

**CERTIFICATE – 1**

**DEPENDENTS OF ARMY PERSONNEL SERVING / RETIRED**  
**By OC Unit / Army HQ AG's Branch / DSS & A Board / Record Office**

It is certified that Mr / Ms \_\_\_\_\_ is son / daughter / wife of  
No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Regiment/Corps \_\_\_\_\_  
serving in (Unit/HQ) \_\_\_\_\_, who is likely to retire on \_\_\_\_\_  
(month / year) or has retired from \_\_\_\_\_ (the last fm  
/ unit) after completion of \_\_\_\_\_ years of regular service in the Army on  
\_\_\_\_\_ with / without pension benefits.

Place: \_\_\_\_\_

Signatures \_\_\_\_\_  
(OC Unit / Head of Department /Records Office / DSS & A Board)  
Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Seal \_\_\_\_\_

Name and Signature of the Candidate \_\_\_\_\_

- Notes: 1. Strike off whatever is not applicable.  
2. If retired with pension benefits, attach relevant certificate from pension paying authority.  
3. Not required for war widows who are in receipt of liberalized pension.

**CERTIFICATE – 2**

**DEPENDENTS OF ARMY PERSONNEL KILLED IN ACTION / DIED DURING SERVICE / DISABLED IN ACTION**

**By AG's Branch, Army HQ / Record Office / DSS & A Board**

It is certified that Mr / Ms \_\_\_\_\_ son / daughter / wife of late

No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Regiment/Corps \_\_\_\_\_

Resident of Village/ City \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ is a war widow and is in receipt of liberalized pension. His / Her father / husband -

(a) was a battle causality during war / OP / CI Operation and was declared dead during the said operation vide death certificate no \_\_\_\_\_ dated \_\_\_\_\_ (attested copy of death certificate attached).

(b) died during service due to \_\_\_\_\_ (attested copy of death certificate attached)

© was disabled during war / OP / CI Operations \_\_\_\_\_ and was boarded out due to disability on \_\_\_\_\_ vide the medical board proceedings. (attested copy attached)

\* Strike off whatever is not applicable.



Signature \_\_\_\_\_

Name \_\_\_\_\_

**COUNTERSIGNED**

Place : \_\_\_\_\_ Signatures \_\_\_\_\_  
(OC Unit / Head of Department / Records Office / DSS & A Board)  
Date : \_\_\_\_\_ Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Office Seal \_\_\_\_\_

Name and Signature of the Candidate \_\_\_\_\_

**CERTIFICATE – 3**

**DEPENDENTS OF ARMY MEDICAL CORPS / AD CORPS OFFICERS SERVING  
IN AF / NAVY MEDICAL ESTABLISHMENT  
(By Parent, Countersignatures by OC Unit)**

I, No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Father / Mother / Husband of \_\_\_\_\_

hereby certify that -

(a) I am commissioned in Army Medical / Army Dental Corps and have not been seconded to Navy or Air Force.

(b) I am commissioned in Army Medical / Army Dental Corps and have been transferred to Navy or Air Force but I am member of AOBF and have served in the Army for minimum ten years.

\*Strike off whatever is not applicable.

Place : \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date : \_\_\_\_\_

Designation \_\_\_\_\_

**COUNTERSIGNED**

CO / OC Unit \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Seal \_\_\_\_\_

Name and Signature of the Candidate \_\_\_\_\_

**CERTIFICATE – 4**

**DEPENDENTS OF SERVING MNS / APS / TA PERSONNEL**

**By AG's Branch, Army HQ / Record Office / DSS & A Board**

I, No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
Father / Mother / Husband of Mr / Ms \_\_\_\_\_ certify that :-

(a) I am an APS person on deputation and I have put in more than 10 years of service in the Army from \_\_\_\_\_ to \_\_\_\_\_.

OR

(b) I am an APS person directly recruited into Army and am still in service from \_\_\_\_\_ to \_\_\_\_\_

OR

(c) I am TA person and I have put in more than 10 years of service in the TA from \_\_\_\_\_ to \_\_\_\_\_.

(d) I am an MNS person and I have put in more than 10 years of service as MNS Officer from \_\_\_\_\_ to \_\_\_\_\_

\*Strike out the portion, which is not applicable.

Place : \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date : \_\_\_\_\_

Designation \_\_\_\_\_

**CERTIFICATE**  
**(BY OC UNIT)**

The facts in the above-mentioned undertaking have been verified from official records and have been found correct.

