



Bengal Pailan Park, Phase - I, Amgachia Road, (Off. Diamond Harbour Road)
Kolkata - 700 104, Phone : 91-33-9836911115, 64504054, Fax : 033-2283 6921



ISO 9001:2000
CERTIFIED INSTITUTE

ADMISSION FORM

Aeronautical Engineering
(Approved By Ministry of Education & S.W., Govt. of India)
4 Years Degree Course.

Application No.

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Centre

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PERSONAL DETAILS : (USE CAPITAL LETTERS ONLY)

NAME IN FULL _____

FATHER'S NAME _____

NAME OF GUARDIAN _____

PROFESSION _____

PERMANENT ADDRESS _____

Affix your recent passport size photograph

PIN _____ NATIONALITY _____

PHONE (0) _____ (R) _____
STD Code Phone No. STD Code Phone No.

E-MAIL : _____

DATE OF BIRTH :

D	D	M	M	Y	Y	Y	Y

Academic Qualification

Examination Passed	Year of passing	Division Or Class	Full Marks	Total Marks Obtained	Name of Board/University	% of Marks			% of Marks (Aggregate)
						Phy.	Chem.	Math	
10+2 (PCM)									
Bachelor of Science B.Sc									
Diploma in Engineering (3 years)									
Others									

PHYSICAL STANDARD

HEIGHT M. CM WEIGHT KGS BLOOD GROUP Right Left

CHEST NORMAL CM EYE SIGHT

EXPANDED CM EYE SIGHT 6/6 without Visual Aids Yes No

DO YOU KNOW SWIMMING : YES NO

- DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION**
- Proof of Age (Copies attested by Gazetted Officer) - 2 Copies
 - Final Examination Mark sheet/Certificate (Copies attested by Gazetted Officer) - 2 sets
 - Copy of the Passport (if available) (Copies attested by Gazetted Officer) - 2 sets
 - Latest Passport size Colour Photograph - 4 nos. (in white shirt)
 - Latest Stamp size colour photograph in formal - 4 Nos.
 - Original Medical Fitness Copy & Eye Sight Test/Colour Vision Test Certificates

Declaration : I hereby declare that all the statements furnished in this application are true and correct to the best of my knowledge and belief. I understand in the event of any information furnished by me found to be incorrect, my candidature/admission will be terminated.

i. I declare that I will be abiding by the rules and regulations of the institute.
ii. I understand that my name as well as my photograph can be published in any newspaper or news magazine, whenever the management deems necessary without any reservation from me.
iii. I understand that the course fees / other fees are not refundable or transferable under any circumstances.

Place _____
Date _____
Signature of Guardian _____ Full signature of the Applicant _____



PERSONAL INTERVIEW/TEST RESULT

E VG G F P

1. ACADEMICS

2. GENERAL KNOWLEDGE/CURRENT AFFIARS

3. COMMUNICATION SKILL

4. PROFILE

5. ATTITUDE

Abbreviations

E = Excellent
 VG = Very Good
 G = Good
 F = Fair
 P = Poor

FOR OFFICE USE ONLY

Documents Verified by :

Status : SELECTED
 WAITLISTED
 REJECTED

Name : _____

1. Interview Date _____

Designation : _____

2. Registration No. _____

Signature : _____

3. Registration Details _____

Date :

DATE MONTH YEAR

4. Remarks _____

PAYMENT DETAILS

One time Payment :- Amount Cheque/D.D. Date

Installment Plan.

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheque/D.D.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>