

Regional Institute of Aviation

[Approved by Director General of Civil Aviation (DGCA), Govt. of India]

Pallichal, Vedicvachan Kovil P.O., Thiruvananthapuram - 695 501

APPLICATION FOR ADMISSION

For Office Use only

Application No:	<input type="text"/>
Date of Admission:	<input type="text"/>

Please paste recent passport size photograph here.

Fill the form in BLOCK CAPITAL letters

1. Full Name of the Applicant _____
2. Date of Birth _____ 3. Sex : Male Female 4. Blood Group _____
5. Nationality _____ 6. Religion _____ 7. Caste _____
8. Complete Address for Correspondance (*Do not repeat name*)

Pin
- STD Code Telephone Number
- Father (Mob.No.) Email: _____
- Candidate (Mob.No.) Email: _____
9. Name of Parent/Guardian: _____
Profession: _____
10. Name of Mother _____
11. Office Address: _____
Office Ph. No:
12. Course: _____

Signature of Candidate

Signature of Parent/Guardian

EXAMINATION RECORDS

Examination	University or Board	Year of Passing	Subjects	% of Marks
10th Std./ Equivalent				
+2 / CBSE / HSE				
Diploma/ Degree				

DECLARATION

I,..... do hereby declare that (1) all the entries made above are true and correct to the best of my knowledge and belief. I agree to abide by the rules and regulations and standing orders of this Institute mentioned in the prospectus and in case of my misconduct, I am aware of the fact that I am liable for disciplinary action including removal from the course programme. (2) I agree to pay the fee as per the rules in force in the Institute and if I happen to leave earlier than the completion of the course I am aware of the fact that I am to pay the full fee of the course including the tuition fee (3) I understand that I am not eligible to claim any refund of fee from this Institution after admission including the admission fee, tuition fee etc., under of any circumstances (4) I understand and agree that all disputes are subject to Thiruvananthapuram Jurisdiction only.

Signature of the Student:.....

AFFIDAVIT

I,, Son/Daughter of
Solemnly affirm and declare that all the facts stated above are true and correct to the best of my knowledge and belief and I have not concealed or misrepresented any fact which may be detrimental to my admission to the course.

Signature of the Student:.....

TO BE ATTESTED BY THE PARENT/GUARDIAN OF THE STUDENT

I,, F/o (G/o).....
have gone through the rules and regulations as well as all the information in this brochure and declare that I shall be responsible for the good conduct of my ward and shall undertake to pay all the dues and other charges that are mentioned in the prospectus. I also solemnly affirm that the above affidavit is signed by my son/daughter in my presence on the(day) of..... (month),(year).

Place: Signature of Parent/Guardian:.....

Date: Name of Parent/Guardian:.....

- ENCLOSURES REQUIRED WITH THE APPLICATION:**
1. 5 copies of attested marksheets & certificates of qualifying examination.
 2. 6 copies of recent passport size photograph.
 3. 6 stamp size photographs.
 4. 1 attested photo copy of conduct certificate
 5. Separate application for hostel accommodation (if required).
 6. Medical Certificate issued by Doctor(MBBS)

NAME, ADDRESS & PHONE NO. OF LOCAL GUARDIAN:

Phone: _____
Mob: _____

PARENT/GUARDIAN OFFICE ADDRESS

Phone: _____
Mob: _____

ADMISSION GRANTED/ REJECTED : CHIEF INSTURCTOR / ACCOUNTABLE MANAGER