### VIVERSIT RAIGANJ

Dr. Durlav Sarkar Registrar



ESTD. 2015

OFFICE OF THE REGISTRAR

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

INDIA.

Tel. No.: 03523 - 244039 Fax No.: 03523 - 242580 E-mail: registrar@raiganjuniversity.ac.in

Ref. No. R-169/204

NOTIFICATION

Interested students U.G. 1st Semester (Boys & Girls) of Raiganj University for new enrolment in NCC (offline) for the Academic session 2025-2026 are hereby directed to download NCC Enrolment Form from the University website https://www.raiganjuniversity.ac.in and submit the filled in form along with a Challan of Rs. 300/- (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 15.09.2025 - 08.10.2025 (from 10:30 a.m. - 03:00 p.m.) except Holidays & Sundays.

The date of enrolment/selection in NCC will be notified soon. All the interested students are advised to keep in touch with the NCC Company Office of Raiganj University and their documents to be submitted as followed (03 sets Xerox copies with self attested) -

- 1. M.P. Admit Card
- 2. Higher Secondary Mark sheet
- 3. University Admission Receipt copy
- 4. Copy of Challan paid to the University Account (Rs. 300/-)
- Caste Certificate (if any)
- 6. Blood Group Report
- 7. Bank Passbook/Bank account details
- 8. Adhaar Card
- 9. PAN Card
- 10. Stamp size photo (3 copies)
- 11. NCC 'A' Certificate (if any)
- 12 Medical Certificate (original & Xerox).

#### 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. Height 169 cm or more for Boys' (preferable) & 152 cm or more for Girls' (preferable)

r. Durlay Sarkar) Registrar

Raiganj University RKAR

Raigani University
Raigani Uttar Dinajpur

1. The Secretary to the Hon'ble Vice Chancellor, Raiganj University.

- 2. The Finance Officer, Raiganj University for necessary action.

Copy forwarded for information to -

- Raigani University.

  6. Dr. Debjoy Bhattachariya, Associate NCC Officer, Raigani University with a request to take necessary action.

  7. The University website.

  8. Guard File

FORM - I NATIONAL CADET CORPS ATTESTED SENIOR DIVISION / WING ENROLMENT FORM (See Rules 7 and 11 of NCC Act, 1948) STAMP SIZE COLOUR PHOTO 1. Name (IN BLOCK LETTER) 2. Nationality & Date of Birth (DD/MM/YYYY) 3. Father's/Guardian's Name 4. Mother's Name 5. Residential Address (Landmark, State, Distt., Taluka, City / Vill., Pin Code) 6. Mobile No. 7. e-mail.id. 8. BloodGroup 9. Sex 10. nearest Railway Station 11. Nearest Police Station 12. Education Qualification S & 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/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.	Y N
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. Aadhaar/UID No.(If allotted)	
24. PAN Card No. (If allotted)	
Place	
Date	(Signature of the applicant)
	(Signature of the applicant)

# Annexure to Form II (Application for Enrolment)

# INDEMNITY BOND (FORM IN OR APPLICATION ONLY)

To

The President of India

In consideration of my ward No			
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 authorities including 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:

(NOTE: In case of JD applicant being a minor. Indemnity Bond applicable to Minor will be used)

- [경기의 경기 : 1] - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
DECLARATION ON ACCEPTANCE FOR ENROLMENT
<ol> <li>I solemnly declare that the answers I have given to the questions in this form are true and that no part of them is false, and that I am willing to fulfil the engagement made.</li> </ol>
2. Ipromise that I will honestly and faithfully serve my country and abide by the rules and Regulation of the National Cadet Corps that I will, to the best of my ability.
3. I
Place:
Date: Signature of Applicant
DECLARATION BY PARENT/GUARDIAN
1. I solemnly declare that the answers given in this form are true and that no part of them is false, and that my son/daughter/wars is willing to fulfil the engagement made.
2. 1promise that after enrolment of my son/daughter/ward, I will have no claim on authorities for any compensation in the event of any injury or death due to accident during training camps, courses, travelling and while on YPE or any other such NCC events like RDC and IGC.
Place:
Date: Signature of Parent/Guardian
CERTIFICATE
Certified that the applicant and his parent/guardian understand and agree to the conditions of enrolment.

Signature of Enrolling Officer

(Unit Seal)

Place

Date of Enrolment:

## TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

I have examined (Na	me) on			
	(Date) and consider him/her fit/unfit for enrolment			
as a cadet in the Nation	nal Cadet Corps.			
Place: Signature				
Date:	Designation			
	(Medical Officer)			
Area Area	The area of the control of the contr			

# MEMBERSHIP OF THE NCC CADETS WELFARE SOCIETY NOMINATION FORM SECTION-I

Shri (Na (Name NCC or	of College/Schoon (Date)	ers) ol)	with (Name of	So	ent With the
				owards its membership fee.	
3. Govern perman hereby the qu	ncome of my family I understand that hing Body/Managir nent disablement of accept that the disantum of assistant effinal and binding of	y from a  I shall ng com sustaine lecision ce to be on me.	all sources is Rs be entitled to mittee of the ed by me while of the Governir e paid to me in	financial assistance as determined above. Society in the event of permanent/particles on the event of permanent/particles.	annum.  rmined by the tof partial or d NC activity. I with regard to al disablement
final a	mined by the Gover	rning Bo following	ody/Managing C	(s) who will receive financial committee of the above Societ the event of my death while part	y, which will be ticipating in an
Ser. No	Name of Nominee(s)	Age	Relationship with the Cadet	Permanent Address of the Nominee(s)	Percentage of Financial Assistance payable
				e de la companya de l La companya de la co	

(To be filled by the cadet in his own handwriting)

5. My membership in the Welfare Society and this Nomination Form will be valid only till such time I remain a cadet in the Division or Wing of the NCC to which i have been enrolled

Date:

Place:

(Full Signature of the Cadet)

## SECTION-II

	<u>SECTION-II</u>			
Date:				
Place:	(Signature of PTO/ Head of Institution)			
	SECTION-III			
I am willing to allow my son/dau	ighter/ward (Name)			
to become a member of the National Cadet Corps Cadet Welfare Society under the terms				
& conditions and the rules in force	of the Society. I also approve the nomination(s) made in			
Section 1 (4).				
Date:				
Place:	(Full Signature of the Father/Mother/Guardian)			
Witness	Witness			
1(Signature)	(Signature)			
Full Name & Address or Office Seal of the Witness	Full Name & Address or Office Seal of the Witness			
Note: - The witnesses should be eit Officer/Sarpanch/Village Head.	her gazetted officer/head of institution /Associated NCC			
	SECTION-IV			
Received a sum of Rs. 4/- (Rupee member of the National Cadet (Junior/Senior Division/Wing.	es four only) as one time subscription & enrolled as a Corps Welfare Society during the Cadetship in the			
Date:				
Place:	(Signature of the OC Unit with Official Seal)			
(۳۰)	SECTION-V be filled by the NCC unit)			
Date of despatch of the Nomination	form to Group HQ			