



Note: All photocopied documents must be on A4 sized white paper with both sides of the NPP clearly displayed on one side of the sheet. Failure to follow these instructions or submit a form with incorrect/incomplete information will result in disqualification.

Attempt	1	2	3					
Part A - FOR OFFICIAL USE ONLY								
Disc (P1)		Bib No (P2)		Bib No (P3)		Coy		
Part B - TO BE COMPLETED BY APPLICANT								
NPP Number								
Surname (from NPP)				Main Thar				
First / Middle names								
Passport Number								
Date of Birth (Eng)						Marital Status: (Single/Married)		
Date of Birth (BS)	२	०				Children Yes No	No. of Children (if yes)	
District							Criminal Conviction Yes No	
Religion			Blood Group		SEE GPA		SEE Year (English)	
Symbol Number					School Government Private	Further Qualification		
Village								
GP/NP							Ward No.	
Candidate's Contact No.								
Next of Kin's Contact No.								
Father's Name					Mother's Name			
Occupation	Father's:				Mother's:			
If a Potential Recruit's (PR's) father or mother is/was in Service (British Army/GCSPF/Indian Army/Nepal Army/Armed Police Force/Nepal Police), please give their details below: If both father and mother are/were in Service, please give one of their details below:								
Service No.			Rank:			Regt.		
Disclaimer: The UK Ministry of Defence is not liable and cannot be held responsible for any injury or illness which may occur as a result of participation in the selection process for the British Army (BA). By signing this disclaimer, the Potential Recruits (PRs) accept that they participate in the selection process voluntarily and at their own risk. Declaration by PR: I acknowledge the above disclaimer and declare that all information provided in this form is true to the best of my knowledge. I also, understand that I will be liable for disciplinary action against any information provided if proven to be false even after joining the British Army (BA).								
Signature of Candidate:				Date:			SRA NO.	
						SRA's Signature		
Part C - FOR OFFICIAL USE ONLY								
Assessment	Heaves	Height in cm (158 cm minimum)		Weight (in KGs)		BMI		OIC's Signature
Phase 1		P 1	P 2	P 1	P 2	P 1	P 2	
SRA No.		SRA No.	SRA No.	SRA No.	SRA No.	SRA No.	SRA No.	
SRA Sign.		SRA Sign.	SRA Sign.	SRA Sign.	SRA Sign.	SRA Sign.	SRA Sign.	
Part D - FOR OFFICIAL USE ONLY - TO BE COMPLETED BY MEDICAL STAFF								
Teeth:	P Y F VA:	P Y F Skin:	P Y F CP:	P Y F	Name/Rank Sign:			
Function:	P Y F BP:	P Y F Ears:	P Y F	Name/Rank Sign:				
Overall Medical:	P Y F T P Failure Reason:					Name/Rank Sign:		
Part E - FOR OFFICIAL USE ONLY - Phase 3 (Physical Assessment)								
Assessment	Pass or Fail	SRA NO	SRA Sign	Field Assurance Sign	Field Assurance Rank/Name			
Medicine Ball Throw:								
Mid-Thigh Pull:								