APPLICATION FOR APPOINTMENT OF CARE TAKER OFFICER
1ST YEAR/2ND YEAR

1. Name of Applicant :
2. Appointment held with date the Date of assumption :
3. Whether permanent or Temporary employee :
4. Date of Birth :
5. Name of College/School :
6. Whether Institution Pvt/Govt :
7. Troop No. :
8. Unit :
9. Post of ANO vacant since With reason :
10. Educational Qualification :
11. Willingness for appointment as ANO :
12. Whether the candidate has applied for the post of ANO, If so give details :
13. Request for present period of Appointment :

Place: Signature of Candidate

Date

RECOMMENDATION OF THE PRINCIPAL /HEADMASTER

Place :

Date :

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RECOMMENDATION OF THE OC/CO OF THE UNIT
REC/ NOT REC

Place :

Date :

RECOMMENDATION OF THE GROUP COMMANDER
REC/ NOT REC

Place :

Date :

APPROVAL OF THE DY DG NCC (1ST YEAR)
APPROVED/ NOT APPROVED

RECOMMENDATION OF THE DY DG NCC (2ND YEAR)
REC/ NOT REC

Place :

Date :

APPROVAL OF THE DG NCC (2ND YEAR)
APPROVED/ NOT APPROVED

Place :

Date :

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PART-I

RECOMMENDATION FOR PROMOTION ASSOCIATE NCC OFFICER

1. Personal Number :

2. Name (in Block letters :

3. Unit :

4. Name of the Institution :

5. Date of Birth :

6. Date of Commission with Antedate, if any :

7. Has officer been on supernumerary List at any time, if so state period

8. Rank for which promotion is now Recommended :

9. Rank for which due for promotion :

10. Date from which promotion is Recommended in case this is Different from the date at Sl No.9 :

PART-II
RECOMMENDATION OF THE OC UNIT
RECOMMENDATION FOR THE PROMOTION TO THE RANK OF

1. I further certify that:-

(a) The officer is still held on the role of the NCC
(b) The Officer is considered as professionally fit to hold the next higher rank.
(c) A vacancy in the higher rank exists in the unit and the officer will be absorbed in the unit.
(d) She has rendered continuous service
(e) She has attended and qualified the Refresher course with grading as shown against each:-

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(i) Ser No……

(ii) Ser No……

(iii) Ser No……..

Station:

Date: Signature of OC/CO

PART-III

RECOMMENDATION OF UNIT COMMANDER

Station:

Date:

PART-IV

RECOMMENDATION OF GROUP COMMANDER

Station:

Date:

PART-V

RECOMMENDATION OF DY DG NCC, ODISHA

Station:

Date:

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FORMS FOR EXTENSION OFSERVICE ASSOCIATE NCC OFFICER

(First Extn Spell Of 57 &58th Year/ Second Extn Spell Of 59 & 60th Year)

1 Personal No. Rank & Name or Officer :

2 Name of the Institution in which employed :

3 Unit. Sub-unit and location :

4 . No. of Company/Troop of which charge held :

5 Date of Birth :

6 Date of Commission, which ante-date, if any :

7 Date of attaining the age of 56 years :

8 Period of extension, if any, already granted
From _____to _____
(Applicable to Officers who are serving on extended tenure beyond 56 years of age) :

9. Authority for such extension mentioned at serial & above. . :

10. Details of camp from----------to----------
(i.e leadership ATC. Rock Climbing.Nau Sainik. Vayu Sainik.NIC etc) indicating the duration of the camp. :

11. Period of extension applied for from :

I No. ----------Rank, Name _____here by apply for extension of service as Officer in the NCC for the period shown at serial above.

Station:

Date: Signature of the applicant

PART-II (Medical Fitness)

MEDICAL FITNESS CERTIFICATE

(First Extn Spell Of 57 &58th Year/ Second Extn Spell Of 59 & 60th Year)

Side profile of complete body	Recent Photograph of passport size duly attested by the medical practitioner

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I, Dr _____ have examined (Name of ANO) _____ whose signature are appended below, on (date)_____ and consider him physically fit in all repsects to continue as an officer in NCC for two years , His medical category is __ _____.

(Signature of Medical Officer)
Stamp bearing Name
Designation and address

Signature of ANO_____ Date _____

PART-III: Remarks of CO Unit

(a) Recommendation:

(b) Certified that no training NCC Officer below 56 years of age(including those on supernumerary list) is available in the institution to take over NCC duties from the Officer now being recommended for extension.

(c) A certificate from the head of the institution indicating the name of the replacement proposed to be sponsored for selection in lieu of above NCC Officer, or otherwise a statement from the above authority explaining difficulties for the same is enclosed.

(d) Certified that the Officer was/is not involved in any disciplinary/neither vigilance case, nor any such case is pending/contemplated against the officer.

Signature of Commanding Officer
Name: _____
Unit: _____
Stamp: _____

Place: BHUBANESWAR
Date :

PART-IV :Recommendation of the Group Commander

Place: BHUBANESWAR

Signature of the Group Commander
Name and Rank_____
NCC Gp HQ

Date:

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PART-V: Recommendation of the DY Dir Gen NCC(ODISHA)

(a) Grading awarded in ACRs for the last 5 years (including grading in the latest ACR) and *adverse remarks, if any.

