

**APPLICATION FORM FOR COMMISSION IN THE TERRITORIAL ARMY
FOR NON DEPT (INF) TA**

1. Candidate's Name																Attested photograph of the candidate size 4.5x 3.5 Cms (To be pasted)																																																			
(To be filled in BLOCK CAPITALS in blue ball point pen. In case of variation in Name as given to Matric Certificate attach an affidavit.)																																																																			
2. Father's Name																																																																			
3. Permanent Address	House No											Block/Pkt																																																							
	Village/Town											Post Office																																																							
	Tehsil											District																																																							
	State											Pin Code																																																							
	Mobile No											Land Line No.																																																							
4. Present Address	House No											Block/Pkt																																																							
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4 (A) Choice of written exam centre <input type="checkbox"/> Zone - I (Chandigarh - 01), Zone - II (Lucknow - 02, Patna - 03), Zone - III (Kolkata - 04, Shillong- 05), Zone - IV (Pune - 06, Bangalore - 07, Jaipur - 08, Hyderabad - 09) Zone - V (Udhampur - 10, Sri Nagar -11)																																																																			
Note :- Candidates are required to fill up their choice of centre as per their respective Zone only.																																																																			
Note :- Domicile Certificate issued by DM/DC as applicable or certified copy of passport/driving license/ration card/voter ID card or any other residential proof issued by State/Central Govt. as applicable.																																																																			
5. Date of Birth as Matric Certificate					6. Gender (Strike out which ever is not applicable)					7. No. of attempts already made in SSB for :-																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Day</th> <th>Month</th> <th>Year</th> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Day	Month	Year																																<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">M</td> <td style="width:50%; text-align:center;">F</td> </tr> </table>					M	F	<table style="width:100%;"> <tr> <td style="width:50%;">NDA</td> <td style="width:50%; text-align:center;">[]</td> </tr> <tr> <td>CDSE</td> <td style="text-align:center;">[]</td> </tr> <tr> <td>TA</td> <td style="text-align:center;">[]</td> </tr> </table>							NDA	[]	CDSE	[]	TA	[]									
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11. Marital Status :- Single/Married/Divorced (Strike out whichever not applicable).					12. Next of Kin					12 (a). Name of next of kin																																																									
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13. Nature of employment : Write code					14. Details of previous Commissioned Service in the Armed Forces (Furnish Discharge/Release Certificate) (write code wherever applicable).																																																														
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(c) Rank																																																																			
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(e) Arms/Service																																																																			
15. Reason for Discharge (write code)																																																																			
Code : Med Bd Out-01, Voluntary Discharge-02, Disciplinary Ground-03, On Superannuation-04, & Any Other-05																																																																			

16.

DECLARATION TO BE SIGNED BY CANDIDATE

(a) In the event of my selection for commission in the Territorial Army, I am willing to serve anywhere in India for longer duration also, whenever required, or as per the rules and orders in force from time to time.

(b) I clearly understand that if at any time during the period of probation I am not found suitable, I shall have to resign my commission in accordance with the rules and orders in force from time to time and in case I decline to do so I am liable to be discharged/removed from the Territorial Army.

(c) I am fully aware that if it is found at any stage that I have knowingly furnished any details which is/are false or have suppressed material information or I fail to comply with the above undertakings, my candidature will be rejected summarily and if already commissioned, I shall be liable to be discharged/removed from the Territorial Army.

Signature of Witness _____

Signature of Applicant _____

Name _____

Name _____

Address of Witness _____

Address _____

Mobile/Phone No _____

Mobile/Phone No _____

Date _____

Date _____

17.

**CERTIFICATE TO BE RENDERED BY CANDIDATES EMPLOYED IN
CENTRAL GOVT/UNION TERRITORY/STATE GOVT/SEMI GOVT DULY
AUTHENTICATED BY HEAD OF OFFICE**

(a) I certify that Shri _____ S/o _____ employed under me as _____ for the last _____ yrs and that his character as far as known to me is good. He is/is not recommended for the grant of commission in TA.

(b) It is also certified that Shri _____ will be made available for Trg/embodiment for service of the Territorial Army as and when required.

(c) It is further certified that Shri _____ does not hold and/or is not likely to hold in the foreseeable future a key – post in _____ (Department/Organisation which could affect the minimum essential functions of this Department/Organisation. However, in the event of this becoming a key man subsequently the Additional Director General Territorial Army, New Delhi shall be requested immediately to release or discharge him from the Territorial Army.

Place _____

Signature _____

Date _____

Designation _____

Stamp/Seal of Office _____

18 **CERTIFICATE TO BE RENDERED BY SELF EMPLOYED PERSONNEL TO BE AUTHENTICATED BY GAZETTED/COMMISSIONED OFFICER/DM**

I certify that Shri _____ S/o _____ is known to me for the last _____ yrs and bears good moral character to the best of knowledge and belief. He is/is not recommended for the grant of commission in the TA.

Place _____

Signature _____

Date _____

Designation _____

Stamp/Seal of Office _____

19. **CETIFICATE TO BE RENDERED BY CANDIDATES EMPLOYED IN PRIVATE SECTOR (TO BE AUTHENTICATED BY HEAD OF OFFICE)**

Certified that :-

(a) Any difference between the civil and military pay and allowances of the applicant Name _____ S/o _____ an employee of this organization will be paid by us for the period of his military duties in the Territorial Army.

(b) On return from military duty in the Territorial Army Shri _____ will be absorbed in the same or equivalent post which he would have held if his service in the civil had not been so interrupted and the such military service would count for all benefits in his civil job, like seniority for promotion, increment of pay, bonus and provident fund etc. To which he would have other wise been entitled.

Place _____

Signature _____

Date _____

Designation _____

Stamp/Seal of Office _____

20. **Recommendation of Interview Board at Command.**

(To be completed by Presiding Officer Preliminary Interview Board)

Recommended/Not Recommended for Commission in the Territorial Army.

Place :

Signature _____

Date _____

President PIB(With Rubber Stamp)

Stamp/Seal of Office