

ADMISSION FORM

The Director
AHTC
95, IInd Floor, Wazir Nagar,
Opp. Defence Colony
New Delhi-110003



Sir/Madam,

After reading the brochure of your institute, I have decided to apply for admission. I hereby undertake to follow all rules & regulations of the institute. My particulars are given below : (in block letter)

1. Name : Miss/Mr. :
2. Father's/Husband's Name :
3. Father's/Husband's Occupation :
4. Present Address :
5. Telephone No. :
6. Date of Birth : Single/Married/Widow
7. Nationality :
8. Vital Statistics :
 - (i) Height.....
 - (ii) Weight.....
 - (iii) Waist.....
 - (iv) Eyesight.....
9. Languages Known
10. Hobbies/Extra Curricular Activities :
11. Have you ever undertaken any Domestic Flight? Yes/No
12. Have you ever undertaken any International Flight? Yes/No

I hereby certify that I am applying for admission with the consent of my Parents/Guardian and the information stated above is correct. I understand that fees once paid to the AHTC will not be refunded under any circumstances.

Signature of Parents/Guardian

Signature of Applicant

Dated.....

Dated.....