



Indus University Camups, Rancharda, Via Shilaj, Ahmedabad-382115, Gujarat, India

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

Academic Year : _____

Signature of Student : _____ **Date :** _____

Registration fee : 10,000/- (For registration or confirmation of seat deposit) the registration fee in favour of Western India Institute of Aeronautics Pvt. Ltd. payable at Ahmedabad either Cash/DD or you can send the DD along with this Registration cum Admission & Medical Form to us. **Bank Details :** ICICI Bank, A/c. No.: 006405006450 (IFS Code - ICIC0000064) (MICR Code - 380229003)

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

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 _____ 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 | <div>Face size 70% with
White Background</div> | <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) |



WESTERN INDIA INSTITUTE OF AERONAUTICS PVT. LTD.

(Approved by Director General of Civil Aviation, Govt. of India)

Indus University Camups, Rancharda, Via Shilaj, Ahmedabad-382115, Gujarat, India

Contact: +91-2764-260287 **Cell:** +91 85111 32234, +91 99091 54088

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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 an Aircraft Maintenance Engineer.

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

He/ She has been assessed medically fit / unfit to function as an Aircraft Maintenance Engineer.

(Strikeout whichever is not applicable)

Signature of the Doctor _____

Registration No. _____

Designation _____

Signature of the Applicant with date _____

Date _____

MEDICAL CERTIFICATE FOR COLOUR VISION

I, Dr. _____ hereby certify that I have examined
Mr. /Ms _____ whose signature is appended
below, and certify that his colour vision is Normal/Defective safe/Defective unsafe.

The colour vision has been tested with,

- (1) Pseudo – Isochromatic plates
- (2) Approved Lantern test
- (3) Any other test applicable

(Strikeout whichever is not applicable)

Signature of the Doctor _____

Registration No. _____

Designation _____

Signature of the Applicant with date _____

Date _____