## NCC - PERSONAL INFORMATION QUESTIONNAIRE

1.	NAM	E:							
2.	2. PHONE NUMBER:								
3.	COURSE:								
4.	FATHER'S NAME:								
	00	CCUPATION:							
5.	5. MOTHER'S NAME:								
	OCCUPATION:								
6.	6. PERMANENT RESIDENCE:								
7.	7. BOARDER/DAY BOARDER:								
8. EDUCATIONAL RECORD									
Qualifica acquired		Name of Institution	Board / University	Year	Division & Marks%	Medium of Instruction	Boarder / Day Scholar	Outstanding achievement if any	
Matric / Sec.	Hr.								
10+2	- n+								
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<ul> <li>9. AGE (year and months):</li> <li>10. WEIGHT (Kg) :</li> <li>11. HEIGHT (Cm) :</li> <li>12. NCC TRAINING (YES/NO)  If yes, fill the table below regarding your total training. If not applicable, please write 'N/A'.</li> </ul>									
Total Training		Wing	Wing		Any appointment or outstanding achievement		Certificate obtained		
13. PARTICIPATION IN GAMES AND SPORTS:  If none, mention 'nil'.									
Name of the activity			Duration	of Participa	ation	Outstanding Achievement if any			
4.4	DART		EVTDA CUDI		A CTIVITIES:				

15. HOBBIES/INTERESTS

The form is to be submitted by 4:00PM, 11th September, 2021. No late submissions will be accepted.

The email to which the form is to be mailed: <a href="mailto:enrollmentncc@gmail.com">enrollmentncc@gmail.com</a>

## For any queries, contact-

Care-Taking Officer, Dr. Shweta Thakur, Zoology Lab, B3

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