



# Thakur Institute of Aviation Technology

Approved by D.G.C.A., Govt. of India, New Delhi

ISO 9001:2008 Certified

Thakur Complex, On 90 Ft. Road, Kandivali (East), Mumbai-400 101.

Tel.: 2854 2481, 2854 3540, 2854 7707 - Fax : 2854 1993 - Email : tiat@thakureducation.org - Website : www.tiatmumbai.in



## ADMISSION FORM

APPL. NO. \_\_\_\_\_

(ACADEMIC YEAR 20\_\_\_\_ TO 20\_\_\_\_)

AFFIX YOUR  
LATEST  
PHOTOGRAPH

Name of the Candidate:  
(In Block Letters)

Surname

First Name

Middle Name

H.S.C./B.Sc./M.Sc.  
Aggregate Marks in PCM:

Percentage:

Engineering Diploma Marks:

Percentage:

To,

The Chief Instructor

**THAKUR INSTITUTE OF AVIATION TECHNOLOGY, Kandivali.**

Sir.

I wish to apply for admission to First semester (Jan/July\_\_\_\_) of AME training course in your institute in:

**Mechanical Stream**  HA  JE / **Avionics Stream**  ES  IS  RN / **Mechanical Stream**  RA  JE  PE

I hereby undertake that, if admitted, I shall abide by the rules and regulations, made by the institute & D.G.CA. from time to time and shall be regular in attendance as per rules at all lectures, tutorials, tests, practicals and examinations.

I further declare that I have not been admitted to any other institute. I have not been debarred from appearing at any examination conducted by any Government constituted or statutory authority.

In case of suppression of factual information or false information submitted by me, I undertake that my candidature, even after selection or during the course training, shall stand cancelled & fees will be forfeited.

Yours obediently,

(Student's Signature)

### FOR OFFICE USE ONLY

Computer Entry:  YES  NO

Registration No.: \_\_\_\_\_

Application No.: \_\_\_\_\_ Scrutinised by (Name & Sign.): \_\_\_\_\_

#### Branch Applied For :

Mechanical Stream (HA, JE)

Avionics Stream (ES, IS, RN)

Mechanical Stream (RA, JE, PE)

Percentage of Marks

H.S.C./B.Sc./M.Sc. in PCM

Percentage of Marks Engineering Diploma

Signature of Chief Instructor

Authorised Signature

#### Certificate Enclosed: '✓' as applicable

H.S.C./B.Sc./M.Sc. Marksheet

Leaving Certificate:

Diploma Marksheet:

Physical Fitness Certificate:

Colour Vision Certificate:

Any Other Certificate:

Passport Details:

Clearance From Home Ministry for NRI / Foreign Students:

# PARENTAL FORM

(Mandatory to be filled by Admitted Candidate Only)

LATEST PASS PORT SIZE PHOTOGRAPH →	FATHER	MOTHER	SISTER	BROTHER	GUARDIAN
RELATION →	FATHER	MOTHER	SISTER (Above 18 Years)	BROTHER (Above 18 Years)	GUARDIAN
Name →					
Signature →					
Qualification →					
Occupation →					
Designation →					
Annual Income →					
Office Address →					
Office Tel. No. →					
Mobile No. →					
E-mail Id →					

NOTE : - The above mentioned members shall only be entertained in any matter of their ward.

## PERSONAL DETAILS

1 Name of the Candidate:    
(in Block Letters) Surname First Name

Father's Name Mother's Name

2 Residential Address:   
 Tel:

3 Permanent Address:   
(Native Place)  Tel:

4 Date of Birth (DD/MM/YY):

5 Place of Birth:  6 Sex : Male  Female

7 Nationality:  Religion:  Caste:

8 Aggregate marks in S.S.C out of 750:   %

9 Aggregate marks in H.S.C./B.Sc./M.Sc. out of 600:   %

10 H.S.C./B.Sc./M.Sc. PCM Total Marks   %

Physics Marks   Chemistry Marks   Maths Marks    
Out of 100 Out of 100 Out of 100

11 Aggregate Marks in Diploma :   %  
Diploma in Engineering (Branch)

### PARTICULARS OF PARENT/GUARDIAN

1 Name of Parent / Guardian :

2 Occupation :  Annual Income Rs.

3 Office Address :

4 Tel. No.  Mobile :   
E-mail :

### UNDERTAKING BY THE PARENT

I \_\_\_\_\_ have permitted my Son/Daughter/ward Mr./Miss \_\_\_\_\_ I undertake that he/she will obey all rules & regulations laid down by the institute & D.G.C.A. from time to time. I also undertake that he/she shall be regular in attendance as per rules at all lectures, test, practicals and examinations conducted by the institute.

\_\_\_\_\_  
(Signature of Parent)

# MEDICAL CERTIFICATE FOR COLOUR VISION

(Certificate by Ophthalmologist)

I, Dr. \_\_\_\_\_ hereby certify that

I have examined Mr./Ms. \_\_\_\_\_

whose signature is appended below, and certify that his/her Color Vision is

Normal / Defective safe / Defective unsafe. (Strike off which is not applicable)

**The colour vision has been tested with :**

1. Pseudo - Isochromatic Plates
  2. Approved Lantern Test
  3. Any other test applicable
- (Strike off which is not applicable)

Signature of Doctor \_\_\_\_\_

Registration No. \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the applicant

# MEDICAL CERTIFICATE FOR PHYSICAL FITNESS

Mr/Ms. \_\_\_\_\_ whose signature  
is given below, has been medically examined by me.

He/She has the following physical disabilities.

\_\_\_\_\_  
\_\_\_\_\_

\* No physical disabilities.

Signature of Doctor \_\_\_\_\_

Registration No. \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the applicant