

16. Please answer in Yes / No

a) Have you ever been involved in any criminal case?

d) Is any case pending against you in any Court ?

b) Have you ever been arrested/ prosecuted ?

e) Is any case pending against you in any Police Station ?

c) Have you ever been convicted by any court ?

f) Have you been debarred from appearing at any Examination by Union Public Service Commission/ Government of India/ State Government/ University/ Board or any other Educational Institution ?

g) If the answer to any of the above mentioned questions is 'Yes' give full details of the case/ duration of arrest / detention / conviction / nature of case pending / punishment awarded etc and reason being debarred by Centre or State Service Commission / University / Educational Authority etc at the time of filling up of this form. Copy of Court orders if any may also be enclosed.

17. (a) Have your parents or any other near relative served in the Armed Forces ? (Yes / No)

(b) If yes give full particulars regarding their name rank and Arm / Service together with your correct relationship with them.

18. (a) Is any relative / intimately known person serving in any of the selection Centers / Services Selection Board (Yes / No)

(b) If yes please give particulars.

19. Details of particulars in respect of attendance at Service Selection Board, Mobile Selection Board or Air force Selection Board Interview :-

Type of Commission / Course	Place of Interview	Date of Interview	Result	Roll No

Signature of Candidate

Application No. :

Contd.....5

IAF (TA) - 9 (Revised)

20. Are you Ex-Civilian Gazetted Officer. (Yes / No) Enclose Gazetted Notification or Certificated copy Discharge Certificate.

21. Are you under debt ? If so, state amount of debt (in Rupees)

22. Are you under any liability to repay any loan / advance (Yes / No) If Yes enclose relevant documents with complete details.

23. Details of NCC certificate A/ B / C passed (Yes / No)

24. (a) Have you ever been in the past to the Indian Military Academy, Dehradun or to an Officers Training School or any other Training Establishment with a view to be trained for an eventual grant of Commission in the Army, Navy or Air Force. (Yes / No).

(b) If yes, give all particulars regarding your resignation / removal / withdrawal from the training in the table shown below :-

Course No	Date of Joining Course	Cadet No	Date of resignation / Removal / Withdrawal	Reason of resignation / removal / withdrawal copy of discharge certificate is to be submitted

Warning : The concealment of this information will result in the cancelation of the candidature and may also debar a candidate either permanently or for specified period from applying all type of commission in the Armed Forces.

25. Give a list of documents enclosed as per Para 11 of the Instructions to Candidates. In the absence of requisite certificates the application will NOT be considered.

26. Name and Address of two references for verification of facts as above

a) Name of 1 st reference	First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Middle Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Surname	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address of 1 st reference	House No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Village/Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tehsil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Name of 2 nd reference	First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Middle Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Surname	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address of 2 nd reference	House No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Village/Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tehsil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Candidate

Contd.....6

Application No. :

29. **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 clearly understand that if at any time during the period of probation I am not found suitable, I shall have to resign my commission in accordance with the rules and orders in force from time to time and in case I decline to do so I am liable to be discharged / removed from the Territorial Army.
- (g) 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.
- (h) I further declare that:-
- (i) I am unmarried.
 - (ii) I am 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.

Strike out the portions not applicable.

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

Place :

Dated :

Signature of Candidate

Witness	First Name																			
	Middle Name																			
	Surname																			
Present Address	House No																			
	Village/Town																			
	Tehsil																			
	State																			
	Block/Pkt																			
	Post Office																			
	District																			
	Pin Code																			

Place :

Dated :

Signature of Witness

Contd.....7

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/Kumaris/o/d/o/w/o..... is employed under me as for the last.....years and that his/her character, as far as known to me, is good. He/She is/is not recommended for the grant of commission in the Territorial Army.

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

3. It is further certified that Shri/Smt/Kumaridoes 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. Is/o/d/o/w/o certify that I possess good moral character to the best of my belief and knowledge.

Place Signature
Date Name

2. Sample affidavit on Non-Judicial stamp paper of minimum value duly endorsed by notary.

I s/o/d/o/w/o resident of do hereby solemnly affirm and 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 above statement is true and correct to the best of my knowledge and belief.

Deponent

Verification :

Verified at _____ on this _____ day of _____ 201____ that the contents of above affidavit are true to my knowledge & belief and nothing has been concealed therein.

Deponent

SECTION "B" (3)
(For candidates who are employed in Private Sector)

**CERTIFICATE TO BE RENDERED BY CANDIDATES EMPLOYED IN PRIVATE SECTOR
(TO BE AUTHENTICATED BY HEAD OF OFFICE)**

Certified that:-

(a) Any difference between the civil and military pay and allowances of the applicant Name.....s/o/d/o/w/o an employee of this organization, will be paid by us for the period of his/her military duty in the Territorial Army.

(b) On return from military duty in the Territorial Army Shri/Smt/Kumari will be absorbed to the same or equivalent post 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 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.....

