



PRELIMINARY REGISTRATION FORM

Application No:

Paste
Passport size
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PLEASE INDICATE THE COURSE IN ORDER OF PRIORITY

<u>COURSE</u>	<u>COURSE CODE</u>
A _____	_____
B _____	_____

BIOGRAPHICAL INFORMATION

Name _____ Age _____

Sex: Male/Female _____ Date of Birth _____

Place of Birth _____

State/Country _____

Nationality _____

Mother Tongue _____

Address for Communication _____

Name of the Parent/Guardian _____

Occupation _____

Address _____

Name of the Local Guardian _____

Occupation _____

Address _____

Annual Income _____

Tel Number _____ Fax No _____

Email _____

Application No:

Details of qualifying examination: _____

Name of Qualifying Exam-HSC/CBSE, PRE-DEGREE/X Std.: _____

Year of passing: _____ No. of attempts: _____

Affiliating body: _____

The place and institution last studied: _____

Kindly fill in mark as applicable:

SUBJECT	MARKS / GRADE OBTAINED	MAX. MARKS (OUT OF)	MARKS / GRADE Require for pass
Physics			
Mathematics			
English			

Have you undergone any flying training before? **YES** **NO**

If yes, do you have **PPL/CPL**: **YES** **NO**

Type of aircraft flown _____ Hours of flying to your credit _____

Course of study for which admission sought : **PPL** **CPL** **IR** **MER**

CPL for PPL Holder **CPL with MER**

Others _____

Amount enclosed by Draft/MO/PO : ₹ _____ US \$ _____

Do you require hostel accommodation: **YES** **NO**

CHECK LIST

- 4 no's Passport size colour photographs
- Mark Sheets/ Certificates
- DGCA Licence if any
- DGCA Class II Medical Certificate
- Passport Photo Copies
- Registration Fees
- Police Clearance Certificate

(Please attach the photocopies of all certificates)

Application No:

DECLARATION BY THE CANDIDATE

I hereby declare that the information furnished in this application form is complete, accurate and true and understand that submission of inaccurate and false information would be sufficient cause for denial of admission or termination of enrolment at any time during the entire period of the course.

I shall abide by the rules and regulations of Altivia Aviation Academy.

Name & Signature of Parent/Guardian:

Name & Signature of Candidate:

Place:

Date :

FOR OFFICE ONLY

Name: _____

Course: _____

Comments: _____

Payment Plan : _____

Fees Received : _____

Registration Fees _____

Flight Training : _____

Ground Training : _____

Other Fees : _____

Eligible / Not Eligible _____

ALTIVIA
Aviation Academy