OC Unit (for serving personnel) \_\_\_\_\_

DSS & A Bd (for retired personnel) \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Seal \_\_\_\_\_

Note :- Strike off whatever is not applicable

**COUNTERSIGNED**

Concerned Staff Officer of Fmn HQs \_\_\_\_\_

(for serving personnel)

DSS&A Board (for retired personnel)

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Seal \_\_\_\_\_

Name and Signature of the Candidate \_\_\_\_\_

**CERTIFICATE – 5**

**ADOPTED CHILDREN OF THE ARMY PERSONNEL ADOPTED AT LEAST FIVE YEARS PRIOR TO  
SEEKING ADMISSION**

**(By Army HQ AG's Branch / OC Unit)**

It is certified that Mr / Ms \_\_\_\_\_ is son / daughter of No \_\_\_\_\_

Rank \_\_\_\_\_ Name \_\_\_\_\_ Regiment/Corps \_\_\_\_\_

adopted on \_\_\_\_\_ (five years prior to seeking admission). An attested copy of the legal papers in respect of the adopted child, are enclosed with the certificate.

Signature of the Parent \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the Concerned Dte  
at AHQ/OC Unit \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Seal \_\_\_\_\_

Name and Signature of the Candidate \_\_\_\_\_

**CERTIFICATE – 6**

**CHILDREN OF WIDOWS OF ARMY PERSONNEL WHO ARE BORN AS A RESULT OF FIRST MARRIAGE AND THE WIDOWS ARE LATER REMARRIED TO CIVILIAN**

**(By Army HQ AG's Branch / Respective Record Office)**

It is certified that Mr / Miss \_\_\_\_\_ was born to Mrs

\_\_\_\_\_ who is the widow of late No \_\_\_\_\_

Rank \_\_\_\_\_ Name \_\_\_\_\_ of the Unit (give last unit)

\_\_\_\_\_, and Mr / Miss \_\_\_\_\_ has been born out as a result

of first marriage with \_\_\_\_\_.

Signature of the parent \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature \_\_\_\_\_  
(OC Unit / Concerned Record Office)

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Seal \_\_\_\_\_

**CERTIFICATE – 7**

**STEP CHILDREN OF ARMY PERSONNEL WHO WERE BORN OUT OF A WEDLOCK WHERE AT  
LEAST ONE PARENT BELONGED TO ARMY**

**(By Army HQ AG's Branch / Respective Record Office)**

Certified that Mr / Miss \_\_\_\_\_ son / daughter of No  
\_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Unit  
\_\_\_\_\_ was born out of a wedlock where the father / mother belongs to Army  
presently serving in the unit \_\_\_\_\_.

Signature of OC Unit / Record Officer \_\_\_\_\_ Place : \_\_\_\_\_

Name \_\_\_\_\_  
Date : \_\_\_\_\_ Designation \_\_\_\_\_  
Office Seal \_\_\_\_\_

**CERTIFICATE – 8**

**MEDICAL FITNESS CERTIFICATE**  
**(By OC MH / Authorized Medical Officer)**

It is certified that I have carefully examined Mr / Ms \_\_\_\_\_

age \_\_\_\_\_ son / daughter / wife of (Name & Regt) \_\_\_\_\_.

I certify that he / she has good physical and mental health and is free from any disability which is likely to interfere in his / her undergoing the B. Ed. course. He / she has no abnormality in the heart and lungs and has no history of mental disease / epileptic fits. His / her major test results are as under:-

(a) Height : \_\_\_\_\_ cms

(b) Weight : \_\_\_\_\_ kgs

(c) Chest :     Normal \_\_\_\_\_ cms  
                  Expanded \_\_\_\_\_ cms

(d) Vision :-   Better Eye \_\_\_\_\_                      Worse Eye \_\_\_\_\_

                  (i)    Distance Vision \_\_\_\_\_  
                              (Corrected)

                  (ii)   Near Vision \_\_\_\_\_  
                              (Corrected)

(e) Hearing:   Left Ear \_\_\_\_\_                      Right Ear \_\_\_\_\_

(f) Blood Group \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of Auth Med Attendant \_\_\_\_\_

Head of Department/OC MH \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Seal \_\_\_\_\_



**CERTIFICATE – 9**

**CONSENT LETTER**

The Principal  
Army Institute of Education,  
Greater NOIDA (UP)

Subject: Consent to send the ward to a camp/tour/Other Outdoor Activities

Dear Madam/Sir,

1. I hereby agree to send my ward to any camp/tour/other outdoor activities organized by the Institution from the date of joining till he/she completes his/her education at AIE, Greater NOIDA.

2. I understand and agree that the organisers will do their best for the safe & smooth conduct of the aforesaid outdoor activities; still in case of any unnatural happening or any misfortunate incident, I will not hold the Institute responsible.

**DETAILS OF THE STUDENT**

STUDENT NAME:.....

SESSION.....ENROLLMENT NO.....

.....  
(PARENTS'S SIGNATURE)

NAME.....

MOBILE NO.....