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.....

Signature.....

Date.....

(Stamp/ Seal of Office)

*(Strike out whichever is not applicable)

SECTION "D"

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

Name of candidate.....

Batch No.....

Marks awarded (both in words and figures)

Place.....

Date.....

Signature.....

President
Services Selection Board
(Stamp/ Seal of Office)

SECTION "E"

*Selected/ Not Selected for commission in the Territorial Army

Place.....

Signature.....

Date.....

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

*(Strike out whichever is not applicable)

INSTRUCTIONS TO CANDIDATES FOR COMMISSION IN THE TERRITORIAL ARMY

General

1. The Territorial Army is designed to give our citizens an opportunity for receiving military training in their spare time, so that in the event of a grave national emergency they may be called upon to bear arms for the country's defence. Since service in the Territorial Army does not provide a regular career, candidates who have commensurate means of livelihood in their civil life should apply for commission in the Territorial Army.

Conditions of Eligibility

2. A candidate for commission in the Territorial Army must fulfill the conditions mentioned in paragraphs 3 to 10 below.

Nationality

3. Candidate must either be:-

(a) A citizen of India, or

(b) A subject of Nepal or

(c) A person of Indian origin who has migrated from Pakistan, Myanmar, Sri Lanka and East African Countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar) with the intention of permanently settling in India.

4. Provided that a candidate belonging to categories 3(b) and 3(c) above shall be a person in whose favour certificate of eligibility has been given by the Government of India.

5. Certificate of eligibility will not, however, be necessary in the case of a candidate belonging to any one of the following categories:-

(a) Person who migrated to India from Pakistan before the nineteenth day of July, 1948 and has ordinarily been residing in India since then.

(b) Person who migrated to India from Pakistan on or after the nineteenth day of July, 1948 and has got himself/herself registered as a citizen of India under Article 6 of the constitution.

(c) Gorkha subject of Nepal.

Age Limits

6. Applicants should have attained the age 18 years and not have attained the age of 42 years on the date of application, but the upper age limit may be relaxed at the discretion of the Chief of the Army Staff.

Educational Qualifications

7. A candidate for commission of a Non-Technical Arm i.e. infantry must hold a degree from a recognized university.

Physical Fitness

8. A candidate must be physically fit in all respects and be in medical category S1H1A1P1E1.

Submission of Application

9. Candidate applying for Territorial Army commission will download Application Form (Part-1) from www.jointerritorialarmy.gov.in and will submit filled-in application in their own handwriting to the Territorial Army Directorate, New Delhi.

Documents to be Produced at the Time of Interview

10. Candidates are required to bring the following documents in original alongwith self attested copies at the time of Interview:-

- (a) Application Form (Part – 2) downloaded from www.jointerritorialarmy.gov.in.
- (b) All educational qualification certificates (Matric onwards).
- (c) Latest physical fitness certificate from a registered MBBS Doctor.
- (d) Copy of Identity proof with photographs (Voter ID/PAN Card/Passport/Driving license etc).
- (e) Domicile/ Residential Address Proof.
- (f) Certificate for proof of age (Matric/ Senior Secondary mark sheet & certificate for verification of date of birth).
- (g) Service certificate by candidates employed in Central Govt/ Union Territory/ State/Semi Govt/ Private Sector authenticated by Head of Office alongwith No Objection Certificate by the department as per format given at Appendix.
- (h) Self employed candidates are required to submit an Affidavit on Non-Judicial stamp paper of minimum value duly attested stating nature of employment and annual income alongwith photocopy of PAN card and self certified character certificate.
- (j) Photocopy of PAN Card.
- (k) Photocopy of Adhar Card.

11. In addition to above, ex-service officers are required to submit the following additional documents:-

- (a) Release Medical Board.
- (b) Release Order/ Certificate.

12. Candidates whose names vary in documents should submit copy of Gazette Notification of India/ State showing the correct name or an affidavit duly supported by newspaper cuttings.

13. Candidates will be required to produce all certificates, in original, at the time of interview by Service Selection Board/ Army Headquarters Selection Board or to Army Headquarters (Territorial Army Directorate) later on.

14. Procedure for Selection for Ex-Armed Forces Officers (Non-Departmental).

- (a) The candidates will be screened by the Army Headquarters Selection Board (ASB) held at Directorate General Territorial Army, New Delhi.
- (b) Recommended candidates will undergo Medical Examination at Armed Forces Clinic, New Delhi and Police Verification for final selection.

15. Any attempt on the part of the candidate, directly or indirectly, to enlist support for their selection or to suppress material information while filling the application form or otherwise, will disqualify them for the grant of commission.

SALIENT TERMS AND CONDITIONS OF SERVICE

Confirmation - Period of Probation

16. Officers are commissioned in the Territorial Army, as Lt and remain on probation for 3 years or till such time as they pass the Retention Examination, whichever is later. Ex-service officers with more than three years service will be exempted from probation. If an officer is found unsatisfactory during the probationary period, the officer may be called upon to resign their commission and in case they decline to do so, they will be liable to be removed from the Territorial Army.

