

Application No. :

Registration No. :

THE SKYLINE AVIATION CLUB

Tel.: 2898 3516, 6570 5244 • Fax : 2833 1988

Application Form for Registration

For Office Use

To,
Managing Committee,
The Skyline Aviation Club
3 & 4, Suyog Mandir Apartment,
Ram Mandir Road, Babhai,
Borivali (W), Mumbai - 400 091.



Affix
Passport Size
(3.5 cm x 3.5 cm)
Photo

Sir,

I desire to register myself as a student in your "The Skyline Aviation Club" for the following course:

(Course Code)

(Course Name)

I may be permitted to appear for the Entrance Examination, Personal Interview and Medical Test. If selected, I will abide by all the Rules, Regulations and orders prescribed by the club from time to time. My particulars are given below:

1. Name in full : _____
(USE BLOCK LETTERS) (FIRST NAME) (MIDDLE NAME) (SURNAME)

2. Father's / Guardian Name : _____

3. Present Address for Correspondence : _____

4. Telephone Nos.: Resi. (STD Code : _____) Tel. _____ Office: (STD Code : _____) Tel. _____

5. Permanent Home / Native Place Address : _____

6. Date of birth : Date : Month : Year :

7. Present age : Years : Month : 8. Do you have Life Insurance Policy : Yes / No

9. Sex : Male / Female 10. Marital Status : Married / Unmarried (Please tick the appropriate One)

11. Citizenship : _____ Passport No. : _____ 12. Habit of Smoking : Yes / No

13. My English language proficiency is : Excellent / Good / Poor 14. Mother Tongue : _____

15. My health record is : Height : Ft. : _____ Inches : _____ Weight (kgs) : _____ Blood Group : _____

Correcting lenses : L. : _____ R. : _____ Colour Blindness : _____ Claustrophobia : Yes / No

16. Education Qualifications : _____ Medium of Instructions : _____

17. Name of relative responsible for enquiring regarding any of the queries / progress / or any other matter.

Name : _____ Sign. : _____

Only this Person will be entertained.

18. Do you require Boarding & Lodging Facilities : Yes / No (Please tick the appropriate One)

19. Date I wish to Start : _____ Candidate's Signature : _____

Date of Application : _____ Parent / Guardian's Signature : _____

Place : _____

Instructions : Please attach the following with the completed Application Form :

- Bank Draft of Rs. ~~900/-~~ ^{3500/-} in favour of "The Skyline Aviation Club" Payable at Mumbai towards Registration Fees (Non-Refundable)
This Amount may be paid in cash if application form is submitted personally.
- Attested Photocopies of SSC / HSC / Graduation Passing Certificates, Mark sheets and School Leaving Certificate.
- 5 copies of recent Passport Size Photograph. (1 to be affixed on this Form + 4 copies extra to be attached in an envelope)

THE SKYLINE AVIATION CLUB (VUZADO)
1st Floor, Shivram Apartment, 16th Road,
TPS-Ili, Off. Link Road, Nr. Ansal Vihar Complex,
Opp. Jogger's Park, Chikowadi, Borivali (West),
Mumbai - 400 691. Cell : 9820891262