

Hight:-

Cm.

Chest No.

Wight :-

kg.



CONSENT FORM FOR PHYSICAL FITNESS TEST
(Applicable in respect of all candidates)

1. I,son/daughter/
father/guardian of whose
date of birth is/...../..... do hereby give my consent for myself/son/
daughter/ward to appear in the physical fitness tests, as prescribed for selection in
the NCC, at my/his own risk. I am aware that no compensation in any form shall be
claimed, in respect of injuries/casualty if any, sustained by myself/ my son/my
daughter/my ward, during such tests.

2. I also certify that myself/my son/my daughter/ my ward does not/does not
suffer from any kind of height phobia.

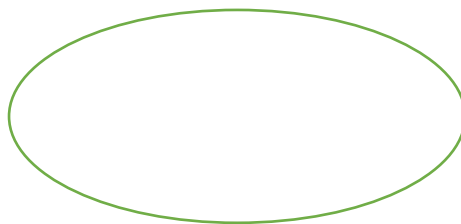
Place: Signature.....

Name of parent/guardian.....

Place: Signature.....

Name of candidate.....

Date: Relationship with the candidate.....



(Left Hand Thumb Impression of parent/guardian)