IAF (TA)
Part - 1

<u>APPLICATION FORM FOR COMMISSION IN THE TERRITORIAL ARMY</u> THROUGH ASB (ARMY HEADQUARTERS SELECTION BOARD) 2025

Warning: Concealment of any information or furnishing of false particulars will result in the cancellation of the candidature

Please read the instructions carefully before filling this application form

Certify you have		tions	for fil	ling th	is ap	plica	tion	forr	n																				
Answer in Yes o	First Name																	I				_	-						
2. Candidate's	Middle Na																												
Name	Surname																							Sel	f attes	ted red Photog		olour	ed
As given in Matriculation	Certificate, in case of v	ariatio	on in nar	ne attach	Gazet	te Not	tificati	on						·									1	of th	e cand (7	idate s o be p			.5 cm
	First Name	e																											
3. Father's Name	Middle Na	me																											
	Surname																								Signa	ture of	Cand	lidate	
=	House No		1		1	T							I	Block	/Pkt	t							1						
4. Candidate's	Village/Town									T			F	ost C	Offic	ce													
Permanent Address	Tehsil												Ι	Distri	et					İ									
	State												F	in Co	ode					Ī									
5. Candidate's	House No												I	Block	/Pkt	t													
Present Address	Village/Town												F	ost C	Offic	ce													
	Tehsil												Ι	Distri	et														
	State												F	in Co	ode														
6. Candidate's Cor	ntact Details:																						•						•
a) Mobile No.	Mobile No. c) E-mail Address e) Nearest Police															ice S	tatio	n w	ith P	in co	de N	lo.							
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														Ш]												
b) Land line No wi	Land line No with STD Code d) Adhar Card No. f) Nearest Rail															way	Stati	ion											
	and line No with STD Code d) Adhar Card No. f) Nearest Raily															Ť					Τ								
	Land line No with STD Code d) Adhar Card No.															t			П			Ť					T		
7 (a) Newt of Vin	n) Next of Kin (b) Name of the Next of Kin															-!						!							
Code:			Nan		uie	Next	01 K	.111					<u> </u>													1	T	T	
Father-01, N	Mother-02,			ontact	Deta	ils o	f the	Ne	xt of	Kir	,		<u> </u>][
	Vife-04,		È	ile No				110																1					
Son-05, Other-07	Daughter-06,		Lane	d Line																									
			No																										
			E-m	ail ID																									
8. (a) Date of Birth	h (As given in Matric	ulatior	n Certific	ate)		(b)	Ger	ıdeı	•		(c)]	Mar	ital S	tatu	s:													
Day Mo	onth	Y	ear		11]	М	F		(Code	<u>e</u> :	Un	mar	rried	- 01		Ν	1arr	ied (with	one						
																vs - (r - 04			Divo	orcee	- 05	5	
9. (a) Educational	Ouglification : [(b) I	Edua	otion	o1 C+	*001	m of i	C-ro	due	tion		IVI	ırrıe	_						_	spous Post			ion	_	_	_
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Graduation-01				Arts					nce -		_			ce - ()3		rts -						02,						
Post Graduation -02				Engi		_						_	ers -	06		E	ngin						- 05,				Othe	ers -	07
10. (a) Are you gai	nfully employed	$\overline{}$) Natı ode :	ure o	f Em	ploy	meı	nt wi	th C	Code	e: [(c) А Г	nnu	al Ir	com	e (in	Ru	pees)) 	7		
Yes / No			C	entral (2, Pvt S				erri	tory ·	- 01				/ Sen			-	PAl	N No). [İ							
(D. M. 07		1	<u> </u>				1							<u>-</u>			1	1	1			_				-			
(d) Name of Dep		+		+					-					\dashv		-			-						-	-			+
(e) Address of the	е пери гиш :					1										1													

