



DAV-AKT DEFENCE SERVICES PREPARATORY ACADEMY

AKT NAGAR, NEELAMANGALAM, KALLAKURICHI – 606 213.

APPLICATION FORM FOR SSB 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 NDA / CDS / AFCAT / NA

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 National Defence Academy (NDA) as given out in the Physical Standards / Medical
Standards in the Admission details in the DAV-AKT-DSPA website
(www.defence-prep-academy.org).

(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 _____

