

TIDES

(Turan Institute for Defence ExaminationS)

“WARRIORS”

COURSE.....

Registration No.....

Date.....

Name of the cadet.....

Father's/Mother's/Guardian's Name.....Phone No. (Home).....

Date of Birth.....Qualification.....Male/Female.....

Permanent Address.....

.....

Email Id.....

Contact No/ whatsapp no. (Self).....

- Service Preferences IMA...INA...IAF/AFCAT...OTA...CAPF(AC)/...NDA...TA...CPO..
- From where did you get the information about TIDES academy (Put a tick mark)
 1. Reference.....
 2. Online Google.....
 3. Whatsapp.....
 4. Instagram.....
 5. Facebook.....

I..... certify that in case I am found indulged in any in-disciplinary activity during my course in the academy then the institute's disciplinary committee can take strict action against me.

Cadet's Signature.....

Authority.....

Note:

- Registration fee-Rupees 2500/- . (Non-refundable) (Paid/Not Paid).
- Course Fee once paid will not be refunded after 1 week of the joining.
- Give one permanent residential proof (copy) along with the form.
- Mobile Phone strictly prohibited in Academy.
- Covid vaccination certificate must be submitted.

Two photographs must be attached. One staple and one pasted

Paste Photo here

**Disclosure/Consent form for COVID-19
(Must Attach Covid vaccination certificate)**

Name of cadet
Permanent Address

Father's Name
Mobile No.

Present Address

COVID-19 QUESTIONNAIRE

| S.No | Questions | Yes | No |
|------|---|-----|----|
| 1 | Do you have any symptoms of fever, cough, sore throat and/or fatigue anytime during last 21 days | | |
| 2 | Do you have experienced any difficulty in breathing anytime during last 21 days | | |
| 3 | Do you have any exposure to a known or suspected case of COVID-19 patient in last 21 days | | |
| 4 | Have you visited any medical facility/hospital in last 21 days? If yes, for what reason | | |
| 5 | Are you residing in a locality that has been notified by the government as a COVID containment Zone | | |
| 6 | Have you or any family member ever been tested for COVID-19? If yes give details. | | |

The above information given by me is true to the best of my knowledge. I fully understand and acknowledge that withholding or mis-representation of any information is highly unethical and against the interest of larger population during this pandemic.

Signature

Date

I.....father/mother of..... fully understand and acknowledge that my son/daughter may be an asymptomatic carrier of the disease and hence will strictly comply with all the safety precautions and protocols-advised by the TIDES Academy. In the eventuality of his/her testing COVID positive at a later date, I will not hold the TIDES Academy/ Teachers/Staff responsible for it. I hereby knowingly and willingly give consent to have his/her classes completed during COVID Pandemic.

Signature of Parents

Date



Undertaking by TIDES' cadet

I,.....Son/Daughter of....., am fully aware of the surrounding situation and restrictions & guidelines that **may be issued** by the government with respect to COVID 19. I understand and accept that if there is any call for lockdown by the government, I will not hold the TIDES Academy responsible for stoppage of offline classes. Also, I cannot not ask for refund of fee as long as the academy fulfils its responsibility to complete the syllabus, whether through offline or online mode.

Signature of Cadet

Date

Place