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11. Details of Service in the Armed Forces		
(a) Service :	(b) Arm / Service (c) Unit	
Code: Army - 01, Air Force - 02,		
Navy - 03, TA - 04		
(d) Service No	(e) Date of Enrolment (f) Date of	f Commission
(g) Date of Retirement / Release	* 7	Categories at the time of retirement /
	release	
(k) Reasons for Discharge / release from service :		
	•	nuation - 04,
Removed/ Dismissed – 05, Resign	ed – 06, Others – 07	
12. Please answer in Yes / No		
a) Have you ever been involved in any criminal ca	se ? d) Is any case pending against you in any Cou	rt ?
b) Have you ever been arrested/ prosecuted ?	e) Is any case pending against you in any Police	e Station ?
c) Have you ever been convicted by any court?	f) Have you been debarred from appearing at a	ny Examination by Union
	Public Service Commission/ Government of In	
	University/ Board or any other Educational Ins	titution ?
g) If the answer to any of the above mentioned que case/ duration of arrest / detention / conviction / n awarded etc and reason being debarred by Cent University / Educational Authority etc at the time Court orders if any may also be enlcosed.	ture of case pending / punishment e or State Service Commission /	
13. DECLARATION	,	
(a) I hereby declare that information provided by I	ne in this application form is true and correct to the best of my knowl	edge and belief.
	rters Selection Board on my free will and at my own risk and that I of India in respect of any injury which I may suffer in the course of o y reason.	
(c) I understand that my selection at Medical Exar	nination does not necessarily mean that I have been selected for grant	of commission.
(d) I undertake to inform the Director General, Teduring the period of my candidature for TA commist Certificate (NOC) from my employer.	ritorial Army, Army HQ, New Delhi immediately in the event of ther sion and thereafter during my service to the CO of my unit / superior	e being any change in my employment officer, together with the No Objection
(e) In the event of my selection for commission in the rules and orders in force from time to time.	the Territorial Army, I am willing to serve anywhere in India whene	ever required for any duration or as per
	hat I have knowingly furnished any particulars which is / are false or y candidature will be rejected summarily and if already commission	
(g) I certify that I have filled the application form	after reading all the instructions.	
Date :		Signature of Candidate

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Application No.:			

<u>APPLICATION FORM FOR COMMISSION IN THE TERRITORIAL ARMY</u> THROUGH ASB (ARMY HEADQUARTERS SELECTION BOARD) 2025

(TO BE COMPLETED BY THE CANDIDATE IN HIS OWN HANDWRITING IN BLOCK CAPITAL LETTERS BY BLUE / BLACK BALL PEN)

Warning: Concealment of any information or furnishing of false particulars will result in the cancellation of the candidature and may also debar a candidate from applying for any type of commission for a period of atleast one year

Please read the instructions carefully before filling this application form

Certify you have Answer in Yes or		instruct	ions for	filling	his app	olica	ation fo	orm									p				t colour		5
2.	First Na	ame															1				pasted)		
(a) Candidate's	Middle	Name																					
Name	Surnam	e																					
As given in Matriculation (ariation in	name atta	ch Gazett	e No	otification	n.															
b) Have you applie	d Earlier	for PIB	for TA	Commi	ssion (Yes	/ No)																
c) If yes then please	e give mo	onth and	year of	last atte	empt.														Sig o	f Candi	date		
d) If yes then pleas	e give the	e exact r	ame as g	given ii	n previ	ous	applic	ation.															
First Name																							
Middle Name																							
Surname																							
e) Is there any diffe	erence in	the nam	es in 'a'	and 'd	above	(Y	es / No	o).															
f) A difference in the application form with										reaso	ns, if	neces	sary, c	n a	separa	ate shee	et of p	aper a	ttach	ed to	the		
3.	First Na	ame															Occi	patio	n				
(a) Father's Name	Middle	Name														Co.	<u>de</u> : Service	-01	c)	Profes	ssiona	1_03	
	Surnam	.e															Susines		- 1		rs - 04		
(c) Present	House I	No									Block	k/Pkt											
Address (if dead state his last	Village	/Town									Post	Office											
address)	Tehsil										Distr	ict											
	State										Pin C	ode											
(d) Mother's	First Na	ame															Occi	ıpatio	n [
Name	Middle	Name														Co		01	``	D C	_	1 02	
	Surnam	.e															Service Susines				ssiona rs - 04		
	House I	No									Block	c/Pkt			1	1			/				
4. Candidate's	Village											Office											
Permanent Address	Tehsil										Distr												
7 Iddiess	State									-	Pin C												
5. Candidate's	House 1	No									Block	k/Pkt											
Present Address	Village	/Town									Post	Office											
	Tehsil										Distr	ict											
	State										Pin C	ode											
6. Candidate's Con	tact Deta	ils :																					
a) Mobile No.					c)	E-n	nail A	ddress						e)	Nea	rest Po	lice St	ation	with	Pin c	ode N	0.	
		$\perp \perp \perp$																					
b) Land line No wi	th STD C	'ode			4)	۸d	har Ca	rd No						f)	Nan	rest Rai	ilwov.	Statio	n				
b) Land line No wi				7	u)	Au		Tu No.	11		$\overline{}$	Т	$\neg \neg$	1) [Near	lest Ka	l l	Statio	"	П		1	П
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																	Signa	ature (of Ca	ndida	ite		

Application No	.:																										F (T		9 (I Pa	Revi ge N			
7. (a) Next of	of Kin				(b) Na	ame	of the	e Nex	t of]	Kin																							
Code:				_	Nam	e																											l
Father-01, N 03 Wife-04,	Mother Son		usband-		(c) C	onta	ct De	tails	of the	e Ne	ext of	Kin						•							•								•
Daughter-06,	Other	r-07			Mob	ile N	No.																										1
(d) Occupation	n of N	ext of K	Kin		Lanc	l Lin	ne																										
<u>Code</u> :					No																												
a) Service-01			ional-03		E-ma	ail II	D																										l
b)Business-02	2, d)) Others	s - 04												-																		
(e) Address	of	House	No No												Bl	lock	/Pk	t															
Next of Kin		Villag	e/Town												Po	ost (Offic	ce															
		Tehsil	ļ												Di	istri	ct																
	ŀ	State													Pi	n C	ode											T					
8. (a) Da	ate of l	Birth (A	s given in M	Aatricu	lation Co	ertific	ate)	(b)	Ge	ende	er		((c) M	larit	al S	tatu	ıs :	΄ Γ	<u> </u>		1					<u> </u>						_
Do	cumenta	ry eviden	ce must be e	enclose	ed				Г		1	_	(Code	:	Un	ımaı	rrie	d - 01			ı Ma	rried	(wi	th c	one li	iving	g spc	ouse)) - 0	2		
Day	Mo	onth		Y	ear				L	M	F					Wi	idov	ver	- 03			Div	orce	e – (04								
																Ma	arrie	ed (v	with 1	nor	e th	an c	ne l	iving	g sp	ouse	e) - 0	5					
(d) Place of	Tehsil State																																
Birth	Tehsil State & State to which you now District																																
(e) District &	& State	e to whi	ch you n	ow		Di	istrict	t											S	tate	2							T	T				
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						u ha	ve re	sided	for 1	more	e than	one	ye	ar du	ring	the	pre	ced	ing fi	ve y	year												_
Place (i	includ	ing dist	rict of re	siden	ce)					Res	sidenti	al ac	ldr	ess in	full	l							Perio	od o	f re	sider	ice v	vith	date	s			_
		Month Year M F Widower - C Married (wi Village/Town District Tehsil State State to which you now District V particular of place(s) where you have resided for more than one year during the preceding cluding district of residence) Residential address in full																															
		Month Year M F Widower - 03 Married (with Village/Town District Tehsil State State to which you now District v particular of place(s) where you have resided for more than one year during the preceding cluding district of residence) Residential address in full onal Qualification: (b) Educational Stream at Graduation: (c) Code:																															
		Month Year M F Widower - 03 Married (with Village/Town Tehsil State																															
9. (a) Educat	State State State State Code: Co														((c) I	Edu	catio	onal	Stre	am	at F	Post (Grad	uatio	on:			$\overline{1}$				
<u>Code</u> :		Month Year M F Code : Unm. Wido Marr Village/Town District Tehsil State														_	- 1 -												_		_		
Graduation-0	Village/Town District Tehsil State & State to which you now District ow particular of place(s) where you have resided for more than one year during the president of residence) Residential address in full (b) Educational Stream at Graduation: Code: Arts - 01, Science - 02, Commerce - 03														03					0.4				02,						07			
Post Graduati																		-			_			eaic	aı -	05,	MB	A- (Jo,	Otn	ers -	. 07	_
									ces o	f ed									1							1							_
Na	ame ar	nd Place	of Instit	ution	is in w	hich	educ	ated				Clas	ss t	ıpto v	vhic	h St	udi	ed	М	ont	h &	Yea	ar of	Ent	ry	М	onth	& Y	Year	of l	Leav	√ing	
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(e) Give part	ticular	s of all	examinat	tion r	assed	com	meno	cing v	with 1	Mat	riculat	tion	or	equiv	alen	ıt Ex	kam	inat	ion (enc	lose	d at	teste	d co	pie	s of	certi	ficat	tes):	:-			-
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Application No.:						IAF (TA) - 9 Part – 2	Page No 3
(f) State Professional Qualification and Practic	cal Experience if any :-						
Name of the Institution	ns	Date o	f Entry	Dat	te of Leaving		nal Standard tained
(g) (i) Are you appearing in any university o	r technical examination	during next six mo	onths. (Yes / No) [-L	
(ii) If yes please give date of such examin	nation						
(iii) If yes please give the details of exam	nination						
10. (a) Are you gainfully employed (1	b) Nature of Employme	ent with Code :		(c)	Annual Income	(in Rupees)	
Vac / No	Code :						
	Central Govt/ Union Terr 2, Pvt Sector - 03,		ovt/ Semi Govt nployed - 04	- PA	AN No.		
1			1 1				
(d) Name of Department / Firm :							
(e) Address of the Dept/ Firm :							
(f) Cive full mentionless of all massions and mass	agant ammlaymants (Stat	a in full datails the	mature of amel	orimont (and managed hilitar	`	
(f) Give full particulars of all previous and pre	esent employments (Stat		_	-			Colomy Don
Name of Employer		Date of Joining	Date of Lea with Reas	_	Nature of Emplo Appointme		Salary Per Month
11. (a) Nationality	(b) Citizenship	•		(c)	Religion		
(d) Are you citizen of India by birth and /or by	y dominilo	(a) If w	ou are not a citi	zon of In	dia to what place	do vou alaim t	o holong
Code: By Birth-01, By Birth and Domicile-02		(e) II y	ou are not a citi	Zen or m	luia to what place	do you claim t	o belong
	T	() 70					
(f) Is certificate of eligibility for Indian citizen your case (Yes / No)		(g) If answer to potential to certificate of					
		(Yes / No)			•		
12. Have you ever served in the Army/ Navy/	Air Force / Territorial A	Army or NCC in ar	ny capacity (Ye	s / No) :		1	
13. Details of Service in the Armed Forces (pl							
(a) Service:	(b) Arm / Service		omer supporting (Unit		
Code:							
Army - 01, Air Force - 02, Navy - 03, TA - 0							
(d) Service No	(e) Date of Enro	olment		1 (f)	Date of Commissi	on	
				J L			
(g) Date of Retirement / Release	(h) Substantive	Rank held			Medical Categorie	s at the time of	f retirement /
				relea	ise		
(k) Reasons for Discharge / release from serving Code:	ice: (1) Pa	ny Account No.					
Released – 01, Medical invalidated – 02, Pres	mature						
Retirement – 03, Superannuation – 04, Ro Dismissed – 05, Resigned – 06, Others – 07	emoved/						
00, 000							
					Sign	ature of Candid	date

Application No.:																				F (TA		(Rev		
(m) Record of ser	vice in Army/ Nav	y / Ai	r For	ce / TA	/ NC	C an	d ap	poi	intmer	nt held	d wit	h theate	r of war	in wh	ich	served	with o	dates	3:-					
	Unit								F	Period	i			Ap	poin	tment	held				Ren	narks	}	
													1											
(n) Army/ Navy /		ourses	of ins	struction	n if a	ny at	tend	led				ttendand	ce and r	esult c					1					
	Course								P	eriod					R	esult					Ren	narks		
14. Please answer	r in Yes / No																		1					
a) Have you ever	you ever been convicted by any court? f) Have you been debarred from appearing at any Union Public Service Commission/ Government																							
b) Have you ever	u ever been involved in any criminal case? u ever been arrested/ prosecuted? e) Is any case pending against you in any Police State of the ever been convicted by any court? f) Have you been debarred from appearing at an Union Public Service Commission/ Government Government/ University/ Board or any other Educations are fully swer to any of the above mentioned questions is 'Yes' give full details of														e Stati	on ?				Г				
c) Have you ever	ever been arrested/ prosecuted? e) Is any case pending against you in any Police State of the pending against you in a														at any	Exa	amina	ition	by	<u> </u>				
	you ever been convicted by any court? f) Have you been debarred from appearing at any Ex Union Public Service Commission/ Government of Government/ University/ Board or any other Educational answer to any of the above mentioned questions is 'Yes' give full details of																		L					
the case/ duration of awarded etc and University / Educa	of arrest / detention reason being deb ational Authority	n / con arred etc at	victio by C	n/natu entre o	re of r Sta	case ate S	pen ervi	din ce	g / pur Comn	nishm nissio	ent n /													
15. Are you Ex-C	Civilian Gazetted (Officer	. (Ye	s / No)]]	Enclos	se Ga	zette	d Notifi	cation o	r Cert	ifica	ted cop	y Dis	char	ge Ce	ertific	ate.			
16. Are you unde	r debt ?		If s	so, state	amo	unt o	of de	ebt ((in Ru	pees)														
17. Are you undo	er any liability to 1	epay a	any lo	an / ad	vance	e (Ye	s / N	No)				If Yes	enclose	e relev	ant o	docum	ents w	ith c	ompl	ete de	etails	;.		
18. Give a list of considered.	f documents enclo	sed as	s per	Para 11	of t	he In	ıstru	ictio	ons to	Cano	didate	es. In th	e absen	ice of	requ	isite co	erti fic	ates	the a	pplica	ation	will	NOT	d' be
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19. Name and Ad	ldress of two refer	ences	for ve	erificati	on of	f facts	s as	abo	ove															
a) Name of 1 st	First Name																							
reference	Middle Name																				-			
	Surname																				+			
Address of 1st	House No											Block	c/Pkt									Τ		T
reference	Village/Town												Office									+		+
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b) Name of 2 nd	First Name																								
eference	Middle Name						T														\top				
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. <u>DECLARATIO</u>	ON BY THE CA	NDIL	OATE	<u> </u>																					
I hereby declar	e that information	provi	ided t	y me	e in t	this a	ppli	icatio	n f	orm i	s true	and	l correct	to the b	est of 1	ny k	nowl	edge	and	beli	ef and	d I sta	te th	at I a	m a :
i) Citizen o	f India.																								
ii) Subject o	f Nepal and certifi	icate	of eli	gibili	ty is	/ is 1	ot 1	neces	ssar	ry in 1	ny ca	se.													
	om areas which no				•					•	•		cate of	eligibilit	/ is/is r	ot n	ecess	ary in	ı my	y cas	se.				
	f Indian origin wh nzania with the in										glades	h, E	Burma,	Sri Lank	a, East	Afı	rican	Coun	itrie	s of	Ken	ya, U	gand	a and	l Un
Strike out the	clause not applic	able.																							
I also certify th	at I fully understa	nd th	at I sl	hall a	itten	d an	Arn	пу Но	ead	quart	ers Se	elect	ion Boa	ard of my	free v	vill a	t my	own	risk	and	that	I or m	ıy leg	gal he	irs s
•	pensation or other me at the said Inte											of a	ny injur	y which	may be	e sus	tained	l by r	ne i	in the	e cou	rse of	or as	resu	lt of
I understand th	at any medical ex	amina	ation	cond	ucte	d at a	ny s	stage	of	the S	electi	on p	orocedu	re does n	ot nece	essar	ily m	ean tl	hat l	I hav	/e bec	en sele	ected		
ring the period of gether with the No	my candidature for Objection Certification	or Te cate (rritor NOC	ial A) froi	rmy n m	Com y em	mis ploy	ssion /er.	an	d the	reafte	r du	ring my	service	to the	Con	ımano	ling (Offi	cer	of my	y unit	/ sup	perior	offi
	my selection for our orce from time to to		1155101	n in t	he T	errite	oria	l Arn	ny,	I am	Willii	ng to	serve a	anywhere	e in Inc	lia w	hene	ver re	equi	red 1	or an	iy dur	atıon	or a	s per
I am fully awar ail to comply with om the Territorial	the above underta																								
I further declar	e that: -																								
(i) I am unm	arried.																								
(ii) I am wide	ow/widower/divor	cee.																							
(iii) I am mar	ried and have mor	e thai	n one	spou	se li	ving.																			
	rried and do not he Government of													ke not to	conti	act	anoth	er m	arri	age	witho	out ol	btaini	ing t	he p
Strike ou	t the portions no	t app	olicab	le.																					
I certify t	hat I have read the	e com	plete	instr	uctio	ons re	egar	ding	fill	ling o	f this	app	lication	form an	d the a	pplic	ation	form	has	s bee	n fill	led ac	cordi	ngly.	
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ace:																			a.						
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	Middle Name																								
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SECTION 'B' (1) (For candidates who are employed)

(TO BE COMPLETED BY HEAD OF THE OFFICE/ DEPARTMENT/ INDUSTRIAL OR COMMERCIAL ESTABLISHMENT)

1.	•	
	nission in the Territorial Army.	years and that his/her character, as far as known to me, is good. He/She is/is not recommended for the gr
2. Army as	It is also certified that Shri/Smt/Kums and when required.	riwill be made available for training or embodiment for service in Territo
Howeve	(naridoes not hold and/or is not likely to hold in the foreseeable future a lepartment / organisation) which could affect the minimum essential, functions of the department/ organization erson subsequently the Additional Director General Territorial Army, New Delhi, shall be requested immediated Army.
		Signature
		Designation
Date		
	out the words not applicable)	Stamp/Seal of Office
		SECTION "B" (2) (For candidates who are running independent business)
	CERTI	ICATE TO BE RENDERED BY SELF EMPLOYED PERSONNEL (SELF CERTIFIED BY THE CANDIDATE)
1.	I	o/d/o/w/o certify that I possess good moral character to the best of my belief a
knowled	lge.	
Place		Signature
Date		Name
2.	Sample affidavit on Non-Judicial stan	p paper of minimum value duly endorsed by notary.
	I	s/o/d/o/w/o resident of do her
solemnl	y affirm and declare as follows:-	
	(a) That I am a resident of abo	ve address.
	(b) That I am self employed a	
	(c) That my annual income from	m all sources is approximately Rs
The abo	ve statement is true and correct to the bes	of my knowledge and belief. Deponent
Verifica		·
Verified therein.	at on this day of	_ 201 that the contents of above affidavit are true to my knowledge & belief and nothing has been concea Deponent
		SECTION "B" (3) (For candidates who are employed in Private Sector)
	CERTIFICA	TE TO BE RENDERED BY CANDIDATES EMPLOYED IN PRIVATE SECTOR (TO BE AUTHENTICATED BY HEAD OF OFFICE)
Certifie	d that:-	
(a)		ilitary pay and allowances of the applicant Names/o/d/o/vemployee of this organization, will be paid by us for the period of his/her military duty in the Territorial Army
(b)	On return from military duty in the Territorial Army Shri/Smt/Kumari will be absorbed to the same or equivalent p which he/she would have held, if his/her service in the civil had not been so interrupted and that such military services would count for all benefits his/her civil job, like seniority for promotion, increments of pay, bonus and provident fund etc. to which he/she would have otherwise been entitled.	
Place		Signature
Date		Name
		Designation
		Stamp/Seal of Office
		- many own or other many many many many many many many many

Batch No.....

Place..... Date.....

Marks awarded (both in words and figures)

Signature.....

President Services Selection Boar (Stamp/ Seal of Office)

SECTION "E"

*Selected/ Not Selected for commission in the Territorial Army

Date.....

Place.....

Signature.....

Director General, Territorial Army Army Headquarter (Stamp/ Seal of Office)

*(Strike out whichever is not applicable)