Retention Examination

17. All officers except those belonging to Departmental TA officers are required to pass the Retention Examination within 4 years from the date of commissioning, otherwise their commissions are liable to be terminated. Ex-service officers with more than three years service will be exempted from the requirement.

Promotion Examination

18. All officer of Non Departmental Territorial Army Officers are required to pass Part A, B, C & D Promotion Examination within the time limit as laid down for promotion examination, failing which their commissions are liable to be terminated and for late passing of promotion examination, penalty of loss of seniority will be imposed. Promotion Exam Part 'A' and Part 'B' are required to be passed for promotion to rank of Major and Promotion Exam 'C' and 'D' are required to be passed for promotion to the rank of Lieutenant Colonel).

Pay and Allowances

19. Officers of the Territorial Army will receive Pay and Allowance on embodiment for training / military service at rates similar to those admissible to Regular Army Officers.

Leave

20. Officers of the Territorial Army will be entitled leave on embodiment for training/ military service as applicable vide existing rules.

Discipline

21. Officers of the Territorial Army when embodied for any purpose, are subject to the Army Act and to the Rules and Regulations of the Regular Army read in conjunction with the Territorial Army Regulations. They are also expected to conform to the customs and traditions of the service.

Medical Treatment

22. Officers, when suffering from an injury or disease whilst on training / military service will be entitled to free medical treatment as in the Regular Army.

Substantive Promotion

23. Promotions upto rank of Lieutenant Colonel will be by time scale subject to fulfilling laid down criteria. Promotion to the rank of Colonel and Brigadier will be by selection grade. The following service limits have been laid down for substantive promotion to higher ranks:-

- | | | |
|-----|---------------------------|--|
| (a) | Lieutenant | : Commission is granted in the rank of Lieutenant. |
| (b) | Captain | : 04 years of Commissioned Service. |
| (c) | Major | : 08 years of Commissioned Service. |
| (d) | Lieutenant Colonel | : 15 years of Commissioned Service. |
| (e) | (i) Colonel | : By Selection Grade. |
| | (ii) Colonel (Time Scale) | : 28 years of Commissioned Service. |
| (f) | Brigadier | : By Selection Grade. |

Note : Previous full pay commissioned service in the Regular Army, Navy and Air Force counts towards the above periods.

Permanent Staff Appointments

24. A limited number of permanent staff appointments in Territorial Army units with a tenure which may be extended to a maximum period of five years may be offered to Territorial Army Officers who possess the necessary experience and qualifications.

Pensionary Benefits

25. Territorial Army Officers are eligible to terminal gratuity on retirement provided they have completed minimum of 4 years of aggregate embodied service. Disability family pensions are also admissible to them under certain conditions.

Retirement

26. Territorial Army Officers are compulsorily retired as follows:-

- | | | |
|-----|------------------------|--|
| (a) | Major and below | : 54 years of age. |
| (b) | Lieutenant Colonel and | : 56 years or 04 years tenure in present rank whichever is Colonel earlier but not before 54 years of age. |
| (c) | Brigadier | : 58 years or 04 years tenure in present rank whichever is earlier but not before 56 years of age. |

Discharge

27. A Territorial Army Officer is liable to be discharged, dismissed or removed from service in the same manner as Regular Army Officer and/or in accordance with the Territorial Army rules/ orders in force.

Liability for Service

28. Officers of the Territorial Army are, under the Territorial Army Act liable to embodiment for military service with their units or with the Regular Army in accordance with Rules and Regulations as prescribed from time to time. However, they will not be required to serve beyond the limits of India, save under a general or special order of the Government of India.

29. All terms and conditions of service will be applicable in accordance with the Territorial Army Regulations and / or rules/ orders in force from time to time.

IMPORTANT INSTRUCTIONS FOR FILLING THE APPLICATION FORM

30. Candidate must read instructions carefully and fill in the application form only if they are eligible in all respects.

31. The application form must be completed in the candidate's own handwriting and all answers should be given fully in words and not by dashes or dots.

32. Candidates are warned that they should not furnish any false particulars nor suppress any material information while filling the application form. If they do so, their application will be rejected summarily or if is found out later, they are liable to be removed/discharged from the Territorial Army.

33. The candidates should write their name in full in block letters. They should not use any initials for their name. The spellings of the name should tally with those of their signature at the end of the application form and with that given in each of their educational or other certificates. In case there is any discrepancy in the spellings of their name, they should furnish an affidavit duly signed by a first class magistrate to the effect that they are generally known by the name given in this application for commission in the Territorial Army and that the educational certificate (mentioned No. examination and year) issued by (mention the education authority concerned) in the name of (give the names shown in the certificate actually pertains to them).