

Education Qualification of the Applicant

Std	Board/University	Year of Passing	Name of the School / College	Total Percentage
X				
XII				
Equiv.				
Higher Edu.				

HOSTEL REQUIRED : YES NO

Declaration by Students & Parent's / Guardian's

I HEREBY DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEF.

I HAVE READ AND UNDERSTOOD ALL THE RULES AND REGULATIONS OF THE INSTITUTE TO BE FOLLOWED AS GIVEN IN CODE OF CONDUCT DOCUMENTS WHICH IS SIGNED BY ME AND PROMISE TO ABIDE BY THEM AT ALL TIME DURING THE TRAINING. I FURTHER DECLARE THAT I WILL NOT HOLD WESTERN INDIA INSTITUTE OF AERONAUTICS PVT. LTD., AHMEDABAD RESPONSIBLE FOR ANY LEGAL CLAIM ARISING DUE TO ANY FEES ISSUE / ACADEMIC ISSUE / INJURY / ACCIDENT OR FATAL INCIDENTS OF MY SON / DAUGHTER / WARD DURING THE PERIOD OF TRAINING & TECHNICAL TOUR. ALL DISPUTES WILL BE SETTLED WITHIN THE JURISDICTION OF AHMEDABAD.

NOTE: FEES ONCE PAID WILL NOT BE REFUNDED.

APPLICANT'S SIGNATURE

FATHER'S/MOTHER'S SIGNATURE

GUARDIAN'S SIGNATURE

DATE ___ / ___ / _____

DATE ___ / ___ / _____

(IF APPLICABLE)

Declaration by Students & Parent's / Guardian's

FORM CHECKED BY MR/MS. _____ SIGNATURE _____

ADMISSION GRANTED IN _____ ACADEMIC YEAR _____ TO _____ IN BATCH _____

TRAINING MANAGER _____ DATE ___ / ___ / _____

Note : Students has to submit the following documents along with the application form.

- | | |
|---|--|
| <input type="checkbox"/> 10 PASSPORT SIZE PHOTOGRAPHS | <input type="checkbox"/> DIPLOMA MARK SHEET OF ALL SEMESTER (ANY ENGG. BRANCH) |
| <input type="checkbox"/> SCHOOL LEAVING CERTIFICATE | <input type="checkbox"/> DIPLOMA PASSING CERTIFICATE & EQUIVALENCY CERTIFICATE |
| <input type="checkbox"/> 10TH PASSING CERTIFICATE | <input type="checkbox"/> MEDICAL CERTIFICATE & BLOOD GROUP CERTIFICATE |
| <input type="checkbox"/> 10TH MARK SHEET | <input type="checkbox"/> PHOTO ID OF STUDENT |
| <input type="checkbox"/> 12TH PASSING CERTIFICATE (PCM) | <input type="checkbox"/> PHOTO ID OF PARENTS |
| <input type="checkbox"/> 12TH MARK SHEET (PCM) | <input type="checkbox"/> ADDRESS PROOF OF STUDENT (SELF ATTESTED) |

Note: Fields marked with ASTERISK (*) are MANDATORY

