

SCHEDULE – 1
(See rule 7, 11, 13, 17, 11 and 21)
FORM – 1
NATIONAL CADETS CORPS
SENIOR / ~~JUNIOR~~-DIVISION

EMPLOYMENT FORM
(See rules 7 to 11)

TO BE COMPLETED BY MEDICAL OFFICER ENROLLMENT

I have examined (Name).....
on (Date)..... and consider his/her fit / unfit for enrollment as
a Cadet in the National Cadet Corps.

Name (Capital letter).....
Designation.....
Reg.No.....

.....

Signature
(Stamp/Office seal of Medical Officer)