REGIONAL INSTITUTE OF EDUCATION, MYSURU 570 006

F.No.PS/4-1/RIEM/2021

13th September 2021

CIRCULAR

This is to inform the students of this Institute that there are 17 vacancies in NCC for the year 2021-22. Those who are interested may contact Mr K Suresh Kumar, Assistant Professor in Tamil and Caretaker–NCC activities, RIEM at his email ksureshkumar@riemysore.ac.in / Mobile No.9486855425 and also submit the application form along with necessary documents on or before 25th September 2021.

Students studying in 2nd semester B.Sc.B.Ed., B.A.B.Ed., M.Sc.B.Ed. and IV Semester M.Sc.Ed. can only apply for the reason that the selected candidates have to go through NCC training for a minimum period of 3 years.

Principal

Copy to:

- 1. Dean (Instruction)
- 2. Mr K Suresh Kumar, Caretaker NCC activities
- 3. Notice Boards



Regional Institute of Education (NCERT) Mysuru – 570006

NCC ENROLLMENT FORMS 2021 -2024

- 1. All the students who are desirous of joining NCC along with their Regular Course are required to fill the forms attached and upload your documents in the link.
- 2. At the time of final selection, students are required to produce the original documents and also a set of photocopy of the same.
 - I. Form I (Bio data form)
 - II. Nomination form
 - III. Form II (Application for Enrolment)
 - IV. Medical Certificate
 - V. Cadet Details Google form link

https://docs.google.com/forms/d/e/1FAIpQLSev3WB2ac-1OCvuU KIyO1UFcJKSbHtl4gZB3xXwRW5oDsmCQ/viewform

(After clicking the above link please select REGIONAL INSTITUTE OF EDUCATON link)

3. Incomplete/Incorrect forms will be rejected

Appendix 'B' Revised (2013)

FORM I NATIONAL CADET CORPS

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

ATTESTED PASSPORT SIZE COLOUR PHOTO

| 1. | Name (IN BLOCK LETTERS) | |
|-----|--|-------------------|
| •• | Maile (IN BEOCK EETIERS) | |
| 2. | Nationality & Date of Birth (DD/MM/YYYY) | |
| 3. | Father's Guardians name | FIRST MIDDLE LAST |
| 4. | Mothers Name | FIRST MIDDLE LAST |
| 5. | Residential Address (Landmark, State, Dist Taluka, City/Vil, Pin Code) | |
| 6. | Mobile No. | |
| 7. | e.mail ID | |
| 8. | Blood Group | |
| 9. | Sex | |
| 10. | Nearest Railway Station | |
| 11. | Nearest Police Station | |
| 12. | Educational Qualification & Marks in (%) | |
| 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. | |
| 15. | Name of School/College and Stream(Arts/Science/ Commerce) | |
| 6. | Willing to enrolled and undergo training under the National Cadet Corps Act 1948. | |

| 17. | NCC Unit to be enrolled in | |
|---------|---|------------------------------|
| | | |
| 18. | Have you been enrolled in NCC earlier, if yes, Your Enrolment No. | |
| 19. | Have you been dismissed from NCC/The Territorial Army/The Indian Armed Forces. Please provide details:- | |
| 20. | Next of Kin with address (with relationship) Telephone No. ((O) /(R) (as applicable) | |
| 21. | Banker's detail (IFSC Code: | |
| 22. | Bank Acct No. of Cadet/Parent | |
| 23. | Aadhar /UID No. | |
| 24. | PAN Card No. (If allotted) | |
| | | |
| | | |
| Place : | | |
| Date: | | (Signature of the applicant) |
| ٠ | | |
| | | |

Appendix 'B' (Refers tom para 3 of DG NCC letter No. 19952/DG NCC/CWS dated 28 Apr 2000 as amended.

NOMINATION FORM

FOR MEMBERSHIP FOR THE NCC CADETS WELFARE SOCIETY (To be retained at NCC Gp HQ)

Section - I

| Shri (Nam NCC of the | I, Cadet (Name in Block letters) (Name in block letters) ne of College /School) on (Date) with (Name NCC Cadets Welfare Society and bership fee. | e of the U | Jnit) | a studen | nt of classoi my enrollment with the apply for membership |
|-------------------------------|--|--------------------------|-----------------------------------|--|--|
| | /ly Father/Mother/Guardian's occup | | | and the ann | ual income of my family |
| of the organ | understand that I shall be entitled to fi e above Society in the event of part nized NCC activity. I hereby accept that e quantum of relief to be paid to me in | ial / perm at the dec | anent disable ision of the Go | ment sustained by me verning Body / Managin | while participating in an |
| as de | hereby nominate the following perso termined by the Governing Body / M e following person (s) in the event o | anaging (| Committee of t | the above society which | n will be final and binding |
| S1. No. | Name of the Nominee/ Nominees (In Block letters) | Age | Relationship with the cadet | Permanent address of the nominee | Percentage of financial assistance payable |
| 1. | | | | | |
| 2. | | | | | |
| (to be | e filled by the Cadet in own hand wri | ting) | | | - Contact Cont |
| | y membership in the Welfare Societ let in the Division or Wing of the NC | | | | till such time. I remain in |
| Date | Date | | | | |