	Year	Grading
(i)	2013	
(ii)	2014	
(iii)	2015	
(iv)	2016	
(v)	2017	

(b) It is certified that grant of extension to the above named officer from _____ to _____ is considered necessary in the interest of service for the continuation of NCC activities in the Unit/Sub-Unit of the applicant officer.

(c) **Recommended/Not Recommended.**

Place: - BHUBANESWAR

Date:

Signature_____

Rank_____

Dy Dir Gen NCC_____

State-Odisha
(Stamp)

*In case of adverse remarks it will be indicated Whether such remarks were communicated to the Officer in writing.

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APPLICATION FOR DISCHARGE/RELINQUISHMENT OF COMMISSION
(Vide para-VII of NCC Act & Rules)

PART-I

1. Personal No, Rank, Name of the officer :
2. Date of Birth :
3. Date of commission & Gazette Notification :
4. Coy/Troop No & Name of the Institution :
5. Reason for Discharge/Relinquishment :
6. No of other copy / Troop :
7. No of remaining NCC officer if any in the Institution :
8. Arrangement made to look after the Troop of volunteer selected in replacement :
9. Rule under which the officer is to be Discharge/Relinquishment :
10. In case of officer was due to promotion to the next Higher rank prior to the date discharge/Relinquishment the reason for not initiation in his case for promotion :

PART-II
RECOMMENDATION OF UNIT COMMANDER

Station:
Date:

PART-III
RECOMMENDATION OF GROUP COMMANDER

Station:
Date:

PART-IV
RECOMMENDATION OF DY DG NCC, ODISHA

Station:
Date:

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CONFIDENTIAL

No. Rank, Name of the ANO Initials

ANNUAL CONFIDENTIAL REPORT FOR THE PERIOD
FROM _____ TO _____
ASSOCIATE NCC OFFICER OF NATIONAL CADET CORPS

FOR OFFICE USE ONLY

Directorate_____ Stamp Diary No._____ Initials_____

PART-1 VALIDATION AND AUTHENTICATION DATA

1. **Personal and Service Particulars**

(a) Personal No. : ----------

(b) Rank : ----------

© Name (in block letters) : ----------

(c) Date Assumption of Present rank : ----------

(d) Date-First NCC Commission : ----------

(e) Date-NCC Seniority : ----------

(f) Date of Birth : ----------

(g) Decoration and Awards : ----------

2, **Deployment Particulars**

(a) Institution and Place : ----------

(b) Troops No. Designation & Place : ----------

(c) Unit and Place : ----------

(d) Directorate : ----------

CONFIDENTIAL

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No. Rank Name of the ANO
Initials

3. Medical Fitness for NCC Duties as ANO (Refer to Appendix "C" to NCC Act& Rules 1948 and Appendix "A" to NCC Act and Rules 1949 (GD).

Date ----------

Place----------

Signature , Designation and

Stamp of Medical Officer

COUNTERSIGNED

Signature of Head of Institution
Name----------
Designation----------
Date---------Place----------
Stamp of Institution

Signature of OC Unit
No.----------Rank----------
Name----------
Date----------Place----------
Stamp of NCC Unit

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No Rank and Name of the ANO
Initial

4. Initiating Officer (OC Unit)

Box
Overall Grading

(a) Brief Comments (To include achievements, strong points, weaknesses and ratee's performance during the period reporting).

(b) Has the ratee been given verbal or written guidance for improvement during the reporting period, if so, give details.

(i) Verbal

(ii) Written

Signature
No---------- Rank----------
Name----------
Appointment----------
Date----------

Note. In case the pen picture or sub para (b) contains any adverse remarks complete Para 4 to be communicated to the ratee by registered post. Give details of registered letter No. and date

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No Rank and Name of the ANO
Initials

5. Reviewing Officer (Gp Cdr)

Box
Overall Grading

(a) Brief Comments (To include achievements, strong points, weaknesses and ratee's performance during the period reporting).

(b) Has the ratee been given verbal or written guidance for improvement during the reporting period, if so, give details.

(i) Verbal

(ii) Written

(c) Do you recommend any report of the IO to be expunged and if so, state such portions and reasons.

Signature
No---------- Rank----------
Name----------
Appointment----------
Date----------

Note. In case the pen picture or sub para (b) contains any adverse remarks complete Para 5 to be communicated to the ratee by registered post. Give details of registered letter No. and date

6. Superior Reviewing Officer(Dy DG State Directorate)
(In case Senior Division /ANOs only)

Box
Overall Grading

Date----------

Signature----------

No---------- Rk----------

Appointment----------

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No, Rank and Name of the ANO
Initials

7. Recommendations for Promotions, Extensions of Services (Indicate "R" for Recommended and NR recommended).

	IO	IO
(a) Recommendations for promotion to next higher rank	--------	-------
(b) Recommendation for extension of service (in case the ANO is to attain the age of superannuation in next three years or has already attained such age.	----------	-------
(c) Recommendation of Honorary Rank (last five years)		

Signature of IO

No----------

Rank----------

Name----------

Unit----------

Date----------

Stamp----------

Signature of RO

No----------

Rank----------

Name----------

Unit----------

Date----------

Stamp----------

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IMPORTANT INSTRUCTIONS

1. The report must be initiated and endorsed by the officers as prescribed in the channel of reporting . Any deviations will render the report technically invalid.

2. The grading in paras 4,5 and 6 will be filled in figures from 1 to 9 as under :-

(a)	9	-	Corresponds to	Outstanding
(b)	8-7	-	Corresponds to	Above Average
(c)	6-5		Corresponds to	High Average
(d)	4-3	-	Corresponds to	Average
(e)	1-2	-	Corresponds to	Below Average

3. Erasures, overwriting and paper slip pasted for the purpose of revising original assessment are not acceptable. Such reports will be technically invalid.

4. A cube must be drawn across unused space(s) and same authentically by the reporting officer(s).

5. Details given under the heading validation and authentication data must be as per documents maintained in the Unit/Gp HQ.

6. The report must not contain reference to any disciplinary background.

7. The report must be objective and the assessment in various parts of the report by the same reporting officer must be consistent. Reasons for Negative recommendations (NR) if specified at Para 7 must not reflect upon character qualities or demonstrated performances.

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Appendix 'B' to Dte Gen NCC Policy letter No.
0632/Policy/86/DG NCC PERS (A) dated 23 Apr 86
(Refers to Para-5 (a)

PROFORMA FOR RECOMMENDATION TO GRANT OF HONORARY RANK TO EX-NCC PART-TIME OFFICERS (SENIOR/JUNIOR DIVISION) UNDER THE PROVISIONS OF RULE 45 OF NCC ACT AND RULES - 1948

PART - I

1. Personal No :
2. Rank :
3. Name :
4. Date of Birth :
5. Academic qualifications :
6. Name of institution where served prior to discharge and appointment held :
7. Date of relinquishment of commission from NCC :
8. Permanent address :
9. Date of commission in the NCC, with ante-date of seniority, if any :
10. Previous service in NCC rendered (where applicable) :
11. Total reckonable service rendered in the NCC:
12. Rank held in NCC at the time of discharge with date of substantive rank :
13. Period of supernumerary list, if any :
14. Honorary rank recommended on retirement :
15. Periods of whole time service rendered in the NCC, if any with exact dates :

Contd on page 2/-

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PART - II

RECOMMENDATION OF THE OC UNIT

Certified that:-

(a) The officer had completed _____years reckonable service at the time of his discharge. (Minimum service)

(b) The officer had an unblemished record of service in the NCC

(c) The officer satisfies the qualifications laid down in Rule 16(a) and 16(aa) and Rule 45 of the NCC Act and Rules 1948 and is not disqualified under Rule 16 (e), 16(f), 16(g) and para 1 of Schedule III, thereof.

Statement of case in support of the grant of honorary rank to the officer is attached in triplicate.

_____

(Signature of Officer Commanding)

Name & Rank_____

Place_____

Date_____

Unit_____

(Stamp)

PART - III

RECOMMENDATION OF GROUP COMMANDER

Place_____

Date_____

_____

(Signature of Group Commander)

Name & Rank_____

NCC Group HQ_____

(Stamp)

Contd on page 3/-

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PART - IV

RECOMMENDATION OF DY DG NCC DTE

It is certified that:-

(a) The officer had rendered meritorious service in the NCC for a period of _____ years, including service rendered in Armed Forces, where applicable;

(b) the officer is of good character – Rule 16 (a), NCC Act and Rule, 1948;

(c) he is citizen of India or subject of Nepal – Rule 16 (aa) of NCC Act and Rules, 1948;

(d) he has not at any time been convicted for an offence involving moral turpitude and sentenced – Rule45 and 16(e) of NCC Act and Rules, 1948;

(e) he had not been dismissed from the NCC or the Indian Armed Forces – Rule 45 and 16 (f) of NCC Act and Rules, 1948;

(f) he is not a member of any communal organization, or a political organization or an organization believing in violence or communal disharmony – Rules 45, 16 (g) and para 1 Schedule III of NCC Act Rules, 1948;

(g) the officer has been recommended for honorary rank by the Commanding Officer of the Unit where served and the Group Commander.

2. I, therefore, recommended Ex _____ for the granting of Honorary Rank of _____ in the NCC on his retirement.

_____

(Signature of Dy DG NCC)

Place: _____

Name and Rank_____

NCC Dte (State) _____

Date: _____

(Stamp)

*Note: The statement is to, inter-alia, cover the following points:-

(a) The officer had an unblemished record of service in the NCC, with Commendatory remarks, in his ACRs (gist of remarks to be furnished).

(b) Commendatory work done during service.

(c) The officer continued to take active interest the furtherance of NCC activities, after relinquishment of his commission, where applicable

(d) The present academic/social status of the officer with full details/particulars.

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