



ब्लैक बरेट युद्ध सेवाए

**BLACK BERETS COMBAT SERVICES**

सैन्य मामलो मे निती एवं युक्ती के कार्यालय  
Office of Strategy & Tactics for Military Affairs



SPECIAL FORCE UNARMED COMBAT विशेष निशस्त्र युद्धबल

W1131 NASIK

## APPLICATION FORM

NAME OF APPLICANT \_\_\_\_\_  
GENDER - (MALE / FEMALE) \_\_\_\_\_  
NAME OF FATHER OR HUSBAND \_\_\_\_\_  
NAME OF MOTHER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_ CONTACT \_\_\_\_\_  
DATE OF BIRTH (DD/MM/YYYY) \_\_\_\_\_ AGE \_\_\_\_\_  
OCCUPATION - PROFESSION / SERVICE \_\_\_\_\_  
QUOTA / GENERAL \_\_\_\_\_  
EMAIL ID \_\_\_\_\_

### FEES STRUCTURE :

➤ ADMISSION OR CAMP FEES - 18,000Rs. (NON REFUNDABLE) (CITY & STATE NAME.....)

### PLEASE ATTACH FOLLOWING :

- AADHAAR COPY WITH
- SCHOOL OR COLLEGE - LEAVING OR BONAFIED
- MEDICAL FITNESS CERTIFICATE
- INDEMNITY BOND IF MINOR
- (NOA) NO OBJECTION AGREEMENT

### NOTE :

- ATTACH CLEAR COPY OF ALL DOCUMENTS & PASSPORT PHOTO WITH ENTRY FORM
- NO ENTRY WILL BE ACCEPTED WITHOUT INDEMNITY BOND (IF MINOR).
- NO ENTRY WILL BE ACCEPTED WITHOUT MEDICAL FITNESS CERTIFICATE (BEFORE 1 DAY) WITH MBBS/MD/MS PHYSICIAN ONLY. \_\_\_\_\_

CONTINUE TO 2ND PAGE

\_\_\_\_\_  
PARENTS SIGNATURE

(In Case of Minors)

\_\_\_\_\_  
CANDIDATE SIGNATURE

Standard terms and Condition Apply



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➤ ALL FORMS SHOULD BE SENT BY SPEED/REGISTERED POST & SHOULD BE REACH BY BEFORE 20 DAYS OF ADMISSION OR CAMP ON THE FOLLOWING ADDRESS:

BBC BRANCH HEAD : \_\_\_\_\_

EMAIL ID : [blackberetscommando24@gmail.com](mailto:blackberetscommando24@gmail.com) CONTACT NO. : +91 \_\_\_\_\_

REMITTANCE ADDRESS :

BANK NAME \_\_\_\_\_ ACCOUNT HOLDER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ IFSC CODE \_\_\_\_\_

BRANCH NAME \_\_\_\_\_ BRANCH CODE \_\_\_\_\_

PLEASE WRITE THE REMITTANCE OR CHEQUE " MR. \_\_\_\_\_ " COLLECTS.

➤ CANDIDATE WILL NOT BE PERMITTED TO PARTICIPATE IN THE CAMP IF FOUND TO BE MEDICALLY UNFIT DURING THE FINAL MEDICAL CHECKUP AT THE VENUE.

➤ CANDIDATE WITH ANY TYPE OF DISABILITY WILL NOT BE PERMITTED FOR CAMP OR JOINING ANY GROUP.

.....  
**SELF DECLARATION :**

I HEREBY DECLARE THAT ALL ABOVE PROVIDED INFORMATION IS TRUE TO MY KNOWLEDGE, IF ANY PHYSICAL OR MORAL INJURY OCCURS OR PROBLEM ARISES WITH RESPECT TO ME DURING TRAINING PERIOD, I WILL BE RESPONSIBLE FOR THE SAME.  
.....

\_\_\_\_\_  
PARENTS SIGNATURE  
(In Case of Minors)

\_\_\_\_\_  
CANDIDATE SIGNATURE

DATE : / /

PLACE : \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPROVING AUTHORITY

ZONAL INCHARGE

Standard terms and Condition Apply