

**GOVERNMENT OF INDIA  
NATIONAL YOUTH CORPS  
APPLICATION FORM**

**Aadhaar no. of Applicant.....**

	<b>Full Name (in capital letters)</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>	
<b>2</b>	<b>Sex (Please Tick)</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>			
<b>3</b>	<b>Date of Birth</b>	<b>Date</b> <b>Month</b> <b>Year</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<b>Place of Birth</b>	<b>Village/Town/City</b> _____ <b>District</b> _____ <b>State/UT</b> _____			
<b>4</b>	<b>Age as on 1st April 2021 (Minimum eligible age is 18 years and maximum age is 29 years as on 1-4-2021)</b>	<b>Year(s)</b> <input type="checkbox"/> <input type="checkbox"/> <b>Month(s)</b> <input type="checkbox"/> <input type="checkbox"/>			
<b>5</b>	<b>Father's Name</b>	<b>First Name</b>	<b>Last Name</b>		
<b>6</b>	<b>Mother's Name</b>	<b>First Name</b>	<b>Last Name</b>		
<b>7</b>	<b>Category (Tick appropriate Box)</b>	<b>General</b> <input type="checkbox"/>	<b>SC</b> <input type="checkbox"/>	<b>ST</b> <input type="checkbox"/>	<b>OBC</b> <input type="checkbox"/>
<b>8</b>	<b>Educational Qualification</b> <b>Minimum 10th class pass</b>	<b>10th pass</b> <input type="checkbox"/> <b>12th Pass</b> <input type="checkbox"/> <b>Graduate</b> <input type="checkbox"/> <b>Post Graduate</b> <input type="checkbox"/> <b>Others (Certificate/Diploma)</b> <input type="checkbox"/>			

	Year of passing the highest examination		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
	Name of the Institute/Board/University							
	Professional, technical and other qualifications (Diploma/Certificate etc.) if any, give details							
9	Current status of applicant ie: Student/Employed, Unemployed, others specify							
10	Languages Known		Name of the Language	Speak	Read	Write		
11	Permanent Address							
	House Number		Village/Town/Colony					
	State		Block and District					
	Post Office/ Police Station		Pin Code					
	Phone Number with STD code		Contact No.					
12	Present Address							
	House Number		Village/Town/Colony					
	Post Office		Block and District					
	State		Pin Code					
	Email and Phone Number Code with STD		Email id					
			Mobile No					
13	Have you ever participated in the programmes of (NYKS, NSS, NCC, Bharat Scouts & Guides, School, College, Others) (Please tick only)		NYKS	NCC	BS&G	NSS		Others
						School	College	
	Length of Experience (Organization wise) as Volunteer	Year (s)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Month (s)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14	Are you active member of a village level							

	<b>Youth Club affiliated with NYK</b>	Yes <input type="checkbox"/>	NO <input type="checkbox"/>
	<b>(i) If Yes, Name and Address of Youth Club</b>		
	<b>(ii) Designations in Youth Club</b>	Office Bearer <input type="checkbox"/>	Member <input type="checkbox"/>
	<b>(iii) Period of association with Club</b>	Year(s) <input type="checkbox"/>	Month(s) <input type="checkbox"/>
15	<b>Name, Address &amp; Telephone number of two Responsible persons of the applicant's locality, who can vouch for the applicant/ know him/her for the last 3 years</b>	1.	Ph No.
		2.	Ph. No

**Declaration**

I declare that the particulars furnished in this registration/application are true, complete and correct to the best of my knowledge and belief. I have neither convicted by any court of law nor in any criminal proceedings any where in India. I am fully aware that serving as volunteer is a full time assignment and I may be assigned any work by my deploying agency.

I am solely responsible for the information so furnished.

Date-----

Place-----

(Signature of the Applicant)

Name of the Applicant-----

1. Documents to be attached (Self attested)
2. Copy of the Birth Certificate
3. Copy of Certificate of SC/ST/OBC
4. Copies of Certificates of highest Educational Qualification
5. Copy of Address proof (any one out of Voter I.D/Driving License/Passport/Ration Card)