



## **CAMELLIA INSTITUTE OF AVIATION**

(A unit of Multiple Manpower Development Trust)  
Corporate Office : 32A C.R. Avenue, Trust House, 7<sup>th</sup> floor, Kolkata-700012  
Flying Campus : Hanger No 2, Behala Aerodrome, Kolakta -700060



### **APPLICATION FOR ADMISSION**

**Serial No :** \_\_\_\_\_

Affix your  
recent color  
stamp size  
photograph

#### **PERSONAL DETAILS**

NAME \_\_\_\_\_  
(Block Letter)

FATHER'S NAME \_\_\_\_\_

GURDIAN'S NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ PIN \_\_\_\_\_

PARMANENT ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ PIN \_\_\_\_\_

PHONE NO : RES. \_\_\_\_\_ MOB. \_\_\_\_\_

e-mail : \_\_\_\_\_

DATE OF BIRTH       NATIONALITY \_\_\_\_\_

(DD/MM/YYYY)

(Tick  in the right place)

LANGUAGES KNOWN : English  Hindi  Bengali  Others \_\_\_\_\_

#### **PILOT TRAINING PROGRAM**

Student Pilot License  Private Pilot License  Commercial Pilot License

#### **ACADEMIC QUALIFICATION**

Exam Passed	Year of Passing	Board/University	Full Marks	Marks obtained	Subjects	% of Marks
10 <sup>th</sup>						
10+2						

(Enclose copy of Mark sheet)

**PHYSICAL STANDARD**

HEIGHT(cm)\_\_\_\_\_WEIGHT(kg)\_\_\_\_\_BLOOD GROUP\_\_\_\_\_

CHEST :NORMAL(cm)\_\_\_\_\_EXPANDED(cm)\_\_\_\_\_

EYE SIGHT : RIGHT\_\_\_\_\_LEFT\_\_\_\_\_

HEARING PROBLEM : YES  NO

SPEECH PROBLEM : YES  NO

If Yes, please explain : \_\_\_\_\_

**DOCUMENTS  
NEEDED**

- Proof of age (attested copy)
- Mark sheets (attested copy)
- Latest stamp size color photograph (formal wear)
- Original Medical fitness copy & eye sight Test/ Color Vision Test Certificates
- Latest Character Certificate from class-I gazetted officer.
- Bank draft of Rs.2000/-.
- Copy of License if any

**PREVIOUS FLYING TRAINING EXPERIENCE**

a) Name of the Institute with address : \_\_\_\_\_

b) Enrollment no : \_\_\_\_\_

c)Courses attended : \_\_\_\_\_

d) Total hours of flying : \_\_\_\_\_

e)Cause of separation : \_\_\_\_\_

**PREVIOUS FLYING EXPERIENCE**

Do you have any previous flying experience: YES  NO

Pilot license held: \_\_\_\_\_Civilian  Military

Total Time	Solo	Dual	Night	Cross-Country	Multi-Engine	Instrument

Declaration : I hereby declare that all the statements furnished in this application are true and correct to the best of my knowledge and behalf. If any information furnished by me found to be incorrect, my candidature/admission will be terminated.

i)I declare that I will be abiding by the rules and regulations of the institute.

ii)I understood that the course fees/ other fees are not refundable or transferable under any circumstances.

Place : \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Counter Signature of Guardian/Parents