APPLICATION FROM UNMARRIED MALE CANDIDATE FOR SELECTION AS AN AIRMAN IN THE GROUP 'X' (TECHNICAL) TRADES OF INDIAN AIR FORCE

Regd. No.
(For official use only)

PASTE PHOTOGRAPH AS SPECIFIED IN PARA 16(a)

FILL ALL COLUMNS IN BLOCK CAPITAL LETTERS

1. Choice of three Examination Centre in order of preference **(CASB reserves the right to allot a Centre other than preferred)**

I
II
III

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 : Day Month Year

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? If YES, attach proof and mention following details (in red ink):-

Service No/PANo	Rank	Name	Unit Serving/Last served

7. Educational Qualifications:

Exam Passed	Year of Passing	Aggregate % of marks obtained
10+2/ Equivalent Exam with PCM & English **OR** Diploma (03 Yrs in ……) (Name of the Course)		%

8. Height Cms

9. Identification Marks

(i)	
(ii)	

10. Address for correspondence

PIN

11. . Permanent Home Address

PIN

12. Nationality

13. Are you married? (Tick YES or NO) Yes No

14. Have you been discharged from the Indian Air Force/Indian Army/Indian Navy or dismissed from any government organisation. State **Yes** or **No.** If yes give details.

……..

15. **Declaration : (a)** I hereby declare that all statements made in the 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 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. **(d)** I am willing to undergo physical and medical tests, at my own risk and will not be entitled for any compensation for injuries, if any, sustained during such tests. **(e) I am aware that the decision by the President, Central Airmen Selection Board will be final and binding on me.**

Place :

Date :

Thumb Impression here

……..
Signature of the Candidate

Signature of Parent/Guardian
(Name :…….....……)