APPLICATION FOR SELECTION AS AN AIRMAN IN THE GROUP 'X'/'Y'/'Z' TRADES INDIAN AIR FORCE Regd. No. PASTE YOUR RECENT (for official use only) (NOT OLDER THAN 3 MONTHS) PASSPORT SIZE COLOUR FILL ALL COLUMNS IN BLOCK CAPITAL LETTERS PHOTOGRAPH 1. Choice of Examination (FRONT FACING WITHOUT CAP) Center in order of preference (Choice of three different centers to be Ш given. If choices not indicated it may result in allotment of a center as decided III by Central Airmen Selection Board) 2. Name of the Candidate (as in Matriculation Certificate) : 3. Father's Name (as in Matriculation Certificate): 4. Date of Birth (as in Matriculation Certificate) 5. Matriculation Certificate No.:.....Board/University..... 6.Are you son of a serving or retired or deceased Officer/Airman/NC(E)/Air Force Unit Cadre Civilian or are you a serving NC(E)? IF YES, mention following details :-Service No/PA No Rank Name Unit Serving/Last served 7. Educational Qualifications Aggregate % including Exam Passed Subject Studied Marks obtained in each subject **English Marks** Matriculation / Equivalent Examination Intermediate/10+2/ Equivalent 8. Height 9. Identification Mark 10. Address for Correspondence: **STATE** PIN CODE 11. Permanent Home Address: STATE PIN CODE 12. Nationality: 13. Are you married (Tick Yes or No): NO Yes 14.Declaration: (a) I hereby declare that all statements in the above application are correct. (b) I understand that I am liable to be disqualified at any stage if the information given above is found to be incorrect/incomplete/false. (c) I am fully aware that no money is required to be paid to any agency for recruitment in the IAF. If at any stage it is discovered that I have paid any money to get recruited. I am liable to be disqualified/discharge from service. (d) I undertake to produce all my original certificates and statement of marks and three photocopies of each, duly attested by a Gazetted Officer, at the time of appearing in the Selection Test. (e) I am willing to undergo physical and medical test, at my own risk and will not be entitled for any compensation for injuries if any, sustained during such tests. (f) I am aware that decision by President, Central Airmen Selection Board will be final and binding on me. Place: Date: Signature of Candidate (Left hand thumb impression of the Candidate) 'CONSENTFORM' (Applicable in respect of candidates who are less than 18 years of age on the date of test)Father/guardian ofwhose date of birth is Do hereby give my consent for my son/ward to appear in the Physical/Medical test, as prescribed for selection in the IAF, at his own risk. I am aware that no

compensation in any form shall be claimed, in respect of injuries if any, sustained by my son/ward, during such tests.

(Signature of parents/guardian)

Date: