



ARYA SAMAJAM AGNIPATH HELPDESK
VEDA GURUKULAM, KARALMANNA (PO), PALAKKAD -679506



REGISTRATION FORM

1. NAME OF CANDIDATE

(AS GIVEN IN AADHAAR CARD/MATRICULATION CERTIFICATE) : _____

2. FATHER'S NAME

(AS GIVEN IN AADHAAR CARD/MATRICULATION CERTIFICATE) : _____

3. MOTHER'S NAME

(AS GIVEN IN AADHAAR CARD/MATRICULATION CERTIFICATE) : _____

4. DATE OF BIRTH

(AS GIVEN IN AADHAAR CARD/MATRICULATION CERTIFICATE) : _____

5. E-MAIL ADDRESS: _____ **MOBILE NUMBER:** _____

6. PERMANENT HOME ADDRESS : _____

Post Office: _____ **PIN Code:** _____

District: _____ **State:** _____

7. AADHAAR NUMBER : _____

8. EDUCATIONAL QUALIFICATIONS : _____

9. BLOOD GROUP : _____

**10. HAVE YOU PREVIOUSLY JOINED, PARTICIPATED
IN NCC, OTHER ARMY RELATED PROGRAMMES?
IF YES, GIVE DETAILS** : _____

11. ARE YOU A SON/DAUGHTER OF EX-SERVICEMEN? : _____

UNDERTAKING CERTIFICATE

I hereby submit that the above information is correct to the best of my knowledge and belief. I also take the sole responsibility in case of any physical injuries or medical issues that may arise during the physical training being conducted by Arya Samajam Agnipath Helpdesk, Karalmanna.

Date: _____ **Signature of Candidate**

FOR OFFICE USE

_____ is admitted to the training programme of Agnipath.

Date: _____ **Secretary**
Arya Samajam Agnipath Helpdesk,
Karalmanna

