

**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
Colour Passport
Size front facing
Photograph with
white background
(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)

Date : (Office Seal)

(Designation)

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).