



# DAV-AKT DEFENCE SERVICES PREPARATORY ACADEMY

AKT NAGAR, NEELAMANGALAM, KALLAKURICHI – 606 213.

## APPLICATION FORM FOR AGNIVEERS TRAINING

APPLICATION NO :

BATCH :

### PROFILE

1. Name : \_\_\_\_\_

(As per Class X / XII certificate in Block Letters)

2. Gender : Male  Female

3. Date of Birth :

4. Aadhar Number :

5. Nationality : \_\_\_\_\_

6. E-mail Id : \_\_\_\_\_

7. Home Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Applying for : Indian Army / Indian Navy / Indian Air Force

9. Qualification : \_\_\_\_\_

10. Marks scored : \_\_\_\_\_ Percentage : \_\_\_\_\_

11. Name of school : \_\_\_\_\_

12. Affiliation : CBSE / MATRIC / NIOS / ISCE

13. School Address : \_\_\_\_\_  
\_\_\_\_\_

14. Mobile No. Self : \_\_\_\_\_

Parents (Father) : \_\_\_\_\_

(Mother) : \_\_\_\_\_

Guardian : \_\_\_\_\_

15. Physical fitness : Yes / No

(Fitness certification as per  
Appendix 'A' signed by  
a Govt. Doctor)

16. Details of previous attempts for entry in Agniveer / constable in police force

17. Indemnity bond duly signed by father / mother as per Appendix 'B'

Date :

Signature of the Students

**MEDICAL CERTIFICATE**

It is certified that Mr/Ms \_\_\_\_\_  
son / daughter of Mr \_\_\_\_\_ is medically fit  
as per the medical standards for Armed Forces as given out in the Physical Standards /  
Medical Standards for the Armed Forces.

\_\_\_\_\_

\_\_\_\_\_

(Govt Medical Officer)

**INDEMNITY CERTIFICATE** (Training)

In consideration of my son / ward Roll No \_\_\_\_\_  
Name \_\_\_\_\_ being allowed at his / her  
request to swim in the AKT Swimming Pool to participate in all training activities to include  
sports and games / undertake and agree that neither I nor my executor nor administrator will  
make any claim against DAV-AKT-DSP Academy. In respect of any loss or injury including  
the death which he may suffer during the above training / swimming and I understand that no  
compensation will be paid by the Academy for any loss or injury including death and I agree  
so as to bind myself, executor and administrators to indemnify any Officer / Instructor of DAV-  
AKT-DSP Academy against any claim.

\_\_\_\_\_  
(Signature of Parent / Guardian)  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by Parent / Guardian in my  
Present witness  
(1) \_\_\_\_\_  
(Signature)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
(Signature)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_