

Application Form

Education Qualification of the Applicant

Std	Board/University	Year	Phy%	Chem%	Math%	PCM Total%	Medium
XII							
Dip			1st Year%	2nd Year%	3rd Year%	Diploma Total%	
X						Total%	

Hostel Required: Yes No

Declaration

I, hereby declare that the information given in this application form is true and correct to the best of my knowledge. I have read all the rules and regulations stated in the Prospectus and promise to abide by them, as a student. If I fail to do so Management's decision will be final for me. I have also noted that the refund of fees will be in accordance with the policy of the Institute.

Applicant's Signature

Date:

Father's/Guardian's Signature

Place:

Local Guardian's Signature

(if applicable)

For Office Use Only:

Payment Details : Admission Fees Rs. _____ Receipt No. _____ Date _____

Caution Deposit Rs : _____ Receipt No. _____ Date _____

Date of course Commencement : _____

Date of Course Completion : _____

Form Checked by Mr/Ms. _____ Signature _____

Admission Granted to _____ Course _____ Batch _____

Training Manager _____ Accountable Manager _____

List of Documents Attached:

- Ten Passport size and Ten stamp size photographs with Institute's dress code
- School Leaving Certificate
- 10th Mark Sheet
- 10th Passing Certificate
- 12th Mark Sheet
- 12th Passing Certificate

- Board Verification Certificate
- Diploma Mark Sheet
- Diploma Passing Certificate
- Medical Certificate
- Address Proof Attested by Gazetted Officer
- Caste certificate (If applicable)
- Indemnity Bound on ₹ 100/- stamp paper



PRAVARA RURAL EDUCATION SOCIETY'S
HAL-PRAVARA AVIATION INSTITUTE

(IN ASSOCIATION WITH HINDUSTAN AERONAUTICS LIMITED)

1st Floor, TTC Building, HAL Premises, Airport Road, At post Air Force Station, Ojhar, Tal Niphad, Nashik - 422 221.

MEDICAL CERTIFICATE FOR PHYSICAL FITNESS

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

Name of the Medical Examiner: _____

Mr./Ms. _____ whose signature is given

below, has been medically examined by me.

He / She have no physical disabilities / the following disabilities. _____

Signature of Doctor: _____

Designation: _____

(SEAL)

Registration No.: _____

Date: _____

Applicants Signature: _____

MEDICAL CERTIFICATE FOR COLOUR VISION

(Certificate by Ophthalmologist)

Name of the Medical Examiner: _____

Mr./Ms. _____ whose signature is given below,

has been medically examined by me and certifies 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 - I SOCHROMATIC PLATES
2. Approved Lantern test

Signature of Doctor: _____

Designation: _____

(SEAL)

Registration No.: _____

Date: _____

Applicants Signature: _____



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Indemnity Bond Form

Note : This form is to be printed on ₹100/- stamp paper with affidavit / notary from concerned authority & submit it to the institute.

Indemnity Bond

Instructions :

We, undersigned declare the following, supported by a Joint Affidavit:

- 1) We have gone through the Prospectus provided by the Institute and do hereby undertake to abide by the Rules & Regulations of the Institute. Ignorance of the Rules & 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 & Regulations of the Institute committed either jointly by us or individually.
- 2) All the entries' 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 shall remain responsible for any false declaration, and 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 Admission has stable mind & is free from insanity. If the Applicant is subsequently found to be insane or of unstable mind & on account mind 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 or unstable mind of the Applicant/ Candidate/ Student.
- 4) If the Applicant is found to be engaged in any Illegal activities like chewing tobacco, Consumption of Alcohol or Drugs, Ragging, Common off, Continuous Absence without Approval, Misbehavior and Smoking within or outside 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.
- 5) We shall maintain the dignity, decorum, cordial & discipline atmosphere of the Institute and shall do nothing to defame the Institute.
- 6) It shall be our responsibility to remit the Semester Fee on the stipulated date or otherwise we shall be liable for making payment of late fee of Rs. 100/- per day. We also know that if the fee is not paid within 10 days from 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.
- 7) We know & agree that the Fee schedule can be changed reasonably at the discretion of the management. If we leave or terminate or cancelled Admission/ Candidature from the Institute after completing all the formalities of Admission process as per the norms of the Institute, by myself or by my Parents/ Guardians & by any reasons such as change of Institution, change of Educational course, transfer of Parents/ Guardians, on Medical grounds, cancellation of Admission

Indemnity Bond Form

for any reason whether it is personal or otherwise, etc. we will have to forfeit of the fees & other payments paid to the Institute for the said Semester/ Academic year. We shall have to pay the full & final fees prescribed for the said Semester/ Academic year before the cancellation of the admission, even if my son/daughter have not attended the Course/ Study/ Education regularly. The institute is not responsible for Refund of any of the fees/ Tuition fee/ Admission fee etc. & we will not have any objection whatsoever for the same. The cancellation of Admission will be on my own cost as the decision which will be taken about the cancellation of Admission at any point of time of Education, by me or my Parents/ Guardians will be my/ our personal decision whatsoever.

- 8) I/We shall protect & conserve all the property of the Institution & shall not use it for other than authorized activities.
- 9) We are aware that my Ward shall not be allowed to appear for the Institute Semester Exam/s, DGCA or the University Examination/s unless we have paid all his/her Dues of the Institute Tuition fee/Hostel Fee. Also if his/her Attendance falls below the requirement as stipulated by DGCA/The University of Mumbai / the Institute Management (Which may change from time to time), the Management reserves all the rights to restrict him/her from any or all of the above said exam/s.
- 10) Industrial visits & Educational tours as & when arranged by the Institute are mandatory for every student. If there is any mishap during visit, tours, college authorities will not be responsible & student should take due care of themselves for their Safety & Security.
- 11) I shall observe all the Instructions, Rules, and Orders as may be issued by the Institution from time to time.
- 12) During the time of HAL factory visit (During Practical Training), I shall follow all the rules & regulations entrusted by the institute / HAL and violation of such will be dealt with severely and sometimes I may be asked to quit the course undertaken.

I therefore, declare that this undertaking is given by me knowingly & in the best of my interest.

Place:

Date:

Name & Signature of the Parent.
()

Name & Signature of the Student.
()

Witness: (1).

(2).

Accepted by me on this day

..... for & on behalf of the Institute.