

**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’s name	
3.	Date of Birth	
4.	Nationality	
5	Permanent Address along with name of Revenue Circle	
6	Occupation and Present Address along with name of Revenue Circle	
7.	Name & Address of Present Employer	
8.	Educational Qualifications	
9.	Languages known ( to read/ write/ speak)	
10.	Are you a member of Following: (i) Defence Teams (Army / Navy/ Armed Teams) or any of their reserves (ii) Territorial Army or any auxiliary team of Defence Services (iii) Civilian Cadre of Armed teams	

	of the Union, subject to Naval, Army or Air Force law, other than "Casual Employees" (iv) Police Service (v) Fire Services	
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 AapadaMitra, Pratirodhi Bandhu, Civil Defence Volunteer, Community Volunteer, 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- car, motor- cycle etc.)	
18.	Are you suffering from any communicable diseases, 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 have First Aid/ Motor Driving	
23.	Do you have Accidental 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, assigning any reasons thereof
- (ii) I also declare that I have 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 team 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
- (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:**

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**For Official Use  
Recommendations of the DDMA**

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

**(Accepted / Rejected)  
By ADC & CEO, DDMA  
(Seal of ADC &CEO)**