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SONAMUKHI COLLEGE

P.O. & P.S. - Sonamukhi, Dist.-Bankura, West Bengal, India -722 207

NAAC: B* 2022 AISHE: C-44762

Date: 22/9/2022

Ref. 202209221410/SC/1/NCC_New adm

NOTICE

SUB:- NCC CADET ENROLLMENT, 2022

(PHYSICAL TEST/ GROUND TEST)

All the applicants for NCC admission (students of 1st SEM - 2022-23 session) are hereby informed that Physical Test / Ground Test will be held on 24/09/2022 (Saturday) at Sonamukhi College ground. All applicants are directed to be present on that day sharply at 8.30 am. Bring essential articles like sports shoe, track suit, jersey etc with you for Running, Jumping etc. All are directed to appear with good health and fitness. College authority will not be responsible for any kind of serious physical injuries during Physical Test.



Bring Following essential documents (Fully Filled up) with yourselves:-

- 1. Download and submit on spot Filled up Enrollment Form. It is available with the notice.
- 2. Medical Fitness Form.
- 3. CWS Form.

For any further details you may contact with following persons:-

- 1. SALIL BHUIN, Sonamukhi College NCC officer
 - (I) 9851808676
- &

(II) 8116910104

Copy to :

- 1)NCC email, 2) Guard file-SD,
- 3) HC in Charge -MD, 4) website email,
- 5) SMC facebook KM & SAK

ONAMURAL COLORS

Principal
Principal
Sonamukhi College
P.O-Sonamukhi, Dt-Bankura

	I have given to the questions in this form are and that I am willing to fulfil the engagement
	promise that I will honestly and faithfully rules and Regulation of the National Cadet y.
on authorities for any compensation is	nise that after enrolment, I will have no claim in the event of injury due to accident during and while on YEP or any other such NCC of I have no service liability.
Place:	
Date:	Signature of Applicant
DECLARATION B	SY PARENT/GUARDIAN
THE PERSON OF TH	wers given in this form are true and that no son/daughter/wars is willing to fulfil the
son/daughter/ward, I will have no claim event of any injury or death due to	promise that after enrolment of my n on authorities for any compensation in the accident during training camps, courses, er such NCC events like RDC and IGC.
Place:	
Date:	Signature of Parent/Guardian
CER	RTIFICATE
Certified that the applicant and his p conditions of enrolment.	arent/guardian understand and agree to the
Place	
Date of Enrolment:	Signature of Enrolling Officer

DECLARATION ON ACCEPTANCE FOR ENROLMENT

TO BE COMPLETED BY ME	DICAL OFFICER BEFORE ENROLMENT
I have examined (Name)	on
(Date)	and consider him/her fit/unfit for enrolment
as a cadet in the National Cad	let Corps.
Place:	Signature
Date:	Designation
	(Medical Officer)

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

1. I, Cadet (name in block Letters) Son/Daughter of
Shri (Name in block letters) of
(Name of College/School) on my enrolment With the
NCC on (Date) with (Name of the unit),
apply for membership of the National Cadet Corps Cadets Welfare Society and hereby
subscribe a sum of Rs. 4/- (Rupees Four Only) towards its membership fee.
SA STON MEDICAL ASSOCIATION ONCE ON TO THE WAY OF THE SAME OF THE
2. My Father/Mother/Guardian's occupation isand the
annual income of my family from all sources is Rs per annum.
 I understand that I shall be entitled to financial assistance as determined by the Governing Body/Managing committee of the above Society in the event of partial or permanent disablement sustained by me while participating in an organised NC activity. I hereby accept that the decision of the Governing Body/Managing Committee with regard to the quantum of assistance to be paid to me in the event of permanent/partial disablement will be final and binding on me. I hereby nominate the following person(s) who will receive financial assistance, as determined by the Governing Body/Managing Committee of the above Society, which will be final and binding on the following person(s) in the event of my death while participating in an
organised NCC activity:-
Ser. Name of Nominee(s) Age Relationship Permanent Address of the Nominee(s) Nominee(s) Cadet Percentage of Financial Assistance payable
(To be filled by the cadet in his own handwriting)

Place:

(Full Signature of the Cadet)

SECTION-II

Date:	
Place:	(Signature of PTO/ Head of Institution)
	SECTION-III
I am willing to allow my son/	daughter/ward (Name)
	tional Cadet Corps Cadet Welfare Society under the terms
	ce of the Society. I also approve the nomination(s) made in
Section I (4).	
Date:	
Place:	(Full Signature of the Father/Mother/Guardian)
Witness	Witness
1,	2
(Signature)	(Signature)
Full Name & Address or	Full Name & Address or
Office Seal of the Witness	Office Seal of the Witness
Noto: The witness - 1 - 111	
Officer/Sarpanch/Village Head.	either gazetted officer/head of institution /Associated NCC
	CECTION BY
Desired	SECTION-IV
member of the National Cadet Junior/Senior Division/Wing.	ees 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)
	SECTION-V
(То	be filled by the NCC unit)
Date of despatch of the Nomination	form to Group HQ
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