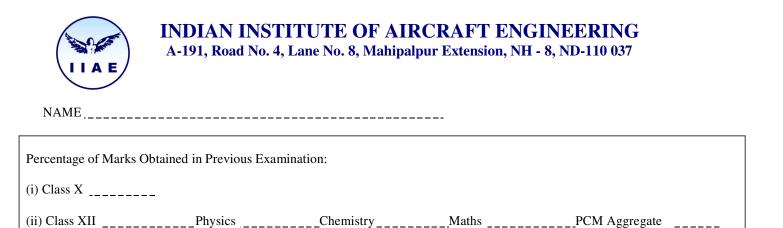


INDIAN INSTITUTE OF AIRCRAFT ENGINEERING

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	PLAC	E OF BIRTH		STATE		
NAME OF PARENT OR GUA	ARDIAN					
GENDER MALE FEMALE PARENT'S/GUARDIAN'S OCCUPATION						
PRESENT ADDRESS						
PERMANENT ADDRESS						
AME COURSE: Give preference to the stream you are interested for Mechanical Stream Avionics Stream						
EDUCATIONAL QUALIFIC	ATION: 10+2		GRADUATION			
	(CLA	ASS X)	(CLASS XII)	GRADUATION		
NAME OF INSTITUTION / BOARD						
YEAR OF PASSING						
PERCENTAGE OF MARKS OBTAINED						
HOSTEL FACILITIES RE	QUIRED: YE	s 🗌	NO 🗌			
MARITAL STATUS: MARRIED UNMARRIED						
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 Signati	ure		Signature	of Applicant		
Telephone No.			-	_Place:		
E-mail (if any)Date:						



(iii) Others

FOR OFFICE USE ONLY REMARKS OF SELECTION COMMITTEE

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
EXERSICE
GIVE DETAILED REPORT ON PHYSICAL AND PHYCHOLOGICAL PROBLEM, IF ANY
CONFIRM VACCINATION DATE a) Tetanus (within 2 Yrs.) Date
b) Hepatitis 'B' 1ST Shot Date
Physician's Full Name
Registration Number Physician Stamp
Address
Date Signature
MEDICAL CERTIFICATE FOR COLOUR VISION
I, Dr
Mr./Miss whose signature is appended below, and certify that his/her colour vision i
NormalDefective safeDefective unsafe.
The Colour vision has been tested with: Approved Lantern Test Any other test applicable 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



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.	
NAME							
DATE OF BIRTH	BIRTH PLACE NATIONALITY			JTY			
NAME OF PARENT OR GUARDIAN							
GENDER MALE	GENDER MALE 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 Mechanical Stream Avionics Stream							
EDUCATIONAL QUALIFICATION: 10+2 GRADUATE HOSTEL FACILITIES REQUIR YES NO				ACILITIES REQUIRED			
	(CLASS X) (C			(CLAS	SS XII) GRADUATION		
NAME OF INSTITUTION							
YEAR OF PASSING							
PERCENTAGE OF MARKS OBTAINED							
MARITAL STATUS: M	IARRIE	D 🗌	UNM	ARRIED			
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 AME 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 in IIAE at my own responsibility.							
Parent's/Guardian's Signature Signature Signature							
Telephone NoPlace:							
E-mail (if any)Date:							
CERTIFICATION BY EMBASSY							
Date: Seal Authorized Signature				orized Signature			