



SOUTHERN EMRIN AVIATION

SUBJECT SELECTED

- AVIATION METEOROLOGY
- AIR REGULATION
- AIR NAVIGATION
- TECHNICAL GENERAL
- RTR(A) PART 1 & 2

Place :

Date :

Signature of Applicant

Continuous support, guidance and unlimited revision support till the student clears all the subjects

SOARING TO NEW HEIGHTS IN AVIATION
 DREAM IT, LEARN IT, FLY IT AT SOUTHERN EMRIN AVIATION
 DISCOVER YOUR PASSION FOR AVIATION WITH US

SOUTHERN EMRIN AVIATION

Luiz Nagar, Near KSRTC Bus Stand, Chalakudy
Thrissur, Kerala - 680307

Mob : 9995033886, 9947790056.
southernemirnaviation@gmail.com

APPLICATION No:..... /

REG No:..... /

SOUTHERN EMRIN AVIATION

CHALAKUDY, THRISSUR, KERALA - 680 307

APPLICATION FOR ADMISSION TO PILOT TRAINING COURSE (CPL)

Affix one
Passport size
photograph

1. Name of the applicant :

2. Father's / Guardian Name :

3. Present address :

PIN

4. Permanent address :

PIN

5. Mobile No. : Father / Guardian

6. Sex : Male Female Age

7. Date of Birth : Day Month Year

8. Whether Indian : Yes No Name of the Country

9. Academic Qualification :

Qualification	Board/University	Subjects	Grade % of marks

DECLARATION

- a) All entries made in this application form are correct to the best of my knowledge and nothing material has been concealed by me.
- b) I shall abide by all the rules, regulations and standing orders of the institution, that are in force and that will made hereinafter. In case I found guilty the authorities may take action against me.
- c) I shall pay my dues on time and shall not claim any refund for any reason whatsoever.
- d) I know that fee once paid by me are neither refundable nor transferable.
- e) I possess a good moral character and I am not involved in any criminal case.
- f) I do not stand debarred from any public examinations.
- g) I shall not take part in any such activity, which is detrimental to the discipline of the institute.
- h) All disputes are subject to the jurisdiction of Chalakudy court only.

Date :.....

Signature of the applicant:

Instruction to the Applicant :

1. Before filling the application forms verify and ensure the eligibility criteria prescribed by D.G.C.A.
2. A sum of Rs. 25,000 /- by Draft (Rupees Twenty Five Thousand only) for students towards registration.
3. This form should accompany the following:
 - i. 05 attested photocopies of Date of Birth Certificate & Educational Qualifications.
 - ii. 05 Passport size photographs with Coat and Tie (Name & Date)
 - iii. Copy of class 2 Medical Certificate
4. Decision of the management with respect to Admission, as in the case with other conditions is final and is not questionable in any manner.

FOR OFFICE USE ONLY

Scrutiny of the Application : ACCEPTED / REJECTED

Reason for Rejection (if any) :

Date of Admission : Batch No:.....

C E O

ANTI - RAGGING / EVE TEASING UNDERTAKING

I am aware that Ragging/Eve teasing of any kinds is forbidden by the Government of Kerala odinens and the legislation. I will not indulge in any form of ragging/eve teasing activities. If I am subjected to ragging I will report the matter immediately to the Principal/Correspondent/Chief Instructor/Administrative officer/Instructor. I will also inform any incident of ragging which is noticed by me with the evidence to the above mentioned authorities. In case I am involved or anyway connected with ragging or eve leasing. Harmfully aware that the case will be handed over to the police station and F.I.R. will be made out as per the existing criminal law. Besides, I am liable to pay the financial expenditure for the entire course for the student who has been subjected to ragging or eve teasing. I am also aware that I will be summarily dismissed from the college without any prior notice and subject to criminal action.

**RAGGING PROHIBITED IN THE COLLEGE
RAGGING IS A CRIMINAL OFFENCE**

Signature of Parent :

Signature of Student :

Date :

Date :

Place :

Place :

DECLARATION TO BE SIGNED BY THE FATHER/GUARDIAN

I..... Father / Guardian of
have gone through the rules and accept these rule and declare that I shall be responsible for the conduct and behavior of my ward and shall undertake to pay all the due and charges

Date :..... Name & Signature of Father / Guardian :.....

Name and address of Father / Guardian :

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.....
.....

Phone :.....