## 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:		• • • • • • • • • • • • • • • • • • • •
D D I Date of Birth :	M M Y Y Y	white backgroun (See Note-2)
Date of Birth (in words):		
Air Force Roll Number :		
Statement by Father/Mot	: <b>her or Guardian</b> (Refer No	ote-1)
I certify that my aboundian Air Force.	ove named Son/Ward has m	ny full consent for his enrolment in the
		(Signature)
		(NAME IN BLOCK CAPITALS)
		(Relationship with the candidate)
Date :		(Address)
Statement by Witness (R	Refer Note 2)	
It is certified that the	e form has been completed	in my presence.
		(Signature)
		(NAME IN BLOCK CAPITALS)
Date :	(Office Seal)	(Designation)

<u>Note-1</u>. 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.

<u>Note-2</u>. 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).