Section - II

| Place | |
|--|--|
| Date | Signature of ANO / Head o Institution |
| | |
| <u>Section – II</u> | <u>l</u> |
| I am willing to allow my son/daughter/ward name of NCC Cadets Welfare Society under the terms and corapprove of the nomination made in section 1(4). | |
| Date | |
| Place | Full signature of Father/Mother/ Guardian (with complete address) |
| Witness | Witness |
| 1Signature | 2Signature |
| | |
| (Full name and address of Office seal of the witness) | (Full name and address of Office seal of the witness) |
| Note: The witness should be either gazetted officer, head | of the institution/ANO/Sarpanch/Village head. |
| Received a sum of Rs. 10/- (Rupees Ten only) a member at the NCC Cadets Society during the cadetship | as one time subscription and enrolled as a |
| Place : Mysore Date | |
| Date of dispatch of the Nomination Form to Group HQ, I (Important : The Cadet should keep th | |

Link-III

Form II

National Cadet Corps Junior Division/Wing Enrolment Form (See Rules 7 and 11)

PHOTO (Passport size)

APPLICATION FOR ENROLMENT

| 1. | What is your Name ? (in Block Capitals) | 1 |
|-----|--|---|
| 2. | What is your *Parent/Guardian's name and address? | 2Address |
| 3. | Are you a citizen of India, or a subject of Nepal ? | 3 |
| 4. | What is your Village, Tehsil or Taluka and District? | 4. Village Tehsil or Taluka District @. PIN CODE |
| 5. | What is your Post Office ? | 5 |
| 6. | What is your Railway Station? | 6 |
| 7. | What are your educational Qualifications? | 7 |
| 8. | What is your age & Date of birth? | 8 |
| 9. | In which school are you now studying ? | 9 |
| 10. | Are you willing to be enrolled under the National Cadet Corps Act, 1948? | 10 |
| 11. | Are you willing to serve in the National Cadet Corps until discharged as provided in the Act? | 11 |
| 12. | In which unit do you desire to be enrolled? | 12 |
| 13. | Are you willing to undergo service training as specified in the Act and the rules made thereunder? | 13 |
| 14. | Have you ever previously applied for enrolment under the Act, and if so with what result? | 14 |

| Î5. | Have you been dismissed from the National Cadet Corps? | \$5 |
|--------------------------|--|---|
| @ | · . | |
| 16. | Next of kin with address (With relationship) Telephone No. (O) / (R) (as applicable) | 16 |
| o Plac Date | , 10 | SIGNATURE OF THE APPLICANT |
| | Declaration on accepta | ance for enrolment |
| | solemnly declare that the answers I have g and that no part of them is false, and that I s | |
| 2 | | promise that I will honestly and faithfully |
| ្ត វ | rerve my country and sbide by the Rules & that I will, to the best of my sbillty, attend all the Commanding Officer from time to time. | k Regulations of the National Cadet Corps |
| © | | ÷ |
| Ę. | nave no claim on authorities for any compe to scoldent during training camps, courses such NCC events like RDC and IDC. I under | , travelling and while on YEP or any other |
| | | |
| 6 | | |
| Plaé | | sus incension without on the applicant |
| NOT | E: © These are not included in the Form | n II of RCC Act & Rules |

*Delete word inapplicable.

DECLARATION BY PARENT / GUARDIAN

| @ | |
|--|--|
| I solemnly declare that the answers given them is false, and that my *son/daughter/wai | in this form are true and that no part of rd is willing to fulfil the engagement made. |
| 2. I * son / daughter / ward. I will have no claim of event of any injury or death due to accident of and while on YEP or any other such NCC events. | during training camps, courses, travelling |
| 3. I understand my *son / daughter / ward has | no service liability. |
| @ | |
| Place: Date: | Signature of the Parent / Guardian |
| | |
| | . · · · · · · · · · · · · · · · · · · · |
| | |
| CERTIFICA | ATE . |
| Certified that the applicant and his *Parent conditions of enrolment. | / guardian understand and agree to the |
| | |
| | |
| | Signature of Enrolling Officer (Unit Commander) |
| © Place: | (Cint Committee) |
| Date of Enrolment(Unit Seal) | |
| · · · · · · · · · · · · · · · · · · · | |

For Minors only. Score out inapplicable portion

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

| I have examined (Name | or |
|-----------------------------|--|
| (d | ate) and consider him / her *fit / unfit for enrolment as a cadet in |
| the National Cadet Corps. | , and a distance of the second |
| | , |
| | |
| | |
| @ | • |
| Place: | Signature |
| Date : | Decimation |
| water , | Designation(Medical Officer) |
| | (Medical Officer) |
| | |
| • | |
| TO DE | HOED FOR MYTTHERE |
| <u>IO BE</u> | USED FOR EXTENSION OF ENROLMENT |
| | (See Rules 13) |
| | |
| My *son / daughter / wa | ard agrees to extend the enrolment for on year and is willing to |
| fulfil the engagement made | <u>,</u> |
| | • |
| @ | |
| Place: | *************************************** |
| Date: | Signature of Parent / Guardian |
| | |
| | |
| Confirmed. | |
| | |
| | |
| | |
| | *************************************** |
| | Signature of Headmaster |
| | |
| | |
| Place : | -1 |
| Date from which extension | starts |
| • | |
| NOTE : This form will he re | tained in the school in which the unit is located. |
| Delete word inapplicable | anica in the school in which the unit is located. |
| mora mappilicable | |

Medical Certificate

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

| I have examined (Name | e) on |
|--------------------------------|---|
| (date National Cadet Corps. | e) and consider him/her*fit/unfit for enrolment as a cadet in the |
| Place: | Signature |
| Date: | Designation |
| | (Medical Officer) |