



REDWINGS AEROTECHNIQUE PRIVATE LIMITED

Basic Aircraft Maintenance Training Organization (CAR-147)

Pragyan Nursing College Campus ,Abbas Nager, Gondermau, Bypass road Gandhi Nagar
Near R.G.P.V., Bhopal ,Madhya Pradesh -462036

Approved By Directorate General of Civil Aviation (DGCA), Govt. Of India

Application Form (To Be Filled in Capital Letters Using Ball Pen)

PHOTOGRAPH

Sir,

1. Mr./Ms.....Son/Daughter of Mr./Mrs.....

Desirous of getting admission as a student of **Redwings Aerotechnique Pvt. Ltd., Bhopal (M.P.)** in the course of **Aircraft Maintenance Engineering**, Category of **B1.1/ B1.2/ B2** as per rules and regulations of the Institute, as applicable present time and can be changed/alterd if needed, time to time.

2. Date of Birth:

3. Present Address

4. Permanent address

.....

.....

.....

.....

.....Pin Code

.....Pin Code

5. Mobile No of Student 1.

Mobile No. of Parent 1.

2.

2.

6. Nationality

7. Category: GN/OBC/SC/ST/Other

8. Occupation of Parent/guardian.....

9. **Qualification details:** I have passed the following examinations. I attach herewith three attested copies of each certificate and an attested copy of class 10th Marksheet as a proof of my date of birth, 12th with PCM Marksheet and passing certificate as a proof of eligibility for admission in Aircraft Maintenance engineering course.

Qualification	Board	Year of passing	Category	% Marks obtained
10 th			Science	
12 th			PCM	

DECLARATION

(Before filling the form, the candidate is requested to read his declaration carefully)

1. The entries made in this form are current and no alteration of any kind shall be asked in future.
2. I shall abide by the rules, Regulations, general instructions and standing orders of the institution as mentioned in the prospectus. Ignorance of the same will not be taken as an excuse for any reason and purpose.
3. I shall not claim any sort of refund from the institution (after admission) including the joining fees irrespective of any circumstance, even in the case of no single class attended by me as the Institute is having limited seats.
4. Tuition fee and other dues must be paid by me on or before the due date as mentioned in the prospectus/fee structure. In the case if I am leaving the institute earlier than the completion of course, I am liable to forfeit the entire fees of the course, as mentioned in the prospectus/ fee structure.
5. I have neither concealed any facts or material/ information in filling up this application form nor submitted any fake documents.
6. I shall never take part in any strikes/ illegal act or such activities which are not permissible according to the rules of the institution and also agree to abide by the rules. In case of taking part in any sort of strikes or such activities, I can be terminated from the institute without any information and be debarred from getting readmission to the institution and in such an event I cannot claim any refund or fee paid by us to the institute.
7. All disputes are subject to the courts under local jurisdiction of the place where the institute is located.

.....
Signature of the student

.....
signature of the parent/guardian

Declaration to be signed by the father / Guardian

This is to certify that I will be responsible for regular payment of fees, other dues and good conduct of my ward Mr./ Ms.....in this institution. I also promise that I will be in constant touch with my children and the institute authority by meeting personally or by in writing so as to find the progress made or failure encountered by my son / Daughter.

Place

Signature of Parents/ Guardian

Date

Name & Address of the Guardian

.....
For Official Use only:

Admission approved/ rejected

1. Enrollment No.
2. Date of admission
3. Academic Session

Sign of Training manager

Organization seal:

