



# INDIAN INSTITUTE OF AIRCRAFT ENGINEERING

A-191, Road No. 4, Lane No. 8, Mahipalpur Extension, NH - 8, ND-110 037

## APPLICATION FORM FOR AME COURSE

**TO BE FILLED NEATLY IN BLOCK LETTERS**

**No.**

NAME			
DATE OF BIRTH	PLACE OF BIRTH	STATE	
NAME OF PARENT OR GUARDIAN			
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	PARENT'S/GUARDIAN'S OCCUPATION
PRESENT ADDRESS			
PERMANENT ADDRESS			
AME COURSE: Give preference to the stream you are interested for <input type="checkbox"/> Mechanical Stream <input type="checkbox"/> Avionics Stream			
EDUCATIONAL QUALIFICATION: 10+2 <input type="checkbox"/> DIPLOMA IN ENGINEERING <input type="checkbox"/> GRADUATION <input type="checkbox"/>			
	(CLASS X)	(CLASS XII)	DIPLOMA / GRADUATION
NAME OF INSTITUTION / BOARD			
YEAR OF PASSING			
PERCENTAGE OF MARKS OBTAINED			
HOSTEL FACILITIES REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>			
MARITAL STATUS: MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/>			
<p>I hereby declare that information given herein above is true and correct to the best of my knowledge and I certify that all the above statement is correct and complete. I also declare that I have fully read the prospectus and understood the complete terms and conditions including course details. I further agree to abide with all the terms and conditions of admission, rules and regulation as may be enforced by the Authority of the Institute. I also affirm that there is no criminal proceeding of any kind pending against me and I further undertake that I shall meet all the legal requirement of government of India. In case of any breach of law committed by me, I will forfeit my right to pursue my studies along with all the paid fees in IIAE at my own responsibility.</p>			
_____ Parent's/Guardian's Signature		_____ Signature of Applicant	
Telephone No. _____		Place: _____	
E-mail (if any) _____		Date: _____	



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NAME .....

Percentage of Marks Obtained in Previous Examination:

(i) Class X .....

(ii) Class XII ..... Physics ..... Chemistry..... Maths ..... PCM Aggregate .....

(iii) Others .....

## FOR OFFICE USE ONLY REMARKS OF SELECTION COMMITTEE

REG. NO .....

Entrance Test Marks Obtained .....

Selected

Not Selected

Admission-In-Charge  
IIAE, New Delhi

Date:.....

Chief Instructor  
IIAE, New Delhi

Examination-in-charge  
IIAE, New Delhi

Date .....

Date .....



# INDIAN INSTITUTE OF AIRCRAFT ENGINEERING

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To  
THE ADMISSION IN-CHARGE  
INDIAN INSTITUTE OF AIRCRAFT ENGINEERING  
A-191, Road No. 4, Lane No.8, Mahipalpur Extension, New Delhi-110 037

Reg. No: .....

Sir,

Kindly permit me to appear in the Written Entrance Test. I am enclosing herewith a self addressed envelope with postal stamps worth Rs.25/- affixed for admit card.

Yours faithfully

Signature of the Candidate

**ADMIT CARD  
WRITTEN ENTRANCE TEST  
AIRCRAFT MAINTENANCE ENGINEERING**

Affix Self  
Attested Passport  
Size Photograph

Admit Mr./Miss .....

Regn. No. .... to Written Entrance Test .....

at ..... centre .....

on ..... at .....

Date .....

Examination In-charge  
**IIAE**

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**ADMIT CARD  
WRITTEN ENTRANCE TEST  
AIRCRAFT MAINTENANCE ENGINEERING**

Affix Self  
Attested Passport  
Size Photograph

Admit Mr./Miss .....

Regn. No. .... to Written Entrance Test .....

At ..... centre .....

On ..... at .....

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Examination In-charge  
**IIAE**



# INDIAN INSTITUTE OF AIRCRAFT ENGINEERING

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## MEDICAL FORM

To be Completed by a Registered Physician

NAME.....

AGE..... HEIGHT..... WEIGHT..... GENDER.....

BLOOD GROUP .....

BLOOD PRESSURE: (Systolic / Diastolic) ..... Two Minutes after Exercise .....

PULSE: ..... RESTING..... AFTER EXERCISE.....

GIVE DETAILED REPORT ON PHYSICAL AND PSYCHOLOGICAL PROBLEM, IF ANY.....

.....

CONFIRM VACCINATION DATE

a) Tetanus (within 2 Yrs.) Date.....

b) Hepatitis 'B' 1ST Shot Date..... 2<sup>nd</sup> Shot Date..... 3<sup>rd</sup> Shot Date.....

Physician's Full Name .....

Registration Number.....

Address.....

.....

.....

Date.....

Signature .....

Physician Stamp

## MEDICAL CERTIFICATE FOR COLOUR VISION

I, Dr. .... hereby certify that I have examined Mr./Miss. .... whose signature is appended below, and certify that his/her colour vision is

Normal  Defective safe  Defective unsafe.

The Colour vision has been tested with:

Pseudo-Isochromatic Plates  Approved Lantern Test  Any other test applicable

EYES: Distant Vision ..... / ..... Near Vision ..... / ..... (Normal/ Corrected with Glass)

Doctor's Registration Number.....

Date: .....

Doctor's Stamp

(Signature of Applicant)

(Signature of Doctor)  
(If Govt. Employee) Designation:



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## DECLARATION BY PARENT OR GUARDIAN

In the event of my son / daughter / ward Mr./Miss \_\_\_\_\_  
being admitted to Indian Institute of Aircraft Engineering, New Delhi, I shall be responsible for his/her conduct in and outside the Institute campus and fully aware with the fee structure and able to pay the fee on time. I am aware that the Institute rules require a minimum attendance of 80% in lectures and session for each subject. I will withdraw my ward/son/daughter if his/her attendance, progress or conduct is unsatisfactory. I have also read the refund clauses and aware about the circumstances in which the fee are refundable. In case of deviation from the condition of refund clause, I will have no right to claim for any kind of fees.

Full Name \_\_\_\_\_ Parent/Guardian (Relation to candidate)

Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Address for Communication \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail (if any) \_\_\_\_\_

(Signature of Parent / Guardian)



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## NATIONALITY DECLARATION

Fill up all the information neatly

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

NAME			
DATE OF BIRTH	BIRTH PLACE	NATIONALITY	
NAME OF PARENT OR GUARDIAN			
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	PARENT'S/GUARDIAN'S OCCUPATION
PASSPORT NO.	VISA STATUS / VALIDITY		
PRESENT ADDRESS			
PERMANENT ADDRESS			
AME COURSE: Give preference to the stream you are interested for <input type="checkbox"/> Mechanical Stream <input type="checkbox"/> Avionics Stream			
EDUCATIONAL QUALIFICATION: 10+2 <input type="checkbox"/>		GRADUATE <input type="checkbox"/>	HOSTEL FACILITIES REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
	(CLASS X)	(CLASS XII)	GRADUATION
NAME OF INSTITUTION			
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_____ Parent's/Guardian's Signature		_____ Signature of Applicant	
Telephone No. _____		Place: _____	
E-mail (if any) _____		Date: _____	
CERTIFICATION BY EMBASSY			
Date: _____	Seal	_____ Authorized Signature	