

**FORM OF CONSENT FROM PARENT OR GUARDIAN FOR ENROLMENT  
IN RESPECT OF CANDIDATES AGED BELOW 18 YEARS**

Name in Full (**IN BLOCK CAPITALS**) : \_\_\_\_\_

Father's/Mother's or Guardian's Name : \_\_\_\_\_

Date of Birth :      D   D   M   M   Y   Y   Y   Y  
                          □ □ □ □ □ □ □ □

Date of Birth (**in words**) : \_\_\_\_\_  
\_\_\_\_\_

Air Force **Roll Number** : \_\_\_\_\_

Paste a recent  
Passport Size  
front facing  
Photograph  
  
**(See Note 2)**

**Statement by Father/Mother or Guardian** (Refer Note-1)

I certify that my above named Son/Ward has my full consent for his enrolment in the Indian Air Force.

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

\_\_\_\_\_  
**(NAME IN BLOCK CAPITALS)**

\_\_\_\_\_  
(Relationship with the candidate)

\_\_\_\_\_

\_\_\_\_\_  
(Address)

Date : .....

**Statement by Witness** (Refer Note 2)

It is certified that the form has been completed in my presence.

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

\_\_\_\_\_  
**(NAME IN BLOCK CAPITALS)**

\_\_\_\_\_  
(Designation)

Date : ..... (Office Seal)

**Note-1.** The statement must be signed by the father/mother of the candidate. In case both are not alive, the statement should be signed by the Legal Guardian of the candidate.

**Note-2.** The witness must be a Gazetted Officer or the village Sarpanch/Pradhan. He should also attest the photograph of the candidate (pasted on the top of this Form).