

CONSENT FORM

(Applicable in respect of candidates both above and below 18 years of age)

I,son/father/guardian ofwhose date of birth is do hereby give my consent for my self/son/ward to appear in the physical/medical tests, as prescribed for selection in the Indian Air Force, at my/his own risk. I am aware that no compensation in any form shall be claimed, in respect of injuriesif any, sustained by my self/son/ward, during such test.

Signature.....

Name of candidate/parent/guardian.....

Relationship with the candidate.....

Date: