



# PAILAN AVIATION INSTITUTE

(A Division of Trident Educational Trust)

**City Campus :** Express Tower, 4th floor, 42A, Shakespeare Sarani, Kolkata - 700 017, Ph. : 033 2283 6918/19/20, Fax : 033 2283 6921  
**Campus :** Bengal Pailan Park, Amgachia Road, Kolkata - 700 104  
Phone : 64504054

QSF-ADM : 01  
ISSUE : 01



## ADMISSION FORM

**Diploma in Airline Hospitality Management**  
Course Duration 1 year

Application No.

Centre

### PERSONALS DETAILS :

(USE CAPITAL LETTERS ONLY)

NAME IN FULL

FATHER'S NAME

NAME OF GUARDIAN

PROFESSION

PERMANENT ADDRESS

Photograph

PIN  NATIONALITY

PHONE (O)  (R)

E-MAIL :

DATE OF BIRTH :

Hostel/Residential Facility Required

YES  NO

### LANGUAGES KNOWN :

### EXTRA CURRICULAR ACTIVITIES (If any) :

#### Academic Qualification

Examination Passed	Year of passing	Division Or Class	Full Marks	Total Marks Obtained	Name of Board/University	Subjects Taken	% of Marks
10+2 Standard							
10+2+3 Standard							

(PLEASE ENCLOSE COPY OF ALL CERTIFICATES)

#### PHYSICAL STANDARD

HEIGHT  M.  CM WEIGHT  KGS BLOOD GROUP

CHEST NORMAL  CM EXPANDED  CM EYE SIGHT  Right  Left

DO YOU KNOW SWIMMING : YES  NO

**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

#### 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 - 10 nos. (in white shirt)
- Latest Stamp size colour photograph in formal - 2 Nos.
- Original Medical Fitness Copy & Eye Sight Test/Colour Vision Test Certificates



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"/>