

APPLICATION FORM FOR ENROLMENT IN THE
AMITY CADET CORPS

1. Name of Student Gender: Male/Female

2. Date of Birth

3. Class in which studying

4. Particulars of Parents/Guardians

Name: Father Mother

Profession:

Residential Telephone No.

Address: E-mail Address

Date

Signature of Applicant

DECLARATION BY PARENT/GUARDIAN

I solemnly declare that the answers given in this form are true and that my son/daughter/ward is physically fit and willing to engage in the activities of the AMITY CADET CORPS as organised by his/her Teachers/Principal/Instructors from time to time.

Date

Signature of Parent/Guardian
(Name)

RECOMMENDATION OF HEAD OF INSTITUTION

Recommended/Not recommended for Enrolment

Date

Signature
(Name)

FOR OFFICE USE ONLY

REMARKS OF DIRECTOR AMITY CADET CORPS

Date

Signature of Director - ACC
(Name)