



# Anglo-Eastern Group

## AEMA Quality Manual

Ch: AEMA QM

Date: 04.08.14

Revision: 02

Prep: PKG

Appr: PKC

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### COURSE ENTRY FORM

AEMA Roll No. : \_\_\_\_\_ (To be filled by AEMA)

Fill in all particulars applicable CLEARLY IN CAPITAL letters.

Course Enrolled for: \_\_\_\_\_

Course Batch No.: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Colour passport size photo of candidate to be pasted here. Additionally one photograph to be submitted along with this application form.

#### PERSONAL PARTICULARS

NAME : (as per your X<sup>th</sup> certificate)

DATE OF BIRTH: (DD/MM/YYYY)

PLACE OF BIRTH:

NATIONALITY:

BLOOD GROUP:

PRESENT ADDRESS:

PIN CODE:

PERMANENT ADDRESS: (If different from present address)

PIN CODE:

TELEPHONE NUMBER: (specify the code if any)

MOBILE NUMBER:

E- MAIL ADDRESS:

NEXT OF KIN :

RELATIONSHIP :

ADDRESS :

PIN CODE:

TELEPHONE NUMBER: (specify the code if any)

MOBILE NUMBER:

E- MAIL ADDRESS:

ADDRESS OF GUARDIAN IN MUMBAI/PUNE : (if any)

PIN CODE:

TELEPHONE NUMBER: (specify the code if any)

MOBILE NUMBER:

E-MAIL ADDRESS:



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PASSPORT NUMBER:																				
PLACE OF ISSUE:																				
DATE OF ISSUE: (DD/MM/YYYY)																				
REGISTRATION NUMBER: (If applied for passport)																				
DATE OF APPLICATION:																				

X <sup>th</sup> MARK SHEET NUMBER																				
BOARD																				
PASSING PERCENTAGE	English:										Overall :									

XII <sup>th</sup> MARK SHEET NUMBER																				
BOARD																				
PASSING PERCENTAGE	English:										PCM:					Overall :				

DIPLOMA CERTIFICATE NUMBER																				
BOARD																				
PASSING PERCENTAGE																				

B.Sc / B.E. MECHANICAL CERT NO.																				
UNIVERSITY																				
PASSING PERCENTAGE																				

DETAILS MEDICAL FITNESS TEST																					
NAME OF DOCTOR																					
PLACE OF ISSUE																					
DATE OF ISSUE (DD/MM/YYYY)																					

DETAILS EYE SIGHT TEST																					
NAME OF DOCTOR																					
PLACE OF ISSUE																					
DATE OF ISSUE (DD/MM/YYYY)																					

DECLARATION:																				
I hereby declare, to the best of my knowledge, that the information given above is true. On admission, I undertake to attend all classes regularly and punctually and to comply with all rules and regulation of the Training Institute.																				
Date:										Signature of candidate:										
VERIFIED BY:										REMARK:										
SIGNATURE :																				
(Signature of Course in-charge)															DATE:					

Note: To be submitted during the admission process by Cadet.