

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 WIIA Pvt. Ltd., Ahmedabad responsible for any legal claim arising due to any fees issue / academic issue / injury / accident or fatal 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

Date: _____

Father's/Mother's Signature

Date: _____

Guardian's Signature

(if applicable)

For Office Use Only:

Form Checked by Mr/Ms. _____ Signature _____

Admission Granted in _____ Month _____ to _____ in Batch _____

Course Head _____ Date _____

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

- | | |
|--|---|
| <input type="checkbox"/> Five Passport Size Photographs <small>[Face size 70% with White Background]</small> | <input type="checkbox"/> Diploma Mark Sheet of all Semester (Original) |
| <input type="checkbox"/> School Leaving Certificate | <input type="checkbox"/> Diploma Passing Certificate & Equivalency Certificate (Original) |
| <input type="checkbox"/> 10th Passing Certificate (Original) | <input type="checkbox"/> Medical Certificate & Blood Group Certificate |
| <input type="checkbox"/> 10th Mark Sheet (Original) | <input type="checkbox"/> Aadhaar Card of Student |
| <input type="checkbox"/> 12th Passing Certificate (PCM) (Original) | <input type="checkbox"/> Photo ID of Parents |
| <input type="checkbox"/> 12th Mark Sheet (PCM) (Original) | <input type="checkbox"/> Address Proof of Student (Self attested) |



WESTERN INDIA INSTITUTE OF AERONAUTICS PVT. LTD.

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Contact : +91-2764-260287 **Cell:** +91-07227 37781, +91-098799 96055

E-mail: admission@wiia.org, **Visit:** www.wiia.org

MEDICAL CERTIFICATE

(To be provided by a Registered Medical Practitioner holding at least MBBS)

Mr. / Ms _____ whose signature is appended
has been medically examined for any known disability or disorder which may become an hindrance
to perform the normal functions of a Cabin Crew.

He/ She has _____
physical disabilities or disorder / no physical disabilities or disorder.

He/ She has been assessed medically fit / unfit to function of a Cabin Crew.

(Strikeout whichever is not applicable)

Signature of the Doctor _____

Registration No.

Designation

Signature of the Applicant with date

Date