



18. Physical Description      A) Height \_\_\_\_\_ CMS      B) Weight \_\_\_\_\_ Kgs.  
 C) Complexion \_\_\_\_\_      D) Colour of Eyes \_\_\_\_\_      E) Colour of Hair \_\_\_\_\_

**For Office Use Only**

AFE: \_\_\_\_\_ No: \_\_\_\_\_

Begins on: \_\_\_\_\_

Name of Applicant : \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Course: \_\_\_\_\_ Batch No: \_\_\_\_\_

Fee Received Rs: \_\_\_\_\_

19. Educational Qualification

Qualification	Board/University	Year	Percentage	Subject
Post Graduation				
Graduation				
XIIth				
Xth				

20. Professional Qualification

Course	Institute	Duration	Year	Grade

**DECLARATION BY THE APPLICANT**

1. I acknowledge the receipt of prospectus of Adventure Flight Education and certify that I have read and understood all the provision indicated therein.
2. I certify that I am qualified for the course as indicated in the prospectus and will produce the original certificate when asked for.
3. I understood that adventure Flight Education has the right to add/delete/change the syllabus, course structure, rules and regulations as when required, as per change in environment.
4. I understand that the fee once paid will not be refunded or transferable in any case.
5. I solemnly declare and affirm that the particulars given above are correct and true to the best of my knowledge and nothing have been concealed therein. I am eligible for the examination as per the rule and regulations of the institute. I shall be responsible for the consequence if the information filled by me is found incorrect. If I am found ineligible for admission to class at any stage, my application will be rejected even if my result has been finally declared.

Signature of Parent's Guardian

Signature of the Candidate