JOINT DECLARATION BY THE APPLICANT AND HIS/HER PARENTS/GUARDIANS

We, undersigned declare the following, supported by a joint affidavit: -

1. We have gone through the prospectus supplied by the institute and do hereby undertake to abide by the rules and regulations of the institute. Ignorance of the rules and regulations shall not be treated as an excuse for any purpose at all. We alone shall be responsible and liable for all consequences arising out of the violation of the rules and regulations of institute committed either jointly by us or individually.
2. All the entries made in this form are correct to the best of our knowledge and belief. Nothing has been concealed. If any information is found to be false, we alone will be liable for all the consequences.
3. We,(name of the parent / guardian) and my son / daughter / ward(name of the applicant) do hereby declare that the applicant at the time of joining has a stable mind and is free from insanity. If the applicant is subsequently found to be insane or of unstable mind and on account of this illness causes any damage or loss to the properties of the institute, it shall be our responsibility to make good the loss suffered by the institute. Also, we do agree that we alone will be liable for all consequences arising out of the insanity unstable mind of the applicant/candidate/student.
4. We know and agree that during field visit / internship / practical training students are required to pay extra fee, also in case of any unwanted incidents, Redwings Aerotechnique Pvt Ltd (RAPL) will not be responsible in any manner. We also know that we are required to maintain a high level of discipline and follow the code of conduct during our technical visit/internship/practical training. We assure that before undergoing field visit/internship/practical training we will get appropriate insurance cover to avoid any unwanted incidents and the premium will be borne by ourselves. We know and agree that in any case, if we do any types of damage knowingly or unknowingly to any aircraft/components or other infrastructure facilities we will compensate the same.
5. If the applicant is found to be in any illegal activities within or out of the premises, we alone will be liable for all the consequences arising out of such activities. The management shall not have any kind of liability or responsibility for the aforesaid consequences.
6. We understand that if the applicant/candidates are found to possess or use any kind of intoxicant or drugs, he /she shall be liable for getting expelled from the institute immediately. Upon happening of such an event institute fees whatever paid shall not be refunded.
7. We shall maintain the dignity, decorum, cordial and disciplined atmosphere of the institute and shall do nothing to defame the institute.
8. It shall be our duty to desist from any activity, hindering the smooth functioning, progress and prosperity of the institute.
9. We understand that smoking or consumption of alcoholic items are strictly prohibited and if found to do that such things, the management is free to take suitable actions against the erring student/applicant.
10. It shall be our responsibility to remit the fee on or before as per the fee structure given at the time of admission. We agree that if the fees are not remitted on the stipulated date, we shall be liable for making payment of late fee of Rs. 100/- per day. We also know that if the fees are not paid within 10 days from the due date, the student shall not be permitted to attend the class. This action on the part of management shall not be agitated as a grievance in any forum of whatsoever kind.
11. We know and agree that the fee structure can be changed reasonably at the discretion of the management.
12. We are aware that, in the fee rules given in the prospectus, issued from the institute strictly define that fee once paid (after admission) will not be refunded under any circumstances, even if the candidate does not attend a single class. Accordingly, we promise that we shall not claim any sort of refund from the institution (after joining) including the joining fees irrespective of any circumstances, even in the case of the student/candidate has not attended a single class.

Place:

Date:

Signature of Student:

Signature of Parent/Guardian

JOINT AFFIDAVIT

We, the undersigned deponents.....(Name of the parent / guardian), agedyear's S/o., d/o., W/o.,(Name of father / husband) resident of (Address) and(Name of applicant / student), agedyears. S/o., D/o., ward of (Name of parent / guardian) resident of (Address) do hereby solemnly affirm and state on oath as under: -

1. That we have given a joint declaration under our signature for the purpose of getting admission of the applicant / candidate / student in the institute run by the management of redwings Aerotechnique Pvt. Ltd., Bhopal.
2. That the joint declaration as mentioned against Paragraph No. 1 above consist 12 Paragraphs serially numbered.
3. We solemnly affirm that the contents of the No.1 to No.12 Paragraphs as stated in the joint declaration are true to the best of my knowledge and belief and that we have agreed to comply with each and every declaration in letter and spirit.

Name of the Applicant
(DEPONENT)

Name of the Parent / Guardian
(DEPONENT)

VERIFICATION

We the above named deponents do hereby verify that the contents of this affidavit from Paragraphs No.1 to 12 are true to best of your knowledge & belief. No material fact has been concealed.

Verified and signed on this Day of

Month of at

Name of Applicant
(DEPONENT)

Name of the Parent / Guardian
(DEPONENT)

MEDICAL FORM

(To be given by Registered Medical Practitioner holding at least MBBS Degree)

MEDICAL CERTIFICATE FOR PHYSICAL FITNESS

Mr./Ms.....

Whose signature is given below has been medically examined by me.

(a). He / She has the following disabilities.

I.

II.

III.

(b). No physical disabilities.

Signature of the Applicant.....

Signature of the Doctor.....

Registration no.

Date

MEDICAL CERTIFICATE FOR COLOUR VISION

I, Dr. hereby certify that I have examined

Mr./Ms. whose signature is appended below and certify that his/her colour 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 applicable test

Signature of the Applicant

Signature of Doctor

Registration No.

Date: