





HELICOPTER TRAINING INSTITUTE (Approved by Director General of Civil Aviation, Govt. of India) & affiliated to University of Mumbai

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#### **Permanent Address**

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#### Local Guardian's Name

Mo	bile	Nun	nbei	r					Hor	ne N	Num	ber					

## Local Guardian's Address

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Educa	ation Qualification of the	Applicar	nt				
Std	Board / University	Year	Physics	Chemistry	Maths	English	PCM %
X							N/A
XII							

Aggregate percentage of 10+2 (PCME)					
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Course	Board / University	Year	Aggregate %	Remarks
Diploma				Aggregate of all
BE				semesters
Bsc				Aggregate of all Semesters / Years
Higher Science qualification				Aggregate of PM of all Semesters / Years

Hostel Required:	Yes		No	
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(Signature of the Applicant)

(Signature of the Applicant)

#### **Certificate and Pledge by the Applicant**

- (1) I hereby certify that the entries made by me in this form are correct to the best of my knowledge and I have not suppressed any information in any manner.
- (2) I understand that if at any stage it is found that I have provided any wrong information or have suppressed any information to seek admission to the institution, my admission shall stand cancelled automatically and I will have no claim on the seat or the due paid.
- (3) I agree to observe and abide by all the rules and regulations of the Institution and the Hostels that may be laid down from time to time by the Institution authorities during the period of my studies and training and not to associate myself with any activity prejudicial to the discipline of the institution.
- (4) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities.
- (5) I hereby solemnly affirm and declare that I have never been disqualified by any Board/ University or convicted on any account.
- (6) I hereby certify that I was not involved in any offence or illegal activities and no case is pending against me in any court of law.
- (7) I shall abide by the prescribed courses of reading and the modes of examinations which may prevail from time to time, even though these may be at variance with those of the previous years.
- (8) I am fully aware that ragging is strictly prohibited in the institute and Hostel. If I am found guilty of indulging in rangging. I am liable to be punished and expelled from the Institute.
- (9) I certify that I am a bonafide national of the Indian Union. \* (\* Strike out if not applicable)

Place:

	<u>Cert</u>	ificate by Father / Mot	ther / Guardian
with	th my consent and that I hold my	/self responsible for his/her (	(name) has submitted this applicatio good conduct and for his/her maintenance an nade by him / her in this form are correct.
Dat	te : Place :	Relation of Guardian _	(Signature of Parent / Guardian)
	<b>ote:</b> only elder brother/ sister o plicant's father and mother both		father/ uncle can act as a guardian in case the
	List of Docume	ents to be attached wi	vith the Application Form
1. 2. 3. 4. 5. 6. 7. 8. 9.	Six passport size and four star Four sets of Self attested photo Certificate of caste (if applica Certificate of educational qual Prescribed Medical certificate degree as per appendix - I. Copy of Passport, Visa and E Registration fees by Demand Adhar Card.	amp size photographs otocopies of 10th, 12th / Dip ble) and leaving certificate ( diffication and character. e/s duly signed by a medical OGCA Clearance for foreign	(As applicable).
DD	DNumber	Date	Bank

Date \_\_\_\_\_ Place \_\_\_\_\_



SI

No.

1.

2.

3.





Verification

By institute

AME (Avionics).....

Stamp

Tick if attached

## PAWAN HANS HELICOPTER TRAINING INSTITUTE (PHTI)

Tick in the boxes of column, if documents are attached CERTIFICATES ATTACHED

(Documents Must be Arranged in the following Order)

LIST OF CERTIFICATES

Six passport size and Four stamp size Photographs

Four sets of self attested photocopies of 10th,

Duly filled prescribed application form.

12th / Diploma / Degree Mark Sheets

Category. Gen...... SC...... ST......OBC.....

(Authorised signatory)

		-		
	4.	Certificate of caste (If applicable) and leaving Certificate (As applicable)		
	5.	Certificate of educational Qualification and Character.		
	6.	Prescribed Medical certificates duly signed by a medical practitioner holding at least MBBS degree.		
	7.	Copy of passport, Visa and DGCA clearance for Foreign student. (if applicable)		
	8.	Registration fees by Demand Draft in favour of PAWAN HANS LTD. Payable at Mumbai		
	9.	Aadhar Card		
	10.	Migration Certificate		
Date _		Place:	(Signature of the A	pplicant)
		Office use only		Specific
Damas	يرط ميار	To be filled by the Scrutiny Office	er	
	•	the Scrutiny Officer:		
` '	•	erified and found correct. Ineligible, Specific reason for being ineligible		
` ,	•	Document : (a)(b)(c)		
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			0.1	
Dated	:		Signati	ure of Scrutiny Office
		PAWAN HANS HELICOPTER TRA (PHTI)		<u>.</u>
		<u>Acknowledgement</u>		
Receiv	ed app	olication NoOn	Stream : AME (Med	:hanical)







#### APPENDIX - 2

#### **CERTIFICATE OF EDUCATIONAL QUALIFICATION AND CHARACTER\***

(To be submitted by all applicants)

(The certificate must be signed by the Head of the Institution where the candidate has studied for 12th Class, or Institution last attended)

Certified that Mr./Ms	
Son/ Daughter of Sri	passed his/her
	examination from this college / Institution /
School as a regular student in the year	
He/She bears a good moral character and has n convicted on any account.	ot been disqualified by any Board/University or
Signature of Principal with seal.	
Date:	
Name of the Instituion:	
Address:	
Pin code	

<sup>\*</sup> Equivalent certificate issue by the head of institution last attended will also be acceptable.







## **APPENDIX - 1**

#### **CERTIFICATE OF CASTE \***

(To be submitted by Scheduled Castes/ Scheduled Tribes /OBC candidates)

Certified that Mr./Ms		
Son/daughter of Sri		
resident of	District	
is a member of the Scheduled Cast	tes/Scheduled Tribes/OBC and belongs t	to
		caste/tribe/OBC
which has been recognized as a Sc	chedule Caste/Tribe/ OBC vide notification	on No
	dated	issued
by Government of	(State).	
Date	Signature	
(Date Seal Signature of the Revenu	ue Officer of the District concerned, not below the	e rank of Tehsildar.)
Note: Certificate, if issued by oth Government must be included.	er authority (not mentioned above), n	otification of

\* Certificate issue by Competent authority will also be acceptable.







#### **APPENDIX - 3**

# PAWAN HANS HELICOPTER TRAINING INSTITUTE (PHTI)

## **MEDICAL CERTIFICATE FOR PHYSICAL FITNESS**

	whose signature is given below, has been medically
examined by me.	
He/She has the following physical disabilities	es.
* No physical disabilities	
Signature of the applicant	Signature of Doctor
	Registration No
Date:	
MEDICAL CERTIFIC	CATE FOR COLOUR VISION
	hereby certify that I have examined Mr./Ms whose signature is appended below
and certify that his colour vision is normal /E (Strike off which is not applicable)	Defective safe/ Defective unsafe.
The colour vision has been tested with:-	
Pseudo - Isochromatic plates Approved Lantern test Any other test applicable (Strike off which is not applicable)	
	Signature of Doctor
	Registration No.
Signature of the applicant,	_ Date: