FORM – I
(See Rule 6)

FORM OF APPLICATION FOR ENROLLMENT AS HOME GUARD VOLUNTEER

To

The Commandant General
Arunachal Pradesh Home Guards.
Itanagar

1. I declare that am a citizen of India and that I desire to be enrolled as a member of the Arunachal Pradesh Home Guards. I further declare that I have no intention of permanently leaving the limits of Arunachal Pradesh for at least three years after enrollment and that I am not under any obligation to serve in any other force.

2. I understand that:

(a) in any emergency, shall be liable to be called out on duty or for training at any time and for any period and in any part of the State of Arunachal Pradesh.

(b) I shall be required to take the PLEDGE in Form II for proper discharge of my duties.

(c) I shall be liable to undergo training and attend parades in accordance with the orders of my superior officers.

(d) I shall be required to serve for a period of (3) three years in the Home Guards unless I am allowed to resign in pursuance of these Rules.

(e) I shall ordinarily be liable to serve in any part of the State of Arunachal Pradesh.

3. My particulars are as follows:

(i) Name (in full): .....

(ii) Permanent Address: .....

PIN Code: .....PS: ..... District: .....

State: .....

(iii) Mobile No.: .....

(iv) AADHAR Number: .....

(v) Date of Birth: ..... (enclose self-attested copy of the birth certificate or school leaving certificate/Class X certificate having mention of date of birth.)

(vi) Place of Birth: ..... PO: ..... PIN Code: .....

PS: ..... District: ..... State: .....

(vii) Present trade, occupation or profession: ..... (if employed, mention the name and address of your employer).

(viii) Whether you belong to APST or General Category: ..... (enclose a self-attested copy of ST certificate if you belong to APST).

(ix) (a) Educational qualification: .....

[enclose a self-attested copy of the relevant certificate(s)]

(b) Special qualifications (such as knowledge of foreign languages or stenography or typing, etc.) [enclose a self-attested copy of the relevant certificate(s)].

(x) Name of the School/College/Institute where you studied last: .....

(enclose self- attested copy of the school/college/institute leaving certificate)

(xi) Particulars of War Service or Military or Naval training or training with any First Aid or Ambulance Corps: ..... (enclose self-attested copy of the relevant documentary proof).

(xii) Father's Name: .....and

occupation or profession: .....

Father's Address:

PO: ..... PIN Code: .....

PS: ..... District: ..... State: .....

(xiii) Particulars of places where you have resided for more than one year during the preceding five years (Full residential address i.e. House Number, Lane/Street/Road, Village/Town/City, Police Station, District and State):

Sl. No.	Place where you resided for more than one year	Year	Full Residential Address
1			
2			
3			
4			
5			

4. Please answer the following questions:

(i) Do you hold an Arms License? If so, mention the UIN and give description of the weapon(s) in the following table:

UIN	Description of the weapon(s)

(ii) Have you received any training in the use of firearms? If so, details of training received and enclose a self-attested copy of documentary proof of having received such training:

Details of training received, if any	Nature/No./Date of documentary proof

(iii) Have you ever been convicted by a criminal court? If so, give particulars of the convictions and sentences:

Name/Address of Criminal Court	Date of Judgment/Order

(iv) Are you willing to be enrolled under the Act?

Yes*	No*

(v) Are you willing to undergo training and perform service as specified in the Act?

Yes*	No*

(vi) Are you willing to serve until discharge as provided in the Act?

Yes*	No*

(vii) Have you ever previously applied for enrolment under the Act and if so, with what result?

Date of application	Whether selected (If selected, whether enrolled. Enclose a self-attested copy of enrolment certificate)

(viii) Have you been dismissed from the Armed Forces or the Police?

Yes*	No*

(ix) Are you willing to be vaccinated or re-vaccinated?

Yes*	No*

DECLARATION

I solemnly declare that the above particulars and the answers have given to the questions in this FORM are correct to the best of my knowledge and belief and no part of them is false and that I am willing to fulfil the engagement made.

Date:

Signature of applicant:

Signed in the presence of Commandant General/Authorized Officer: .....

Certified that the applicant understands and agrees to the conditions of enrollment.

Date: .....

Signature of
Commandant General/Authorized Officer

**Strike out whichever is not applicable.*

Note: If you are a Government servant or an employee in a local authority, a firm or any other office, you should send this FORM through your superior officer with his certificate that he has no objection to your attending the training and that he will release you for duty in an emergency at any time and for any period and in any part of the State.