

RAIGANJ UNIVERSITY

Dr. Durlav Sarkar
Registrar



ESTD. 2015

P.O. RAIGANJ
DIST. UTTAR DINAJPUR
WEST BENGAL
PIN-733134
INDIA
Tel No. : 03523-244039
Fax No.: 03523-242580

OFFICE OF THE REGISTRAR

Ref. No. R-227/2023

NOTIFICATION

Date 23-08-2023

Interested students (Boys & Girls) of U.G. 1st Semester (4-year Under Graduate Programme (with Honours) and 3-year Under Graduate Programme of Raiganj University for new enrolment in NCC (offline) for the Academic session 2023-2024 are hereby directed to **download NCC Enrolment Form** from the University website <https://raiganjuniiversity.ac.in/> and submit the filled in form along with a Challan of Rs. 200/- (payable at Raiganj University Bank Account bearing **SBI Account no. 34901673834, IFS Code: SBIN0000162 or University Cash counter**) and the following documents (Hardcopy) to be submitted to the Office of the NCC Company, Raiganj University during 24.08.2023 - 04.09.2023 (from 10:30 a.m. - 04:00 p.m.) except Holidays & Sunday.

The date of enrolment/selection in NCC will be notified soon. All the interested students are advised to keep in touch with the NCC Company Office of Raiganj University and their documents to be submitted as followed (02 sets Xerox copies with self attested) -

1. M.P. Admit Card,
2. Higher Secondary Mark sheet
3. University Admission Receipt copy
4. Copy of Challan paid to the University Account (Rs. 200/-)
5. Caste Certificate (if any)
6. Blood Group Report
7. Bank Passbook / Bank account details
8. Adhaar Card
9. PAN Card
10. Stamp size photo (3 copies)
11. NCC 'A' Certificate (if any)
12. Medical Certificate (original & Xerox).

For further contact, students may call -

Lt. Dr. Debjoy Bhattacharjya


Associate NCC Officer

Raiganj University

Phone no.: 9775385192

N.B.:- The applicant should have the following criteria -

1. **Physical Fitness Certificate from a registered Medical Officer or any Govt. Hospital.**
2. **Height - 171 cm (minimum) or more for Boys' & 152 cm (minimum) or more for Girls' (preferable)**


(Dr. Durlav Sarkar)
Registrar
Raiganj University

Copy forwarded for information to -

1. The Secretary to the Hon'ble Vice Chancellor, Raiganj University.
2. The Finance Officer, Raiganj University for necessary action.
3. All the Heads/Coordinators, Raiganj University.
4. Secretary, U.G. Council, Raiganj University.
5. The Assistant Registrar, Raiganj University.
6. Dr. Debjoy Bhattacharjya, Associate NCC Officer, Raiganj University with a request to take necessary action.
7. The University website.
8. Guard File

SSO is requested to upload the notice in website

SENIOR DIVISION / WING ENROLMENT FORM (See Rules 7 and 11 of NCC Act, 1948)

[illegible]

--	--	--	--	--	--	--	--	--

--	--

--	--

--	--	--	--

[illegible][illegible][illegible][illegible][illegible]

--	--	--

--	--	--	--	--	--

[illegible][illegible]

C	L	A	S	S	-					M	A	R	K	S				
---	---	---	---	---	---	--	--	--	--	---	---	---	---	---	--	--	--	--

[illegible][illegible]

[illegible]

Y		N	
---	--	---	--

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Date _____

(Signature of the applicant)

Annexure to Form II
(Application for Enrolment)

INDEMNITY BOND
(FORM IN OR APPLICATION ONLY)

To

The President of India

In consideration of my ward No. _____ Name _____

Being nominated either by the NCC authorities or at my own request as a participant in any NCC camp (which includes Republic Day Camp and Independence Day Camp in Delhi), Course, Adventure Training (includes Army, Navy and Air Force Wing activities ,as the case may be) and while traveling (in domestic / international surface, air and water transport) and attending Youth Exchange Programme (YEP) abroad, I undertake and agree that neither I, nor my executors or administrators or other legal representatives will make any claim against the Government or against NCC authorities including officers', JCO's/NCO's or their equivalents from Navy and Air Force, civilians, MT drivers or against any other such person in the service of the Government, in respect of any loss or injury – to the property or person, including injury resulting in death, due to any reasons whatsoever which I may suffer, while or in consequence of my participation in the above activities and I understand that no compensation will be paid by the Government or NCC authorities including officers, JCO's/NCO's or their equivalents from Navy and Air Force or Civilian MT drivers in respect of any such loss or injury and I agree as to bind myself, my executors and administrators and other legal representatives to indemnify the Government or NCC authorities including officers, Co's/ NCO's or their equivalent from Navy and Air Force, Civilian MT drivers or any person in the service of Government against any claim which may be from any third party against them or any of them arising out of any act of default on my part during or in connection with the said camps, courses, adventure training, and while on Youth Exchange Programme or any other such NCC activities as may be organized from time to time within or outside the Union of India.

Signature of Parent/ Guardian

Name

Address

Witness

1. Signature
Name –
Address -

2. Signature
Name -
Address -

Place:

Date:

(NOTE: In case of JD applicant being a minor. Indemnity Bond applicable to Minor will be used)

TO BE COMPLETED BY MEDICAL OFFICER BEFORE ENROLMENT

I have examined (Name) _____ on
(date) _____

And consider him / her fit/ unfit for enrolment as a Cadet in National Cadet Corps.

Place:

Date:

Signature _____
Designation
(Medical Officer)
Stamp

DECLARATION BY PARENT / GUARDIAN

1. I solemnly declare that the answers I have given to the question in this form are true and that no part of them is false and that my son / daughter / ward is willing to fulfill the engagement made.
2. I _____ further promise that after enrolment of my son / daughter / ward, I will have no claim on authorities for any compensation in the event of injury or death due to accident during training camps, courses, traveling and while on YEP or any other such NCC events like RDC and IDC.

Place:

Date: _____ Signature of parent / Guardian

CERTIFICATE

1. Certified that the applicant understands and agree to the conditions of enrolment.
- *2. Certified that the applicant and his/her parent/guardian understand and agree to the conditions of enrolment.

Place:

Signature of Enrolling Officer

Date of Enrolment:
(Unit Seal)

*For Minors only. Score out in applicable portion.

TO BE KEPT IN SAFE CUSTODY ALONGWITH
THE ENROLMENT FORM
MEMBERSHIP IN THE NCC CADETS WELFARE SOCIETY
NOMINATION FORM

Section I

1.....S/O, D/O, W/O Shri/Smt.
No..... Rank remit a sum of Rs. 6.00 (Rupees Six only) in
cash payable at the time of my enrolment as additional one time contribution towards my membership
of the National Cadet Corps Cadets Welfare society.

2. 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 Organized NCC activities. I hereby accept that the decision of the
Governing Body / Managing Committee with regard to quantum of compensation to be paid to me in
the event of permanent/partial disablement will be final and binding on me.

3. 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 the Organized
NCC activities:-

Sl.No.	Name	Age	Relation- ship	Permanent Address of nominee(s)	Percentage of Financial assistance Payable.
--------	------	-----	-------------------	---------------------------------------	--

1

2

3

(To be filled by the candidate in his / her own handwriting)

4. My membership in the Welfare Society and this Nomination form will be valid only till such time I remain a cadet in the Division or Wing of the NCC to which I belong / seek enrolment.

Date.....

Place.....

Signature of the Cadet

Witness

Date.....

Place.....

(Signature)

Full Name-----

Address-----

Section II

(In the case of Minor son/ly)

I am willing to allow my son/daughter /ward Name -----

- to become a member of the National Cadet Corps Cadets Welfare Society under the terms, conditions and the Rules enforce of this Society. I also approve the nominations made in Section I (3)

Date.....

Place.....

Signature of Father/Mother/Guardian

Section III

Paid Rs.6-00 (Rupees Six only) as one time contribution and enrolled as a member of the National Cadet Corps Cadets Welfare Society during the cadetship in the Junior/Senior Division.

Date.....

Counter-Signature

Place.....

Signature of the Cadet

Commanding Officer

Date

Section IV

(To be detached and handed over to the Cadet)

Received Rs. 6-00(Rupees Six only) as one time contribution from -----

----- Rank ----- - Name -----

Towards membership fee in the NCC Cadets Welfare Society for the period of his/her cadetship in the Junior/Senior Division.

Date.....

Place.....

Commanding Officer Unit

Important: The Cadet should keep this receipt in safe custody.

Appx 'B'

(Ref HQ DG NCC letter No-19608/
DBT Dress Allce / Corres/2020-21/
DG NCC/Lgs (B-2) dt 01 Mar 2021)

MANDATE FORM NO. 11 BN 01 TO 00 (To be filled by NCC Unit)

CMP FILE STRUCTURE

<u>Serl No</u>	<u>Field Name</u>	<u>Details</u>	<u>Remarks</u>
1.	CDA Code	00	To be filled by NCC Unit.
2.	Name of the CDA	CDA Patna	
3.	Sub Office Code	39	
4.	Sub Office Name	Main Office	
5.	Name of the Beneficiary		To be filled by each beneficiary cadet.
6.	Account Number		
7.	IFSC Code		
8.	MICR Code		
9.	Account Type		
10.	Amount		To be filled by CDA.
11.	Payment Reference Number		
12.	Pay by Date		
13.	Vendor Code		Not applicable.
14.	Vendor Address		
15.	Bill Number		
16.	Bill Date		To be filled by CDA.
17.	Narration		
18.	E-mail ID of the Beneficiary		To be filled by each beneficiary cadet.
19.	Cell Number of the Beneficiary		To be filled by each beneficiary cadet. In case cadet not having mobile number, parent's mobile number to be mentioned.
20.	Additional Field		To be filled by CDA.
21.	Signature of the Candidate		To be Signed by each freshly enrolled cadet getting DST.

Note :- Ser Nos 1 to 4 to be filled by respective NCC Unit.
Ser Nos 5 to 10, 18, 19 and 21 to be filled by NCC cadet.
Ser Nos 11, 12, 17 and 20 to be filled by concerned PCDA/CDA.
Ser Nos 13 to 16 – not applicable to be left blank.

Check and verified by Bank Manager
(Stamp & Signature of the Bank Manager)