



INDIAN INSTITUTE OF AIRCRAFT ENGINEERING

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

APPLICATION FORM FOR AME COURSE

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			
EDUCATIONAL QUALIFICATION: 10+2 <input type="checkbox"/>		GRADUATION <input type="checkbox"/>	
	(CLASS X)	(CLASS XII)	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"/>			
<p>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.</p>			
_____ 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

Physician Stamp

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)

Note: Attach Color Vision Test Report Separately

Doctor's Registration Number.....

Date:

Doctor's Stamp

(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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_____ Parent's/Guardian's Signature		_____ Signature of Applicant	
Telephone No. _____		Place: _____	
E-mail (if any) _____		Date: _____	
CERTIFICATION BY EMBASSY			
Date: _____	Seal	_____ Authorized Signature	