



INDIAN INSTITUTE OF AIRCRAFT ENGINEERING

A-191, Road No. 4, Lane No. 8, Mahipalpur Extension, NH - 8, ND-110 037

APPLICATION FORM FOR COMBINED COURSE (AME & Degree Programme)

TO BE FILLED NEATLY IN BLOCK LETTERS

No.

NAME			
DATE OF BIRTH	PLACE OF BIRTH	STATE	
NAME OF PARENT OR GUARDIAN			
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	PARENT'S / GUARDIAN'S OCCUPATION :
PRESENT ADDRESS			
PERMANENT ADDRESS			
AME COURSE: Give preference to the stream you are interested for <input type="checkbox"/> Mechanical Stream <input type="checkbox"/> Avionics Stream			
Degree Programme: <input type="checkbox"/> Aeronautical Engineering			
EDUCATIONAL QUALIFICATION: 10+2 <input type="checkbox"/> <input type="checkbox"/> DIPLOMA IN ENGINEERING <input type="checkbox"/> GRADUATION <input type="checkbox"/>			
	(CLASS X)	(CLASS XII)	DIPLOMA / GRADUATION
NAME OF INSTITUTION / BOARD			
YEAR OF PASSING			
PERCENTAGE OF MARKS OBTAINED			
HOSTEL FACILITIES REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>			
MARITAL STATUS: MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/>			
I hereby declare that information given herein above is true and correct to the best of my knowledge and I certify that all the above statement is correct and complete. I also declare that I have fully read the prospectus and understood the complete terms and conditions including course details. I further agree to abide with all the terms and conditions of admission, rules and regulation as may be enforced by the Authority of the Institute. I also affirm that there is no criminal proceeding of any kind pending against me and I further undertake that I shall meet all the legal requirement of government of India. In case of any breach of law committed by me, I will forfeit my right to pursue my studies along with all the paid fees in IIAE at my own responsibility.			
_____ Parent's/Guardian's Signature		_____ Signature of Applicant	
Telephone No. _____	Place: _____		
E-mail (if any) _____	Date: _____		



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NAME _____

Percentage of Marks Obtained in Previous Examination:

(i) Class X _____

(ii) Class XII _____ Physics _____ Chemistry _____ Maths _____ PCM Aggregate _____

(iii) Others _____

FOR OFFICE USE ONLY
REMARKS OF SELECTION COMMITTEE

REG. NO _____

Entrance Test Marks Obtained _____

Selected

Not Selected

Admission-In-Charge
IIAE, New Delhi

Date: _____

Chief Instructor
IIAE, New Delhi

Examination-in-charge
IIAE, New Delhi

Date _____

Date _____



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MEDICAL FORM

To be Completed by a Registered Physician

NAME.....
 AGE..... HEIGHT..... WEIGHT..... GENDER.....
 BLOOD GROUP

BLOOD PRESSURE: (Systolic / Diastolic) Two Minutes after Exercise

PULSE: RESTING..... AFTER
 EXERCISE.....

GIVE DETAILED REPORT ON PHYSICAL AND PSYCHOLOGICAL PROBLEM, IF ANY.....

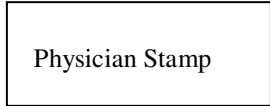
 CONFIRM VACCINATION DATE
 a) Tetanus (within 2 Yrs.) Date.....
 b) Hepatitis 'B' 1ST Shot Date..... 2nd Shot Date..... 3rd Shot Date.....

Physician's Full Name

Registration Number.....

Address.....

 Date.....



Signature

MEDICAL CERTIFICATE FOR COLOUR VISION

I, Dr. hereby certify that I have examined Mr./Miss. whose signature is appended below, and certify that his/her colour vision is

Normal Defective safe Defective unsafe.

The Colour vision has been tested with:
 Pseudo-Isochromatic Plates Approved Lantern Test Any other test applicable

EYES: Distant Vision / Near Vision / (Normal/ Corrected with Glass)

Doctor's Registration Number.....
 Date:



(Signature of Applicant)

(Signature of Doctor)
 (If Govt. Employee) Designation:



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DECLARATION BY PARENT OR GUARDIAN

In the event of my son / daughter / ward Mr./Miss _____
being admitted to Indian Institute of Aircraft Engineering, New Delhi, I shall be responsible for his/her conduct in and outside the Institute campus and fully aware with the fee structure and able to pay the fee on time. I am aware that the Institute rules require a minimum attendance of 80% in lectures and session for each subject. I will withdraw my ward/son/daughter if his/her attendance, progress or conduct is unsatisfactory. I have also read the refund clauses and aware about the circumstances in which the fee are refundable. In case of deviation from the condition of refund clause, I will have no right to claim for any kind of fees.

Full Name _____ Parent/Guardian (Relation to candidate)

Occupation _____ Annual Income _____

Address for Communication _____

Telephone No. _____ E-mail (if any) _____

(Signature of Parent / Guardian)



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NATIONALITY DECLARATION

Fill up all the information neatly

No. _____

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DATE OF BIRTH	BIRTH PLACE	NATIONALITY	
NAME OF PARENT OR GUARDIAN			
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PARENT'S/GUARDIAN'S OCCUPATION		
PASSPORT NO.	VISA STATUS / VALIDITY		
PRESENT ADDRESS			
PERMANENT ADDRESS			
AME COURSE: Give preference to the stream you are interested for <input type="checkbox"/> Mechanical Stream <input type="checkbox"/> Avionics Stream			
EDUCATIONAL QUALIFICATION: 10+2 <input type="checkbox"/>		GRADUATE <input type="checkbox"/>	HOSTEL FACILITIES REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
	(CLASS X)	(CLASS XII)	GRADUATION
NAME OF INSTITUTION			
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MARITAL STATUS: MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/>			
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_____ Parent's/Guardian's Signature		_____ Signature of Applicant	
Telephone No. _____		Place: _____	
E-mail (if any) _____		Date: _____	
CERTIFICATION BY EMBASSY			
Date: _____	Seal	_____ Authorized Signature	