





**FOR OFFICE USE ONLY**

Computer Entry:

YES	NO
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Application No. : \_\_\_\_\_

Scrutinized by (Name & Sign.): \_\_\_\_\_

**Branch Applied For:**

Mechanical Stream (Aeroplane & Powerplant)

Percentage of Marks in .....

Mechanical Stream (Helicopter & Powerplant)

Percentage of Marks Engineering /Diploma

\_\_\_\_\_  
Signature of Chief Instructor

\_\_\_\_\_  
Signature of Admission In-Charge

**Certificate Enclosed: “✓” as applicable:**

Six Passport Size & Stamp Size Photographs

H.Sc./B.Sc Mark sheet

Medical Certificate

\* Passport Details

Leaving Certificate (SLC)

Any Other Certificate

Birth Certificate / 10<sup>th</sup> Certificate

\* Clearance from Home Ministry for Foreign Students

**Note - \* Applicable only for foreign students**

# 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 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 test applicable

(Strike off which is not applicable)

Signature of the Applicant \_\_\_\_\_

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

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

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