

Application for enrolment as a member of the "Circle Quick Response Team (CQRT)"

Sl. No.	Particulars	Details
1.	Name in Full (Block Letters)	
2.	Father's/Husband name	
3.	Date of Birth (Enclose document)	
4.	Nationality	
5.	Permanent Address along with name of Revenue Circle (Enclose document)	
6.	Occupation and Present Address along with name of Revenue Circle (Enclose document)	
7.	Name & Address of Present Employer (Enclose document)	
8.	Education Qualifications (Enclose document)	
9.	Languages known (to read/write/speak)	
10.	Are you member of following: (i) Defense Teams (Army/Navy/ Armed Teams) or any of their reserves (ii) Territorial Army or any auxiliary team of Defense Services (iii) Civilian Cadre of Armed teams of the Union, subject to Naval, Army or Air Team law, other than "Casual Employees" (iv) Police Service (v) Fire Services if so, give particulars	
11.	Are you an ex-service person; if so, give particulars	
12.	Do you belong to the National Volunteer Team; if so, give particulars	
13.	Have you any previous volunteering experience as Aapda Mitra, Pratirodhi Bandhu Civil Defense Volunteer, and Red Cross Volunteer etc. If yes, give particulars and no. of days engaged	
14.	Do you know swimming? (Attach relevant certificate, if any)	
15.	Are you prepared to serve in any part of the State, should an emergency arise?	
16.	For how many hours and on what days of the week will you be available for Duty (For in-service part-time volunteers only)	
17.	Do you have any conveyance (Bicycle, Motor-Cycle, Motor-Car etc.)	
18.	Are you suffering from any communication disease, if so, give particulars	
19.	Did you have small pox? If so, when?	
20.	Have you been vaccinated? If so, when?	
21.	Have you been inoculated for Cholera/Typhoid/T.B. etc? If so when?	
22.	Do you know First Aid/ Motor Driving?	
23.	Do you have Accident Insurance or Health Insurance?	

Declaration by Applicant

- (i) I declare that the information provided by me in FORM-A above are true to the best of my knowledge and belief and if any of the above particulars/details provided by me are found to be false, my CQRT membership may be terminated by the Authority, without assigning any reasons thereof.
- (ii) I also declare that I have thoroughly read the scheme document for "Strengthening of Circle Disaster Management Committees" and I accept that if selected to the team as a member, I am prepared to service as a whole-time/part-time member of the team, i.e. to undergo appropriate training and, in the event of an emergency occurring whilst I remain a member of the Team, to carry out my obligations as a member thereof.
- (iii) To the best of my knowledge and belief, I declare that I am physically fit to render efficient service as a member of the Team.
- (iv) I declare that I will not claim any permanent service/regular service in the term and I understand that my position as a member of the Team is a daily wage service and governed by rules under the scheme of Govt. for "Strengthening of Circle Disaster Management Committees" and that I will be paid the wages on the basis of service, I have rendered for the cause of disaster management.
- (v) I accept that on account of selection as a member of the CQRT, I will be paid the wages as per notification released by ASDMA, Govt. of Assam from time to time through DDMA
- (vi) I undertake-
- a) To carry out my duties in the CQRT in accordance with the instructions and orders issued by the authorities concerned;
- b) To return, when I cease to be a member of the CQRT, any articles of uniform, badge or other personal/official equipment issued to me; and
- c) To abide by the regulation of the Team

(Name & Signature of Applicant)

Date:

Place:

For Official Use
(Recommendations of the Circle Officer concerned)

The application as per FORM-A submitted by.....
Of.....is accepted/rejected
for.....reasons.

Preliminary Scrutiny by Office Asst. & Field Officer (DM)

1. Signature of Office Asst.:

2. Signature of F.O (DM):

(Accepted/Rejected)
By Circle Officer (C.O)
(Seal of C.O)